

ELR Homecare Ltd

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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

ELR Homecare Ltd is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 78 people, at the time of our inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The systems the provider had implemented did not provide them with adequate oversight, which meant risks to people's safety had not been identified and responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm. The lack of effective systems in place had failed to identify the areas for improvement found at this inspection including the care planning, risk assessments, training, safe recruitment processes and safe administration of medication.

Care plans were not in place for known health conditions to enable staff to have the information they needed to mitigate risk and meet or respond to people's needs.

People were supported by a staff team who told us they understood how to protect them from abuse. Staff also understood how to protect people from harm and how to report concerns. However, the provider had failed to ensure all staff members had received up to date training. This placed people at risk from potential abuse and harm or injury.

People we spoke with said they felt safe and were very happy with the support they received.

Care plans did not always include the same medications listed on the medication administration records (MAR) for people using the service. This meant care staff had conflicting records to refer to, which could lead to errors occurring. Prescribed creams recorded on MAR records did not always have clear instructions to inform care staff where to apply creams.

Staff were not always recruited safely. Safe recruitment practices were not followed and this placed people at risk of harm due suitable references not always being obtained and gaps in employment not being explored.

Audits needed to be more robust to provide clear information and evidence of outcomes and actions for people using the service.

Systems and process which were in place were not robust to protect people from potential harm. Staff we spoke to told us they understood their roles and responsibilities and on the whole felt supported by the management.

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 of this service was requires improvement (published 28 August 2019) and we found breaches of regulations. The provider was required to complete an action plan after the last inspection to show what they would do and by when to improve. We found that the provider had not made enough improvement in their oversight and management of the service and remained in breach of Regulation 12 Safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. During this inspection we found new breaches of Regulation 18 Staffing and Regulation 19 Fit and proper persons employed.

At this inspection the overall rating for this service is 'Inadequate' and the service therefore is 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. We found that the provider had not made enough improvement in their oversight and management of the service and remained in breach of Regulation 12 Safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. During this inspection we found new breaches of Regulation 18 and Regulation 19.

This service was rated as good following the inspection (published 10 May 2017).

Why we inspected

This was a five key question responsive inspection based on CQC receiving concerns and complaints. Prior to the inspection CQC received concerns about lack of COVID testing for staff, lack of leadership and safeguarding concerns. The information shared with CQC indicated potential concerns about how people were being supported and risks being managed. As a result of these concerns we looked at how the provider was managing risks, protecting people from potential harm, recruitment processes, training and management of the service.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report to see what actions we have asked the provider to take.

The overall rating for this service is 'Inadequate' and the service is therefore 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.

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 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, good governance, staffing and fit and proper persons employed.

Please see the action we have told the provider to take at the end of this report.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Inadequate ●

The service was not 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?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

ELR Homecare Ltd

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 was completed by two inspectors. Calls to people using the service were carried out by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 78 people using the service.

The service had a manager registered with the Care Quality Commission who is also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 12 October 2021 and ended on 18 October 2021. We visited the office location on 12 October 2021.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 24 people who use this service, this included people and their relatives and representatives. We spoke with 10 members of staff, including care workers, senior carers, administrator, deputy manager, registered manager/provider.

We reviewed a range of records. This included six people's care records and medicine records. We also reviewed the process used for staff recruitment, records in relation to training and the management of the service, including a range of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed employment checks, training and COVID-19 testing programme.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

At this inspection we identified there were continued breaches of regulation 12 (Safe care and treatment). We found the provider had not made enough improvements following the last inspection. Although assessments of people's support needs were now being completed prior to support commencing, we found care plans and risk assessments were still not robust and reflective of people's current needs. We also identified at this inspection, there was a new breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk to people had not been appropriately managed and placed people at the risk of harm. The registered provider had failed to implement systems to ensure that the risk assessments in place to guide staff how they should support people were robust. Also, they had not been regularly reviewed and updated, to reflect people's current needs. For example, one person's mobility needs had changed, and they did not have the changes to their care needs clearly reflected in their care plans. This meant care staff did not have clear instructions to follow and placed the person at serious risk of harm. Another person who we were told by the provider had developed sore skin did not have this reflected in their care plan or their risk assessment. This meant they were at increased risk due to staff members not having up to date information and guidance and there was a risk the person's skin condition may deteriorate.
- Fire risk assessments for two people had not been updated. They did not reflect the equipment they required to evacuate safely. This meant in an emergency situation staff did not have sufficient information to support the person safely. This placed them at risk that could result in serious harm in an emergency situation.
- The provider did not have a system to identify risk assessments were not in place for all people's known health conditions and support needs. This meant people were placed at risk of receiving inappropriate care due to information not being reflective of people's current needs and abilities.

Preventing and controlling infection(IPC)

- We were not assured that the provider was preventing people using the service from catching and spreading infections. The inspectors were not asked about their COVID-19 status on arrival, until we brought this to the attention of the provider.
- We were not assured the provider was accessing testing for staff as per the Government guidelines. Some staff members told us they did not participate in a weekly Polymerase Chain Reaction (PCR) testing programme or carry out frequent Lateral Flow Device (LFD) tests. We were told by the provider that no tests had been carried out during July 2021, but this had now been rectified. We raised these concerns with the provider during the inspection and they told us they would ensure their testing programme was more robust. We will check this during the next inspection.

- We were not assured the provider had ensured all staff had received up to date COVID-19 specific, Infection Prevention and Control (IPC) training and the correct use of Personal Protective Equipment (PPE). Some staff members we spoke with told us they had not received recent COVID-19 specific training. Some staff members were unable to tell us how to correctly put on and take off PPE. This meant people were placed at increased risk of infection and cross contamination.
- Systems were either not in place or robust enough to ensure good IPC practices were maintained and effectively managed. We found spot checks on staff members had been carried out but, there was no recorded evidence to demonstrate these issues had been addressed with staff members. This included things such as wearing jewellery and long sleeves during support with personal care. This meant there was a risk of cross infection and placed people at risk.
- The registered manager told us that they had completed individual COVID-19 risk assessments for people or staff at increased risk from COVID-19. We saw that these were not personalised for each person and did not include all known health conditions.
This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We were assured the provider's infection prevention and control policy was up to date but these were not followed reliably. Policies had been updated to reflect the recent change in guidance regarding visitors to the service but staff were not following this on the day of our inspection.
- We observed social distancing was being adhered to in the office and masks were worn when moving around the building. Hand sanitiser was available on arrival of the office.

Using medicines safely

- We reviewed Medication Administration Records (MAR's) and saw that information for staff to follow was not always clear. For example, instructions for administration stated to be given 'as directed', there was no further guidance provided or protocols in place to advise staff when to give this medication. This meant there was the potential for too much or too little medication to be given. The provider was not following their own policy.
- One person who was prescribed strong pain relieving medications could not have other pain relief at the same time. Although staff told us they knew not to administer both medications at the same time, this was not recorded in the person's care plan.
- Staff had received on-line medication training however, some staff told us they had requested more training, so they understood what the medications they were giving to people, were for. Staff told us they had not received this additional training at the time of our inspection.
- Competency assessments to assess staff members learning from the training and to monitor they were safe to administer medication following the completion of on-line training had not been carried out by the provider. This meant the provider could not be assured staff had the skills and knowledge needed to safely administer medication.
- The provider had carried out any audits of the medication however, these had failed to identify the concerns we found during this inspection.

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

Staffing and recruitment

- We reviewed staff members recruitment files and found some shortfalls with the recruitment processes that meant that there was limited assurance staff members did not potentially pose a risk to people.
- Staff files did not always have two suitable references to show their suitability to work with people. We also found that gaps in staff members employment had not been fully explored and dates of employment were not always clear. This meant they had also failed to follow their own recruitment policy, placing people

at risk due to; not having information about staff members previous employment history and conduct.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff were safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with told us they had not received regular supervisions but on the whole, felt supported. The provider had not kept written records for all supervisions and had failed to follow their own policy.
- Staff told us they had received an induction when starting work and had the opportunity to shadow other staff.
- The majority of people using the service told us that they usually had regular staff members to support them. However, some people and staff told us they didn't always see the same people. This meant the risk to people was increased because the provider had failed to ensure people's care records were consistently up to date, to guide staff about what care people needed to support their wellbeing. The provider told us they try where possible to ensure the same care staff support people.
- Our observations of staff rota's indicated there were enough staff on duty to support people with their care needs. People told us care staff were there to support them on time, the majority of the time. However, two people told us they had not received calls as planned, which meant they were not ready on time for their appointments. One person told us, "They [care staff] missed a call once this year and did not phone us, so my relative dealt with me instead." Another person told us, "A couple weeks ago they [care staff] were late and had not turned up after an hour so I phoned the office."

Learning lessons when things go wrong

- The provider had a system in place to look at incidents and accident. The provider had oversight of these. However, we found that body maps had not been reviewed once they had been implemented. This meant people using the service were placed at risk, as appropriate actions may not have been taken in a timely manner, to reduce to potential of further incidents occurring. The provider told and showed us they had implemented an electronic alert system which allowed staff members to inform the management team of any concerns, as they arose and we will review the effectiveness of this at our next inspection.
- We found that incidents which occurred had not been discussed with the wider staff team, to share the learning from such occurrences. Sharing this information could help reduce the recurrence of similar incidents.

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

- Prior to the inspection we had concerns that we were not being notified of all safeguarding incidents. During the inspection we found no new evidence this was the case. We discussed with the provider the importance of ensuring recurring safeguarding incidents for the same person should trigger a new notification, which the provider actioned during the inspection. This will be checked at the next inspection.
- People we spoke with told us they felt safe and would recommend the service to other people.
- People told us they were comfortable around staff and people told us they would speak to the provider if they were unhappy about something.
- Records showed that staff had received safeguarding training. Staff told us, they knew what action they needed to take if they witnessed or suspected abuse.
- Staff we spoke with were able to tell us about the risks they needed to be aware of when supporting people. However, this was not always clearly recorded in people's care plans. This meant new care staff did not always have clear instructions to follow to ensure people received the correct and safe support they needed.

- Staff told us they were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. During this inspection we identified there was a new breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff members who administered medication told us they had not received any on-going competency assessments for medicines administration. We found there were concerns with the records associated with administering medication, during the inspection. The provider had failed to implement a system to monitor and assess staff members competency and knowledge prior to them administering medication, unsupervised. This meant people were placed at risk from poor training of staff.
- When we spoke with staff members about medication, which they were responsible for administering, they told us they would like more training to understand what these medicines were for. Other staff we spoke to told us they had only received medication training via on-line learning. They told us they had not been observed by a senior team member before administering medications on their own. This meant staff had not been assessed by the provider to ensure they were implementing learning from training and to ensure they were effectively providing support.
- The provider's training matrix indicated that staff had not received training to understand and support people with all known health conditions such as strokes, breathing conditions including the safe use of oxygen and anxiety. Staff members also confirmed they had not received this training.
- The provider was unable to provide us with any records of staff supervisions to evidence concerns which had been raised had been addressed with staff members. This was because they had not kept written evidence of the discussions which had taken place. The provider and care staff members told us they spoke regularly about the people using the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff members received the support and training required to support people safely. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with had a good understanding of people's health conditions.
- Staff files evidenced that staff had received an induction and shadowing opportunities and staff members confirmed this.

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

- The provider told us that they carried out assessments of people's needs and we saw evidence of these in

people's care files. However, we saw that the information they gathered was not always reflected in care plans and risk assessments, to ensure they were robust.

- Care plans did not evidence that care reviews took place to ensure they were still reflective of people's current needs. Care plans were not signed or dated which made it difficult to ascertain when they had been put in place or reviewed.
- People told us the provider was available if needed and they would try to change the support they wanted, as requested.
- One person told us they had requested additional time for the support they wanted but this had not yet been changed. The provider told us and demonstrated they had contacted the local commissioning team to request the increase in support but they had not yet received a response.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 in, people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare was maintained.
- The provider did not have a policy for MCA which would have provided them with guidance on how to correctly work within the principles of the MCA.
- We saw that people's capacity had been assessed however, there was not always evidence that these assessments had been carried out with the person or their representative present. The assessment forms were not always signed by the person or their representative. This was discussed with the provider who told us they would address and rectify this. This will be checked during our next inspection.
- Staff told us how they offered choice, gained consent and respected people's choices.
- People we spoke to also told us that care staff members spoke to them and gained consent.

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

- People told us and records evidenced, they were given choice of meals and drinks and able to make their own decisions of what meals they would like.

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

- People were supported to contact healthcare professionals as needed.
- People told us that when they had required additional support the provider had arranged this for them to ensure they received the treatment and support they needed.

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.

Whilst individual care staff members may be caring the provider's systems and processes do not mean people are always cared for safely.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not potentially well-supported, cared for or treated with dignity and respect.

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

- Risk assessments and care plans did not provide clear guidance for care staff to follow. This included people who had known health conditions such as diabetes, epilepsy, breathing conditions and strokes. This meant staff members did not always have the information they needed to support people in the way they wished.
- The provider did not operate robust systems and processes. This meant we could not be assured people always received their care and treatment in a way that demonstrated safe care had been given.
- Training records showed that staff had received training in equality and diversity. Staff recognised people's individuality and the importance of treating everyone as an individual. Staff told us how they supported people to meet their individual needs and wishes.
- Staff knew people well and told us how they supported people. People we spoke with told us, they were treated well and in a dignified and respectful way.

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

- We saw evidence that people's views sought. Quality assurance questionnaires had been sent to people using the service. The most recent questionnaires had not been analysed as they had only just been returned, so the information had not been fed back with any actions the provider would be taking.
- Care reviews of people's needs and wishes had taken place. However, the outcomes of these reviews and actions were not documented, so it was unclear if actions had always been taken to address the issues raised.
- People we spoke with told us they knew if they had a concern who to contact.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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

- The provider did not have any documented evidence they had carried out review of care plans and risk assessments with people using the service. People told us they had received a care review and had the opportunity to discuss their care and were able to contribute to their care and treatment. However, there was no documentation to support all changes discussed during care reviews had taken place.
- Staff members confirmed they could look at people's care plans, which were in people's homes, if and when needed.
- People we spoke to told us they were provided with personalised care and support that on the whole was responsive to their needs. They told us the managers tried to accommodate their requests.

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). AIS should be in place for prospective service users for who the standard printed information is not suitable. 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.

- We spoke with the provider who said that they were aware of the AIS. This was discussed with the provider and they told us they did have alternative formats for communication in place at this time.
- We looked at two people's care plans who have specific communication needs, such as reduced ability to communicate verbally. Although staff members told us how they supported these people to communicate and understand their needs by using a pen and paper when needed, this was not detailed in their care plans. This meant people were at risk of not having their support needs and wishes understood and met.
- This was discussed with the provider during the inspection and they said they would update the care plans to reflect this method of communication. This will be checked during the next inspection.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if needed and they would speak to care staff or the provider. We saw evidence that the provider keeps documented evidence of complaints they receive and the response provided to the complainant. However, there was not always documented evidence that complaints about staff members had been addressed with staff by the provider. The provider told us they had addressed the concerns with staff but had failed to keep written records of these conversations.
- Complaints received by CQC, had been discussed with the registered manager as they arose, we saw these complaints had been recorded in their complaint's records.
- The provider had a complaints policy and procedure in place.

End of life care and support

- At the time of the inspection the service was supporting people with End of Life (EOL) care. One person who was receiving EOL care, did not have a care plan in place which was reflective of their current support needs. Changes in the person's support had not been recorded in their care plan. Although staff members could tell us the current support needs of this person, they were at risk of receiving inconsistent and unsafe support as staff did not have clear and up to date guidance.
- Care plans did not incorporate advanced decisions or end of life planning.
- Staff had received training in EOL care.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate and we found there was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established or maintained effective governance within the service and audits had failed to identify the issues we found during this inspection. 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

The service has a history of not meeting the regulations.

Following the inspection, we carried out on 26 June 2019 (report published 28 August 2019) there were breaches of regulation 12 (Safe care and treatment) Systems in place did not ensure people's needs were assessed nor that care plans and risk assessments were reflective of people's up to date needs. The overall rating for the service was requires improvement.

There were also breaches of regulation 17 (Good governance) Audits had failed to identify where improvements were needed and did not have effective systems in place to monitor and review changes in service users health conditions.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. We found there were new breaches of regulations 18 (Staffing) and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems in place did not ensure that people's care records and risk assessments were up to date and detailed to reflect people's current needs for staff to refer to. This meant people were at risk of receiving inappropriate support, to meet their current needs.
- The management of safety, risk and governance had not been effective. We identified concerns about the potential for the risk to people's safety during the inspection due to the lack of actions. Actions had not been taken by the provider to ensure the systems and processes were robust and operated effectively.
- Although the provider had oversight of the information staff members were recording in peoples care records, body maps had not been reviewed. We saw body maps which had been completed by staff members but, there was not a system in place to ensure these were reviewed. Also, the system to ensure care plans and risk assessments had been updated to reflect the conditions recorded on body maps was not robust. This meant the provider could not be assured any injury sustained or skin condition was correctly monitored or that medical help was sought, in a timely way, if required.
- The providers systems and processes did not ensure reviews of care plans and risk assessments took place on a regular basis. Documentation was not completed to support these had been reviewed or

updated. This meant some care records did not reflect people's known health conditions and changes in mobility, skin conditions and support needs. We saw that review forms in care plans had not been completed. The provider's own audits had failed to identify this. The provider told us about their current revision of the care plan documentation.

- The provider's own systems which identified shortfalls in staff performance, had not been robust as the provider had failed to maintain recorded evidence, to demonstrate the issues identified had been addressed with staff members.
- Although the provider was aware of the need for individualised COVID-19 risk assessments for people using the service and staff members these did not always reflect people's known health conditions, if they were from the BAME community or risks associated with pregnancy. This placed people at increased risk of harm from COVID-19.
- Audits had failed to identify the lack of information in care plans and on MAR records for prescribed medications and creams.
- The provider had failed to identify they were not consistently following their own policies.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify some of the on-going concerns we found during the inspection.

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

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Prior to this inspection, we were made aware of concerns people had about the care and support people received. Some of those concerns were confirmed during this inspection.
- Staff we spoke with told us that on the whole they felt supported by the management team. However, other staff members told us that although the management team were approachable, at times the deputy manager did not always listen to the staff members' explanation when tasks had not been carried out correctly. This meant staff members felt they did not always have the opportunity to respond and provide an explanation.
- The provider had displayed their previous inspection rating as they are required to by law.
- The provider was open and transparent during the inspection. They recognised that further improvements were needed at the service and showed a willingness to listen and improve.

Working in partnership with others

- The provider told us they worked well with the local health and social care professionals and the local authority.
- We saw from records that they had engaged with other health professionals to support people with their changing needs. This included contacting the GP and district nurses.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to people were effectively managed. People were exposed to risk of harm due to unsafe risk management systems including the lack of care plans and risk assessments for peoples known health conditions. Care plans and risk assessments were not always updated as people's conditions and needs changed. As a result, people were exposed to the risk of serious harm.</p>

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were inadequate. Potential risk and areas of improvement were not identified. The provider had not ensured governance arrangements within the service had been established thus; the provider had failed to identify the concerns we found during the inspection.</p>

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have systems in place to ensure they followed correct procedures to ensure staff employed were fit to work in the service. They failed to consistently obtain suitable references, explore gaps in employment histories and assess the skills and competencies of staff</p>

employed.

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received up to date training and carryout assessments of their competencies. They also failed to ensure staff were supported by completing regular, supportive supervisions and appraisal.

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions.