

Eternal Care UK Limited

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Eternal Care UK Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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 76 people were receiving the service, of which there were 48 people receiving personal care.

People's experience of using this service:

There were no detailed risk assessments for some people with a health condition. The provider had not always identified some of the issues we found at this inspection or acted upon them in a timely manner in relation to people with catheter care and diabetes.

We made one recommendation in relation to the accessible information for people.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. Senior staff completed risk assessments for people with guidance for staff on how to reduce risks. The medicines were managed safely. People received calls as required. The provider carried out comprehensive background checks of staff before they started work. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach the manager at any time for support. The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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 assessment of people's needs had been completed to ensure these could be met by staff. The provider worked with other external professionals to ensure people were supported to maintain good health. People were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

People's care plans reflected their current needs. Staff showed an understanding of equality and diversity.. Staff respected people's choices and preferences. People told us they knew how to make a complaint and would do so if necessary. The manager was aware of what to do if someone required end-of life care.

Notwithstanding the above, we found there were arrangements in place to assess and monitor the quality of care being provided. There was a management structure at the service. Staff were aware of the roles of the management team. They told us the manager was approachable. People and their relatives commented

positively about staff and the manager. The provider had worked effectively in partnership with a range of professionals and acted on their advice.

Rating at last inspection and update

The last rating for this service was inadequate (published 22 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection the provider demonstrated most of the improvements have been made.

This service has been in Special Measures since October 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risk assessment and their management including effective quality assurance system and process at this inspection.

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 for 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?

The service was not always safe.

Details are in our responsive 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 caring.

Details are in our caring findings below.

Good ●

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 ●

Eternal Care UK Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector, a member of CQC's medicines team and an inspection manager visited the service on 10 October 2019. On 11 October 2019 one inspector and an inspection manager returned to complete the inspection. One assistant inspector made phone calls to field staff and two experts by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people and a family carer.

Service and service type

Eternal Care UK Limited is a domiciliary care agency. It provides personal care and support to people living in own homes. It mainly supports older people and people with a learning disability.

The registered manager left the service in August 2019 and a new manager started at the service in August 2019. The new manager's application to be the registered manager was being processed by the Care Quality Commission. The registered manager and the provider 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 visit because the manager was often out of the office supporting staff. We needed to be sure that they would be in. Inspection activity started on 10 October 2019 and ended on 18 October 2019.

What we did before the inspection

We looked at all the information we held about the service. This information included the statutory

notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also looked at the monthly audit reports sent to us by the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection

We spoke with the director, the manager and three office staff members. We looked at 11 people's care records, and 6 staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, call monitoring and policies and procedures.

After the inspection

We spoke with five people and 12 relatives, and seven members of field staff on the phone. We requested additional evidence to be sent to us in relation to risk assessments, care plans, and quality assurance. This was received, and the information was used as part of our inspection.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the inspection on 2 and 3 August 2018, we found there were no risk assessments or management plans for people using bedrails and reviews of risk assessments had not been completed for people who had come out of hospital to check whether there had been any changes in their needs.

At the 28 and 29 March and 2 April 2019, inspection we found only nine of the 59 people receiving personal care had up to date risk assessments and management plans. We took enforcement action.

- At this inspection, we found the provider had not made enough improvements to meet the requirements of the regulation. Although people's care plans and risk assessments had been reviewed since the last inspection risks relating to people's care and support were still not assessed fully and guidance for staff in some areas was inaccurate or lacking.
- One person was living with epilepsy and was documented as having a seizure for a prolonged period whilst receiving support. Staff had not taken any action regarding this and there was no risk assessment or guidance for staff regarding how to support the person with their epilepsy. We discussed this with the registered manager who agreed that guidance should be in place and agreed with the person's family, so all staff would know what to do if the person had another seizure.
- One person received support to eat and drink through a tube in their stomach. Although there was guidance in place from health care professionals regarding how to support them with this, their care plan contained contradictory information and there was no risk assessment in place. The person's log book confirmed that staff followed the healthcare professional's guidance and not the information in the care plan, however, staff were working independently in people's homes without supervision, so there was a risk that without an accurate care plan the person may receive unsafe support.
- There was generic information available in relation to other risks such as supporting people with catheter care or those living with diabetes. However, these were not detailed risk assessments, they did not consider the risk relating to the individual and how they could be affected by these conditions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Health and Safety) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager sent us supporting documents to show what action they had taken to ensure staff had the required information to safely support people with epilepsy and people who had received support to eat and drink through a tube in their stomach.
- Notwithstanding the above, we saw some areas of good practice in epilepsy management for other

people. For example, records showed the provider sought help from external healthcare professionals and guidance for staff was given on how to support a person with epilepsy.

- Senior staff completed risk assessments and risk management plans around manual handling, bathing, challenging behaviour and the home environment. One person told us, "Risk assessments has been carried out and it is updated when the need be." One relative said, "Risk assessments were carried out and updated regularly."

Staffing and recruitment

At the inspection on 2 and 3 August 2018, we found staff did not always attend people's care calls as required. The provider had not always allowed enough time for travel between calls. At the 28 and 29 March and 2 April 2019, inspection we found that the provider had not made sufficient improvements. We took enforcement action.

- At this inspection, we found improvements had been made. People were supported by effectively deployed staff and staff attended people's care calls as agreed.
- One person told us, "Yes, they [staff] arrive on time. They let me know if they're running late." Another person commented, "We had a lot of problem with them [staff] last year about their lateness, but now it is better. The company calls to let us know if they [staff] are running late." One relative said, "We did have an instance a few months back, now all is ok and they [staff] are on time."
- Staff rostering records showed staff were given enough time to travel between the calls.
- Staff were recruited safely. Staff had full work histories in place and any gaps in employment had been explored thoroughly. Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

At our comprehensive inspection of 2 and 3 August 2018, we found medicines were not managed safely. At the 28 and 29 March and 2 April 2019 inspection, we found the provider had not made enough improvements for managing medicines safely. We took enforcement action.

- At this inspection, we found the provider had made improvements. There was a medicine policy in place. The policy had been updated and reviewed since the last inspection. The provider had addressed the concerns related to the medicine policy highlighted during the previous inspection.
- Medicine care plans and risk assessments detailed information related to level of assistance people required from staff.
- Information was available for people about who is responsible for ordering, transporting or returning medicines from community pharmacy.
- Instructions on when and how to give medicines were clearly written on Medicine Administration Records (MARs) including time sensitive medicines. Where some gaps in MARs had been identified during the audits and raised with staff responsible for giving medicines. This provided assurance people were receiving their medicines as prescribed.
- Staff guidance was in place for medicines prescribed on when required basis. This meant staff could give these medicines consistently.
- The provider had audited the MARs monthly. In addition, there were more in-depth audits related to medicines carried out by staff every three months.
- Staff members handling medicines had been trained and assessed as competent to administer medicines. The provider informed us moving forward staff members' competency would be re-assessed on an annual basis.

Systems and processes to safeguard people from the risk of abuse

- Staff treated people safely. People and their relatives provided positive feedback about their safety and told us that staff treated them well. One person told us, "They [staff] are very capable and that makes me feel safe and confident." Another person said, "Yes, I do feel safe. Everything I ask them to do, they[staff] do." One relative commented, "We do feel safe with the service. We have known the current staff for a while now. We hear the carers talking and they sing to my [relative]."
- The provider had a policy and procedure for safeguarding adults from abuse. Staff had completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.
- We identified two incidents of potential abuse documented in people's care records, which had not been recorded as an incident or reported to the local safeguarding team and CQC. Office staff were unaware of these incidents, as staff had recorded them in people's daily notes and no further action had been taken to flag that these incidents had occurred.
- The manager agreed these were incidents of potential abuse and reported them to the local authority during the inspection.

Preventing and controlling infection

- People were protected from the risk of infection.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.

Learning lessons when things go wrong

- There was a system in place to record accidents, incidents and near misses, however, this was not always used effectively. We identified multiple incidents of behaviour that challenged, recorded in people's log books, which the office had not been informed of. Although staff had requested support from a healthcare professional to assist one person with their behaviour, the individual incidents were not recorded in a way which allowed staff to analyse them effectively to look for triggers of the behaviour.
- Some accidents and incidents had been reported to the office, including a fall and an incident relating to some misplaced keys, and these were recorded accurately and reviewed by a manager. However, these were not currently collated and analysed to look for trends and patterns or ways of reducing the chances of them happening again.
- We discussed accidents and incidents with the manager and they agreed this was still an area which required improvement. They told us they planned to develop an audit of all accidents and incidents which would allow them to look for trends and patterns easily. We will check on their progress at our next inspection of the service.

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 has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

At the inspection on 2 and 3 August 2018, we found when people lacked the capacity to make important decisions for themselves the provider had failed to maintain a record of decisions made in their best interests, in line with the MCA.

At the 28 and 29 March and 2 April 2019, inspection we found the provider had not made improvements. The provider had failed to maintain a record of decisions made in their best interests, in line with the MCA

- At this inspection, we found the provider had made improvements and was now providing care in line with the MCA. People and their relatives, where relevant, were involved in making best interests decisions about their care and a record of decisions made was maintained.
- People and their relatives confirmed that staff obtained consent from them before delivering care to people. People's capacity to consent to their care and support was documented.
- One relative told us, "Staff always ask for your consent before they start anything. For example, they will ask if my [relative] wants a bath or just wash, or would you want me to help put your clothes on." Another relative said, "They [staff] do ask for consent and explain the stages of the personal care."
- Staff had received MCA training and understood people's rights under this legislation. The manager and staff understood their responsibilities under the MCA.

Staff support: induction, training, skills and experience

- Some people were living with epilepsy and needed emergency medicine if they experienced a seizure. Although staff had received general training in epilepsy, they had not been trained or assessed as competent to administer people's emergency medicine and this left people at risk of harm. However, we noted there had been no seizure incidents since the previous inspection, which was a trigger for staff to

administer the emergency medicine.

- We discussed our concerns regarding the training of staff with the manager. They agreed that this was a risk and told us they would speak to people's epilepsy nurses to ensure this training was put in place.
- Staff had received other training in essential topics such as safeguarding, mental capacity and first aid and topics related to people's individual needs such as learning disability.

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

- The assessment of people's needs had been completed to ensure these could be met by staff. This looked at people's medical conditions, physical and mental health; mobility, nutrition and likes and dislikes.
- Where appropriate, relatives were involved in this assessment, and used this information as a basis for developing personalised care plans to meet each person's needs.

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

- Staff supported people to eat and drink enough to meet their needs.
- People's care plans included a section on their diet and nutritional needs.
- Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

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

- The provider worked with other external professionals to ensure people were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse, speech and language therapist, occupational therapist, GP or a hospital appointment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect. People and their relatives told us they were happy with the service and staff were kind and treated them with respect.
- One person told us, "Yes they are. We have chats and laugh, and we get on well." Another person said, "Staff have a good attitude, friendly and caring. They are very kind, they bring a little bit of life into the house." One relative commented, "They [staff] have been with us for a while. They know my [relative's] reactions, they cope very well even when my [relative] is at most challenging. They have never been phased and cope with it all."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, preferred faith and culture. The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- Staff involved people in making decisions about their care. People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- One person said, "Yes, I tell them what I want and that is ok, and I make decisions all time." One relative told us, "Staff encourages my [relative] to give their views and opinions about how they wanted their care provided. These included discussing their preference, the time to receive care." Another relative commented, "We have looked at visit timings and they [manager] have taken our comments on board."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person said, "They [staff] have total respect for your dignity and privacy, they make sure curtains and doors are closed before carrying on with personal care." One relative told us, "They [staff] respected my [relative's] dignity especially with the commode."
- People were supported to be as independent in their care as possible. One relative told us, "When my relative is in their wheelchair, they move around the house. Staff put things where my relative can easily reach when no one is about and give them a bit of independence." Another relative said, "They [staff] help my relative to take control of their care and support needs. They offer them the opportunity to try and wash themselves when to take them to the bathroom. This is good for independence and dignity."
- Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, with washing, eating and walking with mobility aids.

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 has now 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

At the inspection on 2 and 3 August 2018 we found two people's care plans were not updated to reflect changes in their needs. The provider sent us an action plan and told us that they would complete all required actions by 5 October 2018. However, when we returned to the service on 28 and 29 March and 2 April 2019, we found improvements had not been made. At the 28 and 29 March and 2 April 2019, inspection we found care plans were not person centred and did not reflect people's current needs. We took enforcement action.

- At this inspection we found the provider had made improvements. Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans were up to date and reflected people's current needs. They also included the level of support people needed from staff and what they could manage to do for themselves. One person told us, "Someone from the office came and assessed changes of my needs and the care plan was updated as needed." One relative said, "I helped to get my [relative's] care plan updated with someone from the office, with my relative's consent."
- Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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.

- We discussed the Accessible Information Standard with the manager, who confirmed that no consideration had been given to making information accessible for people. There was no accessible information policy in place.
- The service was supporting over 16 people with a learning disability, and information such as the complaints procedure and service user guide were not available in formats that met their needs. Other people did not have English as a first language, and no consideration had been given to translating information into different languages for people.
- The manager agreed that ensuring information was accessible was an area of improvement, and told us

they were, 'adding it to their action plan.'

We recommend the provider continue to monitor and seek advice from a reputable source on best practice to ensure information was accessible to people and act accordingly.

Improving care quality in response to complaints or concerns

- The complaints were managed in line with the provider's policy. The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. People told us they knew how to make a complaint and would do so if necessary.
- One person told us, "I have not complained as such, but we have made concerns known and they [office staff] acted on." One relative said, "I have had an issue in the past regarding time keeping but was sorted out."
- The provider maintained a complaints log which showed when concerns had been raised senior staff had investigated and responded to any complaints in a timely manner. Where necessary they held meetings with the complainant to resolve their concerns. The manager told us that there had been no reoccurrence of complaints that had been addressed to people's satisfaction.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The manager was aware of what to do if someone required end-of life care.
- Staff received training to support people if they required end-of life support. However, no-one using the service required end-of-life support at the time of our inspection.
- People had valid Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place where this decision had been discussed with them and their relatives, where appropriate.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last comprehensive inspection on 28 June 2016, we found that effective systems were not in place to monitor and improve the quality and safety of the service provided to people. At the inspection on 12 and 13 December 2016, we found the provider had addressed the previous breaches. However, at the inspection on 2 and 3 August 2018, we found the provider had not always ensured they monitored people's calls to check if they were attended as per their scheduled time.

When we returned to the service on 28 and 29 March and 2 April 2019, we found call monitoring audits were not effective and there were issues with the accuracy of the electronic call monitoring (ECM) records. The systems and processes for assessing, monitoring and improving the quality and safety of the services had not been operated effectively. We took enforcement action.

- At this inspection we found the provider had made some improvements. There were management arrangements in place to assess and monitor the quality of care being provided. Monthly audits were carried out for care plans, medicines management, daily care logs and staff punctuality to ensure people's needs were being met.
- There was an electronic system in place to monitor calls, to ensure people received the care they needed at appropriate times. Records showed management staff reviewed staff's timekeeping through monthly audits of daily care logs completed by staff which covered punctuality, duration of calls and whether the single and double handed calls were attended.
- People and relatives did not raise any concerns in relation to the timekeeping of staff.
- The provider ensured people's information and their records were maintained safely.
- However, the provider had not identified issues we had found at this inspection and acted upon them in a timely manner. For example, in relation to risks such as supporting people with catheter care or those living with diabetes, staff training and competency assessment for emergency medicine, reportable incidents to safeguarding and providing accessible information for people who required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service did not have a registered manager in post. The registered manager had left the service in August 2019, a new manager joined the service in August 2019 and made an application to become CQC registered manager. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the manager understood their roles and responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure at the service. Staff were aware of the roles of the management team. However, we found there were gaps in the provider's processes of reportable incidents to local authority safeguarding team. In response to our feedback, the manager acted upon immediately.
- They told us the manager was approachable. We saw the manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff said, "I can call the office anytime and get advice on the phone."
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- People and their relatives commented positively about staff and the manager. One person told us, "I don't know the manager, but I think he or she is doing a good job." A relative said, "I have not seen the manager, but there is always someone at the end of the phone ready to help you. Yes, I will say it is well managed." Another relative commented, "There have been a few issues on leadership, but it seems to have got better."

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

- The manager had sent questionnaires to people and their relatives to ask for feedback in July 2019. Some had been returned, but these had not yet been collated and analysed. We reviewed the questionnaires, and some areas of improvement had been fed-back, including those relating to specific staff member's performance and the communication of office staff. Office staff told us they had responded to these individual concerns; however, they were not able to provide any evidence that this was the case.
- The manager had begun to complete telephone monitoring with people. This feedback had been positive. Comments included, 'Office seem more organised now' and 'There has been an improvement.'

Continuous learning and improving care

- The provider had introduced additional features to their electronic call monitoring system and process. This enabled them to do real time call monitoring, to oversee the work carried out by staff in people's homes.
- The manager and senior staff completed checks and audits on accidents and incidents, complaints, and staff training. As a result of these checks and audits the provider made improvements, for example, care plans and most of the risk management plans were updated, complaints were investigated, some staff received reactive supervision and daily care records improved.
- The senior staff carried out spot checks of staff to ensure care was provided as planned.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, GPs, fire safety officers, district nursing, and Speech and

Language therapists.

- The manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- Feedback from commissioners and social care professionals stated the service continued to make improvements.

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 The provider failed to ensure care was provided in a safe way, by assessing and mitigating risks to the health and safety of service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.