

Kaplan Care Limited

Kaplan Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kaplan Care is a domiciliary care service providing personal care to people living in their own houses and flats in the community. At the time of our inspection there were 15 older people using the service who required supported with their personal care. Not everyone who used the service received 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.

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

People could not be sure their prescribed medicines were always managed in a safe way. Staff supported people to complete personal care tasks and activities. However, people's assessed needs were not set out in their care plans.

Individual risks were not always assessed and managed to keep people safe. Care plans and risk assessments were inconsistent and did not always detail the relevant information staff would need to meet people's assessed care and health needs. People could not be assured new staff were adequately checked to ensure they were suitable to work with people to keep them safe. We found no evidence that people had been harmed however, systems were either not robust enough to demonstrate staff recruitment was effectively managed.

Staff had not always received training to make sure they had the skills to meet people's specific care needs. Staff told us they felt well supported by the management team.

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.

The systems in place to monitor and improve the quality of the service were not robust or sufficient. No audits had taken place. Two weeks before the inspection a new manager had started work and had identified improvements that were required with the nominated individual. They had produced an action plan and had started to address the shortfalls. Registered persons had notified CQC of incidents and events such as abuse.

People were protected from abuse and avoidable harm. The management team promoted an open culture to encourage staff to raise any concerns.

Where required, people were supported to ensure their dietary needs and preferences were met. Staff worked closely with occupational therapists and other agencies to assess people's needs and to ensure people were supported with their changing needs.

Despite the concerns identified at the inspection, people said staff treated them with dignity and their privacy was respected. People were supported to be as independent as possible. People gave us positive feedback about their care and support. They told us, "So far, Kaplan Care have been excellent. We've had no issues at all"; "They always remember what you want"; "Everything is fine, the carer does what my mum asks. Having them is a weight off my mind" and "The staff are very thoughtful."

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 15 July 2020 and this is the first inspection.

Why we inspected

This is the service's first inspection since registering with the Care Quality Commission.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines management, safe recruitment, staff training, assessment of care and care planning, quality management systems and notification of events that require reporting to CQC.

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

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kaplan Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. A new manager had started employment but had not yet applied to register. This meant that the provider was 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 April 2022 and ended on 19 April 2022. We visited the location's office on 12 April 2022 and carried out day two of the inspection remotely on 13 April 2022. We carried out telephone calls with staff between 13 April and 19 April 2022.

What we did before the inspection

We reviewed information we had received about the service. We requested 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. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and 10 relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, the manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance, training records, policies and procedures.

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks relating to people's care had not been well managed. The provider had not followed their health and safety policy and had not followed health and safety legislation, as they had failed to assess risks to people and staff. Some people had no risk assessments in place at all. There were no risk assessments in place in relation to people's care, support, physical health needs, safety, moving and handling, COVID-19, medicines, skin integrity and catheters. Risks to people had not been identified and mitigated. This put people and staff at risk of harm and meant the provider could not be assured staff were providing safe care.
- There was a system in place in relation to accidents and incidents. The nominated individual told us there had not been any accident or incidents. However, records showed that one person's relative reported the person had fallen. The provider had not updated the care plan for the person to alert staff that the person was at risk of falls. This put the person at risk of harm.

The provider had failed to assess risks related to people's physical health needs and care had not been planned to keep people safe. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and new manager had identified that risk assessments were missing from a number of care records, work had started to re-assess all people receiving care to ensure staff had clear details of how to provide care safely.

Using medicines safely

- Medicines were not always well managed. Medicines records were poor, medicines administration records (MAR) were not always complete, accurate and clear. Daily records showed that staff were administering creams. These creams were not listed on the MAR. One person's medicines records conflicted with their care plan and assessment information. This meant it was difficult to verify if people had received their medicines safely and as prescribed. A staff member told us that medicines records were confusing. There had not been any auditing of medicines records.
- Risks relating to medicines had not been considered (such as risks associated with blood thinning medicines). Staff told us and records confirmed they were administering medicated prescribed pain patches to a person, which the provider said the family should have been doing. The medicines records did not make it clear who should be completing the task. This put the person at risk from overdosing caused by duplication.
- Medicines records showed that a medicine had been given at the same time as other medicines and at the same time as breakfast and caffeinated drinks. This conflicted with the patient information provided with

the medicines. Food and caffeinated drinks can stop the body taking in the medicine, which means it does not work so well.

- Staff confirmed that they had not been checked by management team to ensure they were competent to administer medicines following medicines e-learning training. One staff member said, "I have not had medicines competency checks. There is no clear information about people's medicines, I check Dossett boxes [compliance aid] and check against what should be taken."

The failure to ensure safe management of medicines is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment

- Staff were not always recruited safely. Staff recruitment records showed gaps in three members of staff employment history. These gaps had not been addressed and recorded. The provider was unaware they needed to have a full employment history from leaving full time education. This meant the provider was not able to demonstrate that they had a full employment history for each employee as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During and after the inspection the provider took action to address and record gaps in employment with staff members.
- Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff reported they had travel time allocated to them to enable them to travel between care visits. However, staff reported sometimes the travel time was not long enough. They explained that they were allocated enough travel time outside of peak times. However, when the care visits clashed with school runs and rush hour traffic the time allocated was not enough. This impacted on them being late for the visits. This is an area for improvement.
- People and relatives told us staff were often late and they were not informed, which was frustrating. Comments included, "We don't always know when the carer is coming and I would prefer to know. Sometimes I wait until about 11am in my pyjamas waiting to get dressed. We don't always get a phone call"; "The care is going fine. They're sometimes late and we don't get a phone call"; "The only feedback I get from [loved one] is the lack of consistency in carers and visit times" and "You know it's a weekend because the call times are a bit later." This is an area for improvement.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority.
- Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously and appropriate action was taken. Most staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.

Preventing and controlling infection

- People and relatives told us staff wore PPE to keep themselves and people safe. Comments included; "The carers all wear masks, pinnies [aprons] and gloves" and "They wear PPE all the time."
- Staff had access to enough personal protective equipment (PPE). The provider followed government guidance on COVID-19 staff testing in community social care settings.
- The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.

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 for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always thoroughly assessed prior to them receiving a service. This meant the care plans were not in place for some and those that were in place were not always clear on what people's needs were, this put people at risk of receiving care that did not meet their needs.
- Staff did not have all the information they needed to provide safe care and support. Information about people had not been assessed or recorded. For example, information about health conditions, and whether they had a DNACPR (do not attempt cardiopulmonary resuscitation) order in place.
- People's equality and diversity needs, end of life care needs, oral care, capacity and health needs were not included in the information obtained before packages started to enable staff to provide safe, person-centred care and support.
- Some staff told us they did not have information about people's needs. One staff member said, "With some clients there's not enough information about their needs, we have to ask the client and have to ask their family."

The failure to carry out an assessment of the needs and preferences for care and treatment is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The nominated individual told us they planned to rectify this in the coming weeks. The issue had been identified by the new manager and an action plan had been created. During the inspection, the new manager was in the process of reassessing people and writing care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had not received relevant and good quality training in evidence-based practice. Training records evidenced that most staff had completed the provider's mandatory training. The training records did not evidence that staff had completed additional training to meet people's assessed needs such as catheter care, diabetes, skin integrity, choking and dysphagia. Staff had not completed COVID-19 specific training such as donning and doffing. People were at risk of not having their individual needs met by staff who had been appropriately trained.
- Staff had only received eLearning moving and handling training, they had not received physical training to use some equipment which left people at risk of harm. The provider did not check staff competency to ensure they understood and applied best practice.

The failure to ensure staff had the appropriate training to ensure people's needs were met is a breach of

regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the nominated individual arranged for staff to receive competency checks to ensure they were safely using moving and handling equipment. Staff told us they received support and guidance from the new manager and the nominated individual. Staff confirmed they had received supervision meetings. Comments included, "I did training with Kaplan when I started, it was online" and "I was up to date with moving and handling [training] and I was used to using hoists and stand aids all the time, so I am confident in using this equipment. I had supervision recently."
- Staff told us they received online (e-learning training) when they started and they shadowed experienced care staff as part of their induction. Staff who had not completed the Care Certificate through their previous employer were supported to complete the Care Certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

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

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

- Where people had capacity to make decisions about their care and treatment, they had signed consent forms as required. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear.

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

- People and relatives gave positive feedback about their mealtime experiences. They were supported to prepare and cook the food themselves where this was their wish. People were also provided with choice and received drinks to complement their meals and to help them stay hydrated.
- Some people needed assistance from staff to prepare and cook meals and drinks. Relatives purchased foods for people based on their likes and preferences.

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

- People told us staff understood their health needs and would assist them in calling a relative, doctor or nurse if they became unwell. People told us they or their family arranged their health appointments. One relative said, "One day mum told the carer she'd had a fall earlier in the day and the carer did get in touch with the GP and myself. A paramedic visited mum that day and when the frailty assessment team came out later, they (Kaplan Care) made sure a carer was there." Another relative told us, "Staff noticed [loved one] had very dry skin on his legs and they suggested I contact the GP to get some cream prescribed for them to apply."
- Staff knew people well. Where people did need assistance, staff contacted the management team to alert

a health care professional or family member if they had any concerns.

- Staff gave examples of calling the community nurses, GP and other health professionals when required which evidenced they worked together with other organisations to deliver effective care, support and treatment. Appropriate referrals had been made by the management team for occupational therapy for people when their needs changed.
- During the inspection we observed the management team communicating with people in relation to their planned care and sharing any concerns with relevant parties.

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 for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although we found staff to be kind and caring and supportive to the people they provided support to, there were aspects of the service that had not been properly managed to ensure people received good quality care. For example, there were missing and inconsistent risk assessments, medicines were not well managed, assessments of need not completed and a lack of training for staff.
- People told us they found staff to be kind and caring. One person told us, "The carers are very, very good. If it wasn't for them, I wouldn't be here today. They're not just carers, they're friends. They sense if anything's wrong and they listen to what I have to say. The best thing is they are always there and they will go the extra mile." Other comments from people and relatives included, "I'm satisfied with mum's care and what is happening"; "They are all cheerful, willing and thorough, and are always willing to do little extra tasks that I can't do" and "They are all ever so helpful and polite. I have no faults with any of them."
- Staff referred to people by their preferred names. Care records reflected people's preferred names.
- People and relatives gave examples of where staff had gone the extra mile to support them. One person said, "The carers were quite happy to spend 10 minutes walking to the newsagents to get one [newspaper] for us. One carer spotted a parcel and offered to take it to the post office for us." A relative said, "One particular carer goes above and beyond by not skipping or skimming over jobs and always arrives on time. It means I can relax a bit more."

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

- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. A staff member told us, "This is the person's own home and their choices should be respected." Daily records clearly showed where people were making choices and decisions about their lives.
- Some people (who had care plans in place) told us they were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them. Comments included, "I'm involved in the planning of my care and the risk assessments they do. The office staff chat with me when they come out on a call" and "Staff came out to do a care plan and the risk assessment. Staff spoke to mum and me and asked what care she would like."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support.
- Staff treated people with dignity and their privacy was respected. Staff detailed that when they provided

people with personal care, they ensured curtains were closed, doors were shut and that people were supported to cover up. One staff member said, "Lots of people have key safes, I knock and announce that it's me when I arrive." A relative told us, "Mum reports all carers call out to her and say their name when they arrive." Another relative said, "As soon as they walk in mum's door, they introduce themselves so mum knows who has come in."

- Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure. Applications on mobile phones were password protected, so that only staff who had been authorised to access the information could do so.

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 for this newly registered service. This key question has been rated 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

- Care plans were inconsistent across the service. Some lacked important information individual to the person. Two people did not have a care plan at all. The management team had added a statement to the electronic care plan system for staff which gave very brief (two short sentences) information such as provide 45 minutes of support, to support with undressing, a full body wash, drying, dressing, change incontinence pad and assist the person with oral care. This evidenced staff had not been given relevant, clear information about the person, their assessed needs and how to meet them safely, which placed people at risk of receiving care which was not appropriate to their needs.
- Some staff told us the lack of care plans and information was difficult and it led them to asking people, relatives and the management team questions. This meant people and their relatives had to repeatedly provide the same information to staff and it could lead to care and support tasks being missed.

The failure to adequately plan people's care and treatment was a breach of regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us they planned to rectify this in the coming weeks. The issue had been identified by the new manager and an action plan had been created. During the inspection, the new manager was in the process of writing care plans for people in receipt of care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information in the service was available in a variety of formats to meet people's communication needs. The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats, such as in a larger font or a different language. Nobody had taken them up on this.
- The management team had identified more could be done to meet the Accessible Information Standard and this had been added to their action plan. The nominated individual told us they planned to create easy to read, more accessible information.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or the management team if they were unhappy about their care. Relatives said, "The office staff I have spoken to have been lovely and very approachable" and "I'm very pleased and have been impressed with Kaplan Care so far."
- The provider's complaints procedure was given to each person when their package of care started and gave people all the information they needed should they need to make a complaint.
- There had not been any formal complaints about the service since its registration.

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 for this newly registered service. This key question has been rated 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

- The systems in place to audit the quality of the service were not embedded, robust or sufficient to alert the provider of concerns and issues within the service. No audits had taken place. This had the potential to impact people's safety and quality of their care.
- The nominated individual had employed a registered manager to run the service whilst they were away from work. The registered manager left in February 2022. The provider employed a new manager, who started working at the service two weeks before we inspected. In this time the new manager and the nominated individual identified that many improvements were required. They created an action plan which was shared with us during the inspection to detail how this was going to be achieved.

The provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Despite the concerns found at the inspection, most people and relatives thought the service was well-led. Comments included, "Now the care has been put in place, the manager has rung me every two weeks to check everything is going ok" and "It's normally very easy to get in touch with the company and ask for any alternatives (visits) or ask any questions."
- One person and a relative raised some concerns about language barriers, they had not shared their concerns with the provider before the inspection. We shared the concerns with the nominated individual who agreed to look into them.
- Staff told us they were listened to, they found the management team approachable and were encouraged to raise any concerns. All staff we spoke to clearly enjoyed their roles and felt part of the team. Comments from staff included, "They are a good company to work for, I want to work with [management team] to make improvements" and "I feel well supported, [nominated individual] is amazing, she is a good person and always listens to us, she asks us our opinions. I would definitely recommend it as a company to work for. There is a good culture."

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

- The management team told us if things went wrong or there were incidents, relatives would be informed as appropriate.
- The management team understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People receiving a service had not yet been asked for feedback about their care and support by the provider. After the inspection, the nominated individual advised us that the surveys were in the process of being sent out.
- The service had received positive feedback and compliments from relatives. One read, 'Kaplan stepped in to look after my mother-in-law after she was discharged from hospital. We had already had a few failed attempts with care companies. Kaplan were like a breath of fresh air.' Another read, 'Once my mum realised that she needed help with caring for my dad, who has vascular dementia. We were lucky enough to be put in contact with Kaplan. From the start, they were friendly, professional and flexible in their approach to my dad's care and daily needs. As a family, we would just like to say a big thank you to all involved in my dad's care.'
- Staff were well supported by the management team. Staff meetings were taking place regularly and staff felt confident in the support they received from the manager and provider. They felt communication was good and they were made aware of changes through group chat messages.

Working in partnership with others

- The provider was not aware of support networks available to them, such as Skills for Care to gain guidance and support to improve the service in line with current guidance and best practice. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect. We sign posted the provider to the support available to help them measure and review the delivery of care and support to improve the service.
- Staff and the management team had not worked consistently in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes. This was evidenced by some people not being involved in planning their care. However, one relative told us they had a positive experience. They said, "Kaplan have been very positive in trying to co-ordinate with other services."

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to adequately assess and plan people's care and treatment Regulation 9 (1)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess risks related to people's physical health needs and care had not been planned to keep people safe. The provider had also failed to take appropriate actions to ensure medicines are managed in a safe way. Regulation 12(1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed Regulation 17 (1)(2)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had the appropriate training to ensure people's needs were met.

