

CARE 4 CARE SERVICES LTD

Care 4 Care Headquarters

Inspection report

59 Ashridge Way
Morden
Surrey
SM4 4ED

Tel: 02087157223
Website: www.care4care.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| 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

Care 4 Care Headquarters is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 46 people were receiving a home care service from this provider.

The Care Quality Commission (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 service was not always safe. Staffs scheduled visits were not always well-coordinated and managed. This meant people did not always receive their personal care and support on time from the same group of staff who were familiar with their needs, preferences and daily routines.

The service was not always responsive. People's complaints and concerns were dealt with by the provider, but this was not always done in an open and transparent way. We have made a recommendation about the provider records how they manage complaints.

The service was not always well-managed. At our last inspection the provider had failed to consistently maintain all the records they were expected to keep and ensure they were made easily accessible on request. We discussed these recording issues with the provider at the time and at this inspection we found some improvements had been made. However, these were not enough and further improvements were still required, especially in relation to how the provider recorded the outcome of complaints they had investigated.

In addition, the provider did not always operate their governance systems effectively because they had failed to identify and/or take appropriate action to address a number of issues we found during this inspection as described throughout this report.

People were kept safe from abuse and risks they might face were suitably assessed and managed. Staffs fitness to work in adult social care had been thoroughly assessed. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.

People were care for and supported by staff who were suitably trained and supported to effectively perform their roles and responsibilities. Assessments of people's support needs and wishes were carried out before they started receiving any support from this provider. 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. Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and well, and to access relevant

community health and social care services as and when required.

People's care plans were person-centred, which helped staff provide them with the individualised home care and support they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

The relatives of people using the service, community health and social care professionals and staff who worked for this provider were complimentary about the way the registered manager/owner ran the service. The registered manager promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of home care.

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

Rating at last inspection and update

The last rating for this service was good (published 18 April 2018).

At our last inspection we discussed with the provider their record keeping, which needed to be improved. At this inspection we found the provider had made some progress to improve how they maintained records they were expected to keep however, further improvements were still required.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at our last inspection. The inspection was also prompted in part due to concerns received about staff recruitment and punctuality. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements to the way they coordinate staff home care visits, records how complaints are managed and how they operate their quality monitoring systems.

We found no evidence during this inspection that people had been harmed however, the failures described above had placed people at risk of being harmed. The overall rating for the service has therefore been changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 4 care Headquarters on our website at www.cqc.org.uk.

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 two breaches at this inspection in relation to how the provider coordinated staffs home care visits and manages their governance and record keeping systems.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Care 4 Care Headquarters

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 an 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

Care 4 Care Headquarters is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a registered manager in post who is also the owner.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in their office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 22 July 2022. We visited the provider's office on 20 July 2022.

What we did before the inspection

We reviewed information we had received about the service 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 the registered manager/owner and care coordinator when we visited their office. We also sought telephone and/or email feedback from relatives, various community health and social care professionals and staff about their experiences of using, working with or for this provider. We received comments from seven relatives, two community health and social care professionals and three care workers.

Records we looked as part of this inspection included, six people's care plans, six staff files in relation to their recruitment, training and supervision, and a variety of other records relating to the overall management and governance of the agency.

After we visited the provider's office we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training in respect of mental capacity and DoLS, autism and mental health awareness.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Staffing and recruitment

- Staff scheduled call visits were not always well-coordinated and managed by the provider, but we were assured their staff recruitment systems were safe.
- We received mixed feedback from relatives with half expressing concerns about staff time keeping. Typical comments included, "Staff timings can sometimes differ. It is very variable what time they [staff] might turn up" and "Some of our care workers are very poor with their time keeping and I do think that they could structure their timings a lot better". In addition, this feedback was reflected in the outcome of the providers most recent satisfaction survey, which indicated that half the people using the service and their relatives were dissatisfied with staffs call time keeping in the first half of 2022. People said staff frequently turned up late for their scheduled visits.
- The registered manager also confirmed from their own quality monitoring checks that staff were over 15 minutes late for their scheduled calls approximately 15 percent of the time, contrary to the providers expectations regarding staff time keeping.
- We also received mixed feedback from relatives about people not always receiving continuity of care from the same regular group of staff who were familiar with their family member's needs, wishes and daily routines. Comments included, "It's a shame we have so many different ones keep coming to the house. Some of the staff know my [family member] better than others. The constant changes don't help" and "I think if we could just have a regular team of carers that would be great. I feel like some of the staff don't know how to deal with my [family member]. It's not the staffs fault the managers keep changing the staff around."

We found no evidence that people had been harmed as a direct result of this staff deployment issue however, the failure had placed people at risk of harm because staff were often unable to get to their scheduled calls on time. This represents a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a new electronic call monitoring system to improve how they coordinated and monitored staff visits was now operational, a new company vehicle purchased for the purpose of driving staff to their visits and clusters formed of service users and staff who lived in the same geographical areas to minimise travel times between calls.

- Staff underwent robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staff identity, previous employment, their character, and right to work in the UK. Peoples employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check.

DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- Relatives told us their family members felt safe with their care workers who regularly visited them at home and were confident any safeguarding issues they might raise with the provider would be taken seriously and appropriately dealt with. One relative said, "I would definitely say my [family member] one hundred percent safe with staff, especially with the two care workers who regularly come to our house."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff had received safeguarding training and knew how to recognise and respond to abuse they might encounter, including how to report it. For example, care worker told us, "I underwent safeguarding training and know I must call the office immediately if I witness or suspect abuse has happened to anyone we look after. I am extremely confident that the managers would deal with it appropriately."
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and appropriate action taken promptly to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face. A relative remarked, "Our carers know what my [family member] needs doing to keep them safe."
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. For example, one care worker demonstrated good skin integrity awareness as they knew exactly what action they needed to take, in line with a person's care plan, to prevent them developing pressure sores.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. A relative told us, "PPE is always worn by staff which they are very fastidious about. They have their own supply and they always come to our door wearing a facemask." A care worker added, "PPE is always available. If it looks like you might be running out of PPE the office supply you immediately with more on request."
- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff. A care worker said, "Regular COVID-19 testing is encouraged and if anyone should test positive they can no longer work until they get the all clear."
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.

- Relatives told us , "With medicines staff are very vigilant", while a second remarked, "The agency is really on top of my [family members] medicines regime".
- The provider had introduced a new electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any e-medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by the office based managers.
- Medicines were routinely audited by the managers and field supervisors.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers identify issues, learn lessons and take appropriate action to improve the safety of the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people. For example, following a number of medicine's recording errors the provider responded by introducing an electronic medicine's systems that automatically flagged when medicines errors and/or omissions occurred.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care from staff who had most of the knowledge and skills they required to effectively meet their needs. However, some mandatory training, identified as necessary by the provider for staff to meet the needs of everyone they cared for and supported, had not been completed.
- Staff had not received any mental capacity or deprivation of Liberty Safeguards training. In addition, staff who cared for and supported people with autism and mental health care needs had not received any autism or mental health awareness training.

The provider responded immediately during and after the inspection. The registered manager acknowledged there were gaps in staffs knowledge and skills and provided us as we had requested additional recorded evidence that showed staff had now completed training in understanding mental capacity and Deprivation of Liberty Safeguards, autism and mental health awareness. This meant staff now had all the necessary knowledge and skills they required to meet the needs of people they care for and supported.

- Relatives and community health and social care professional were also complimentary about staff knowledge and skills, and overall professionalism. For example, one relative told us, "We've always felt confident in the way that they [staff] look after my [family member]." A community professional added, "Staff are professional and we can always trust that the families will be more than happy with their level of knowledge and skills."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained up to date and relevant. The provider's electronic training matrix identified the training staff had completed, which covered most of the topics that were relevant to supporting people in their own homes. This included a comprehensive induction programme, which included shadowing experienced staff on call visits, safe use of mobile hoists and dementia awareness training.
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular contact with the managers and senior staff, which included individual supervision meetings, observations of their working practices and an annual appraisal of their overall work performance. A care worker told us, "Field supervisors regularly carry out surprise spot checks on us when we're on a call to see how we're getting on and we have regular supervision meetings and telephone chats with the manager in the office."

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service from this provider.
- Staff were aware of people's individual support needs and preferences.

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.

- People consented to the care and support they received from staff. Relatives told us staff always asked for their family members consent before providing them with any personal care.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- Staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision. A care worker told us, "As carers we must always seek the consent of people we support before providing them with any personal care."

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the quality of the meals and drinks they were offered.
- Care plans included nutritional risk assessments about people's dietary needs and preferences. For example, we saw a detailed dietary risk assessment which made it clear to staff what action they needed to take when assisting this individual to eat and drink to mitigate the risk of them choking. Staff demonstrated good awareness of this risk management plan and what they needed to do to keep this person safe whenever they ate and drank.
- Staff had received basic food hygiene training.

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

- People were supported to stay healthy and well.
- Care plans detailed people's health care needs and conditions and the action staff needed to take to keep people fit and well.
- Staff ensured timely referrals to the relevant community health care professionals were made as and when required. One relative said, "The carer did well to check the condition of my [family members] health recently and to call the doctor straight away", while a second remarked, "The carers have sent for an ambulance in the past and have waited with her to make sure she's been taken safely".

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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by the provider.
- Relative's told us staff respected their family members right to privacy, dignity and independence. One relative said, "My [family member] is always treated with dignity by all the staff that visit us at home", while a second added, "I can see how the carers are actively encouraging my [family member] to regain some of their independence".
- Staff demonstrated good awareness about how to respect people's privacy and dignity. For example, one told us, "I always knock on people's doors before entering any room and seek their permission before providing them with any personal care. When I do provide anyone with personal care, I always use a towel or cloth to partially cover them keep the curtains and door closed." A second care worker added, "We're all trained how to treat people we look after with respect and dignity."
- Care plans included information about people's different dependency levels and what they were willing and could safely do for themselves and what tasks they needed additional staff support with. For example, care plans made it clear who was willing and capable of making their own drinks. A care worker told us, "I find out if the people I support are able to do some of their own personal care, such as washing, and make sure they're always given enough time to do as much for themselves as they can and want to."

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

- People were treated with kindness and compassion, and had their human rights and diversity respected.
- People told us staff treated them with respect and kindness. A relative said, "[Carer's name] gives us an absolute masterclass in caring", while a second remarked, "I find the carers to be very polite and caring. I think the agency is an oasis of lovely people." A community professional added, "We always receive great feedback from families saying how wonderful they [the provider] are."
- Care plans contained detailed information about people's spiritual and cultural needs. For example, care plans we looked at clearly identified when staff were expected to cover their shoes on entering a person's home in accordance with the families religious beliefs.
- Staff knew how to protect people from discriminatory behaviours and practices and had received equality and diversity training. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests, the registered manager told us they took this into account in the matching process. For example, families who had wanted to only female care workers provide their loved one with personal care based on their religious beliefs were granted this request and allocated female only staff.

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

- The service supported people to express their views and be actively involved in making informed decisions about the care and support they received.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they or their family member received. People were consulted about their care plan, which they signed to indicate they agreed to its contents. A relative told us, "The carers who visit us at home and the staff in the office are excellent listeners and do take on board what we tell them."
- Staff told us they supported people on a daily basis to make informed decisions about the care they received.

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 good. At this inspection this key question has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were dealt with by the provider, but this was not always done in an open and transparent way.
- People knew how to raise any concerns they might have about the provider and were confident their complaint would be taken seriously and looked into thoroughly by the provider. One relative told us, "I am confident about raising issues with the office and I think they would try and sort things out as quickly as they could", while a second added, "If I have a concern I just call the managers in the office who always pick up the phone and do their best to deal with my issue".
- However, although the provider kept an accurate log of all the complaints and concerns people had raised, no records were kept by the provider in relation to the outcome of any investigations they had carried out and how they had responded to the complainants. This meant it was unclear if people complaints had been appropriately dealt with and responded to by the provider, contrary to recognised best practise and the providers own complaints policy and procedures.

We recommended the provider consider current guidance on managing complaints and act to update their practice including, how they keep records of complaints they deal with.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes.
- Relatives told us the care their loved ones received from this agency was person-centred.
- People had up to date person-centred care plans in place. These plans included detailed information about people's personal and physical health care needs, daily routines and tasks they wanted completed, and how they preferred for this to be delivered.
- Staff told us they gave people as much choice and control as possible in relation to the care and support they received from the agency. For example, a care worker told us, "It's so important we give people enough time to allow them to make their own decisions and choose what they want to eat, wear or what activities they would like to do."

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.

- People's communication needs were identified, recorded and highlighted in their care plan. For example,

it was clear from the information contained in one care plan how that person preferred to communicate using non-verbal cues and signs, such as hand gestures and facial expressions, which staff knew how to interpret.

- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- People's care plans had a section in which they could record their end of life care and support needs and wishes, if they wanted to.
- The registered manager told us they regularly liaised with GP's and other health care professionals, including palliative care nurses from a local hospice, to ensure people experienced dignified and comfortable end of life care at home in line with their dying wishes.
- Staff demonstrated a good understand of how to care and support people nearing the end of their life and had completed end of life care training.

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 remained requires improvement. This meant the service management and leadership was still 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

At our last inspection the provider had failed to consistently maintain all the records they were expected to keep and ensure they were made easily accessible on request, including some risk assessments, medicines administration sheets, staff references and complaints. We discussed these recording issues with the provider at the time of that inspection who agreed to improve how they kept and accessed their records.

At this inspection we found some improvements had been made, but these were not enough and further improvements were still required.

- The provider maintained up to date and accessible records in relation to managing risk, medicines and staff recruitment. However, records in relation to the outcome of complaints investigations including, lessons learnt, actions taken to improve the service and how they had responded to the complainants, were still not being appropriately maintained.
- In addition, although the provider had well-established governance system in place, these were not always operated effectively. This was because these systems had failed to pick up and/or take appropriate action to address a number of issues we identified at this inspection including, how the provider coordinated staffs scheduled call visits and ensured they arrived on time and staff were suitably trained to meet the needs of people with autism and mental health care needs.

We found no evidence that people had been harmed as a direct result of all the quality monitoring and record keeping failures described above however, the providers governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The registered manager/owner had a clear vision that she shared with staff. They told us they routinely used in-person and virtual meetings and training to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a home care service from this agency, their relatives and her staff team.
- The provider used a range of methods to gather views about what the agency did well or might do better. For example, people using the service and their relatives had ongoing opportunities to share their views through regular telephone and in-person home monitoring visits, and were encouraged to complete bi-annual satisfaction surveys.
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone and in-person contact, which included individual supervision meetings with the office based managers and observations of their working practices during a scheduled visit.

Working in partnership with others

- The provider worked in partnership with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, Clinical Commission Groups, GP's and dementia, tissue viability, district and palliative care nurses. One community professional told us, "I highly recommend this home care agency. They are great provider and easy to work closely with", while a second remarked, "The agency is very professional and we have never experienced any issues with them".
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight systems were not always effectively managed and records they were expected to keep were not always appropriately maintained. Regulation 17(2)(a)(c)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The needs of people who use the service were not being safely met because the provider had failed to ensure enough staff were always sufficiently deployed to enable them to attend their scheduled visits on time. Regulation 18(1)</p> |