

Almost Family Limited

# Almost Family Limited

## 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

Almost Family is a domiciliary care agency. At the time of our inspection, it was providing personal care to eight people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia. Not everyone using Almost Family receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

The lack of good governance over the service has resulted in multiple breaches in the regulations and putting people at risk of not receiving safe, effective or responsive care. Risks to people, medicines and accidents and incidents were not appropriately recorded, which left people at risk of avoidable harm. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. The provider did not have a clear set of mandatory training modules that staff were required to complete, meaning that their induction process was therefore not thorough. Staff did not receive regular supervision or spot checks to ensure they were effective and competent at their roles.

Care plans were not personalised to reflect the individualised care that people received, or their medical conditions and the care people required due to these. Complaints were dealt with in a timely manner but were not formally recorded or responded to. The service was not delivering end of life care to anyone at the time of the inspection, but this topic had not been approached with people and their relatives in preparation. The service worked alongside other agencies but did not fully utilise other connections to local organisations. Quality assurance audits were not thorough which meant that the shortfalls we found had not been identified by the registered manager or provider.

However, people and relatives felt the management team were approachable and staff felt valued. People and their relatives were approached on a regular basis for feedback, which had been positive. There were plans in place to improve the service by introducing an electronic care planning system.

People and their relatives told us they felt safe, and staff were aware of their role in safeguarding people from abuse. There was a sufficient number of safely recruited staff to meet people's needs. Staff felt there was an effective communication system in place to provide consistent care, and referrals to healthcare professionals were made where required.

People and relatives told us staff were kind and caring and treated them with dignity and their belongings with respect. People were encouraged to be independent where safe and involved in decisions around their care where possible. Where people were unable to be involved in these decisions, their next of kin had been approached.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection (and update)

At the last inspection the service was rated Good (3 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment, people's rights being protected, staff training, personalised care being delivered and good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always safe.

Details are in our safe 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** ●

# Almost Family 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection site visit because the service is small and we needed to be sure that the registered manager would be in the office to support the inspection. The inspection took place on 3 June 2019. We visited the office location on this date.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with two members of staff including the registered manager and the nominated individual. 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 multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We spoke with one person who used the service, two relatives and three staff members by telephone. We looked at training data and quality assurance records sent to us by the registered manager.

# Is the service safe?

## Our findings

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

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

- Risks to people were not appropriately managed which could increase the risk of avoidable harm. One person was at a high risk of falls. There was a risk assessment in place, but this only stated to "Document any rapid changes in health and mobility" and did not give staff information on how to prevent this person from falling, or what steps to take if they had fallen.
- Another person was assessed as being at high risk of pressure sores by the registered manager. However, there was no information to advise staff how to prevent pressure sores, what equipment was in place to reduce this risk, or what steps should be taken if the person developed a pressure sore. This left people at risk of avoidable harm.
- Despite this, environmental risk assessments were in place, which gave staff information of how to manage risks in people's homes. This included information such as if there were any trip hazards and if fire alarms were in place.
- The service had a business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of an emergency such as severe weather, staff shortage or a loss of premises.

Using medicines safely

- Medicine recording and administration was not always safe because there were no body charts to show staff where topical creams should be applied. There were no Topical Medicine Administration Records (TMARs) available for prescribed creams to record that staff had applied them to people where required. This left people at risk of prescribed creams not being applied to the correct part of the body. The registered manager said, "It's something we maybe should have but I thought as I had listed the creams in the care plan it would be ok." Following our inspection, the registered manager informed us that these were now in use. We will follow this up at our next inspection.
- Though internal medicine audits identified that there were no gaps in Medicine Administration Records (MARs), it did not identify that prescriptions that had been handwritten onto MARs were not being double signed by staff members to ensure that the information on them was correct. This did therefore not follow national guidance and standards around medicine recording.
- However, staff told us they were aware of safe medicine administration practices when giving tablet medicines. One staff member said, "I use the blister pack. I check each one first for time of day and correct dosage. I write in the daily notes as well as sign the sheet."

Learning lessons when things go wrong

- Accidents and incidents were not appropriately recorded. For example, one person's daily notes documented they had developed numerous sores on their body over a six-week period. However, these

were not formally recorded with a body chart to show the location of the sore, or what action had been taken. Due to there not being a central location to record and track any trends in incidents, people were left at risk of avoidable harm.

- The registered manager informed us there was a system for logging accidents and incidents, and that their internal audits in 2017 and 2018 had found that no incidents were logged. However, as we identified incidents that should have been recorded during our inspection, it meant that their internal audit was not a reliable source of information.

People were at risk of receiving unsafe care due to a lack of recording of risks and medicine administration, practices and lessons not being learned from accidents and incidents. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person told us, "I feel totally safe with them." A relative said, "I feel safe. [One carer] is brilliant, she knows what she is doing and how to handle [my family member]." Another relative told us, "I'm very happy with the agency. We've had other agencies who have stolen, haven't washed [my family member] and other bad experiences, but this agency do. I would thoroughly recommend them."
- Staff were aware of their responsibility to safeguard people from abuse and who to report concerns to. One staff member said, "I'd ring [the registered manager] straight away with any concerns if I needed to." The registered manager said, "Staff definitely know what to do, they've had training. During supervision, we go through the list of clients they see and ask if they have any concerns."
- There was a safeguarding policy in place, and the service had informed the local authority of any safeguarding concerns.

Staffing and recruitment

- There was a sufficient number of staff to meet people's needs. People and relatives told us staff had never missed a care call. One person said, "They may come late but they always turn up. Most time they'll call if they're going to be late." A relative told us, "They're punctual and they stick to the timings of the call. They stay the full hour if that's what they're down to do." The registered manager said, "We don't have missed calls. If there is a likelihood of it happening such as staff sickness, I'll do it myself."
- Checks were in place to ensure that staff were arriving on time and staying the correct amount of time. Staff wrote the start and end time of their call in people's daily notes. Although this method could leave room for inaccuracy, people told us that staff stayed the correct amount of time.
- Recruitment files evidenced staff had been recruited safely. Staff's files included a full employment history, references from previous employers and a Disclosure Barring Service (DBS) check. This ensures that people are safe to work with vulnerable people.

Preventing and controlling infection

- People were cared for by staff who followed safe infection control practices, for example through safe use of personal protective equipment. One person told us, "They certainly wear gloves." A relative said, "The staff always wears gloves and aprons." A staff member said, "I have everything I need, and I can just get more whenever I need it." The registered manager said, "They're kept in the office and in the back of staff member's cars. There's always some at people's homes too."
- The registered manager conducted spot checks at people's homes to check staff were adhering to infection control policies, but these were not regular. The registered manager informed us, "I do spot checks, but I would like to do more." However, infection control was discussed at team meetings and staff were up to date with infection control training. Therefore, this had caused no impact to people's safety, and people



and their relatives had confirmed this when speaking with us.

# 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.

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. We checked whether the service was working within the principles of the MCA.

- People's legal rights were not protected because staff did not follow the principles of the MCA. People who lacked capacity to consent to care did not have a decision specific mental capacity assessment or best interest decisions completed around this. One person's care plan stated, "[The person] does understand some things and will answer yes or no. Sometimes it takes longer to process what is said." The registered manager informed us that no mental capacity assessments had been done for this person.
- One person's GP had stated that the service could administer their medicines covertly. However, there was no mental capacity assessment, best interest decision or signed confirmation from the pharmacist to confirm this was in their best interest. This was against national guidance and standards.
- Staff were unsure of their responsibilities from or the principles of the Act. One staff member told us, "I still treat them as equal as anyone else. I would speak to [the registered manager] and the family if any decisions needed to be made. You work with the person, don't necessarily give them an option but try and do it a way that would work better for them."

The service did not comply with the principles of the Mental Capacity Act 2005 and therefore, people's rights were not protected. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff and management did not have effective training to ensure they had the skills necessary to meet people's needs or meet legal requirements. There were no comprehensive records to show if staff members were up to date with training that was necessary for them to be effective in their roles and deliver care safely. Training records we did observe showed not all staff members had completed basic first aid and moving and handling training. No members of staff including the registered manager had completed mental capacity training. Following our inspection, the registered manager confirmed that all staff including himself had been enrolled on mental capacity and record keeping training. We will follow this up on our next inspection to check if this has happened.
- However, people and their relatives felt that staff were well trained and knew how to carry out their role

effectively. One person said, "The staff know what they're doing." A relative said, "I feel confident that they know what they are doing. They know how to hoist [my family member] safely."

- The induction process for new staff was not always thorough. The registered manager told us new staff members completed training as well as shadowing a colleague. One staff member said, "The induction was good, and I shadowed others for quite a while. [The registered manager] was very supportive and answered all my questions." The registered manager said, "Before they start work they have at least three shadowing shifts, one of which is with me. I make sure they pass the training and then I ask the last person they shadowed if they're ok to be signed off." However, we observed records of a new staff member who had only completed seven of the 18 training modules they had been enrolled on. These training modules included topics that other staff members had not completed, and the registered manager told us that there was no set mandatory training for staff to complete. Furthermore, there were no records to show that they had passed a competency check during shadowing to ensure that they were ready to work with people independently.

- Staff did not receive regular supervision and spot checks to ensure they were competent in their role. Records showed that staff were receiving approximately two spot checks a year. The registered manager said, "I would like to spot check every month but I'm not doing that yet, more like every six months." When spot checks did take place, staff were checked on their punctuality, appearance, communication, care giving and record keeping. Supervisions with staff were also inconsistent, occurring roughly every six months. This along with failures in the induction and training process, meant people were at risk of staff being ineffective at their role.

A lack of staff training and supervisions meant that people were at risk of receiving care from staff who were ineffective at their role. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although the registered manager told us people's needs were assessed before the service started delivering care, there was no evidence to support this. The registered manager told us, "We do pre-assessments but throw them away after as they're just scribbles." People and relatives confirmed the agency completed a pre-assessment with them prior to the care starting. Following our inspection, the registered manager has informed us that pre-assessments are now being recorded and stored electronically. We will follow this up on our next inspection to check this is happening.

- The service was not always delivering care in line with current guidance and law. People did not have mental capacity assessments and medicine administration and recording was not in line with current national guidance.

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

- People's experience of staff supporting them with positive. One person told us, "They move my table around for me so I can reach my food." A relative told us, "There's no complaints about the quality of the food from [my family members], they seem happy with what the carers cook for them now."

- People's dietary preferences were recorded in their care plans. The registered manager had supported two people to create a meal plan to give to their care worker. This included 20 recipes and information on how they liked their food to be cooked. This had led to the people and the care worker preparing meals together.

- Staff were aware of how to ensure people were kept hydrated and how to support them to maintain a healthy weight. One staff member told us, "[One person] was underweight and so they have additional things too, like a pastry with a coffee. I make sure they stay healthy." Another staff member said, "I make sure I do a good varied diet for them." The registered manager said, "Staff know to leave people with extra

fluids if it's hot and that's recorded in the daily notes."

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

- People were supported by staff to maintain their health and wellbeing. One relative told is, "[Our main care worker] lets me know if she thinks there's a problem. She is amazing." A staff member said, "I have arranged for pads for [one person] from the incontinence nurse. I also make sure they see the podiatrist as they have painful feet." Another staff member said, "I keep in touch with the doctor about [one person's] health. She has ongoing problems with UTIs, I can tell when she gets confused. It's is an ongoing issue I need to watch."
- People's daily notes showed that healthcare professionals were contacted when needed. For example, a staff member called a GP when the person they were caring for was experiencing pain, and another staff member regularly collects a person's prescription.
- People's care files kept in their homes included details of their medical history and their medicines. This could be taken with them to hospital if required, so paramedics and medical staff had the information required to treat the person effectively.
- Staff felt the communication in the service was effective. One staff member said, "We have the [online app] group which is useful to update others on about people." Another staff member said, "We have [an online app] which is really handy, like asking the next staff member if they could empty the washing machine. Its helps with consistency." The registered manager said, "I think our communication is very good. We have [an online app] group which we ensure does not include personal information. I oversee it. It's just for things needs milk or teabags etc, but it also allows continuity."

# 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.

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

- People and relatives told us staff were kind and caring. One person said, "They're absolutely brilliant and very kind to me." A relative said, "They're kind and caring to [my family member]. They're incredibly caring and would do anything for them." Another relative said, "They'll sit and have a cup of tea and chat with [my family member] once they've done their tasks, and they always treat their property and belongings with respect."
- Staff also spoke fondly about the people they cared for. A staff member told us, "We spend a lot of time chatting and she likes that. She watches the news and talks about that." Another staff member said, "I think we are like the name, Almost Family. That's the care we give, as close to a good family as we can be." The registered manager told us, "I don't think staff would do this job if they weren't caring. They're here because they love it."

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

- Relatives told us that people were involved in making decisions about their care as much as possible. One relative said, "[My family member] had input into a meal plan. He expressed his preferences and the staff listen to it." A staff member said, "I ask her what roast dinner she wants on a Sunday. But I also make suggestions." Another staff member said, "I give people options of what they would like to eat and drink, and what to wear."
- Documents showed that people had been involved in reviews of their care, or their next of kin had been if they were unable to due to lacking capacity. Reviews of people's care had been completed on a regular basis.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent where possible. One person told us, "They let me be as independent as I can be." A relative told us, "They facilitate him being as independent as possible where safe to. For example, its unsafe for [my family member] to go outside alone as they could fall, but the carers support them to do this in the afternoon when they visit." A staff member said, "We try to help people be as independent as possible, but also safe." Another staff member said, "We always encourage independence. We support them in a way where we can and take over if they tell us they can't do something."
- Staff respected people's dignity. One person told us, "They close the curtains and put a towel over me." A relative said, "As far as I'm aware they treat them with respect and dignity." The registered manager said, "It's the core of what we do. I will always ask the ladies we support if its ok for me to go as a male carer when needed. I will walk out of the room during a spot check too if the person needs to go to the toilet."
- There was a policy in place for recognising equality and diversity, and for expressing sexuality. The policy

stated that care plans would consider sexual identity and how this was supported and expressed. The registered manager said, "It is part of what makes each person individual and we should be respectful at all times."

## Is the service responsive?

### Our findings

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

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 contained limited personal information around a person's background and history. One care plan contained information on the person's career, which they were happy to speak about when we visited them. However, we were informed that other people the service cared for enjoyed going to church but their care plans did not contain this information. Including this information in care plans would allow for staff to provide more personalised care to people. However, staff knew people as individuals, which limited the impact caused from poor record keeping in this area. The registered manager said, "I know we need to be more holistic."
- Despite this, people received personalised care, by being supported to attend church and involved in cooking meals they enjoyed. One staff member had been assigned to work with a particular person the service cared for due to their common background in the armed forces. Daily notes stated, "We sang four or five songs while I washed and dressed him." The person confirmed that they usually do this when we spoke to them, and that he enjoyed singing songs from his days in the armed forces with the carer.
- People's care records did not contain health care plans. For example, one person was diagnosed with Parkinson's and another person had a rare form of dementia. There were no care plans around this to guide staff on how to support people living with these conditions. This left people at risk of staff not knowing the signs of their condition worsening as they may not be aware of the symptoms.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were not recorded in their care plans. However, people told us that staff knew how to communicate with them. For example, one person told us, "The staff are brilliant. They understand me and I them. They make sure they look at me while talking which help." However, instructions of this method to improve communication had not been recorded in the person's care plan. Another person required staff members to speak slowly to them. However, this was also not noted in their care plan.

End of life care and support

- The service was not providing end-of-life care at the time of our inspection. However, people's end of life wishes had not been discussed or recorded. The registered manager was unaware of the need for these other than recording if people had Do Not Attempt Resuscitate (DNARs) in place.

People's records lacked personalised information that could help staff provide individualised care. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they felt they could raise a complaint. One person said, "We can talk to him [registered manager] if we have an issue." A relative said, "We've only had to complain once. My complaint was listened to and responded to." Another relative told us, "I would feel comfortable raising a complaint and that it would be actioned appropriately."
- However, complaints were not recorded as in line with the provider's complaints policy. The registered manager told us, "I dealt with it on an organisational level and it was sorted. I didn't think I would need to record it." Although there was no impact to people as the issue was resolved, it meant complaints were not appropriately recorded. Therefore, a complaints audit from 2018 stated that the service had not received any complaints, but due to a lack of recording, this could be inaccurate. A further risk from not recording complaints and how they were responded to could result in repeat concerns not being learnt from or patterns of concerns not being identified.
- The service had received and recorded compliments, One compliment read, "You are a really good agency and I have recommended you to people."

We recommend that complaints are dealt with in line with the provider's complaint policy immediately, so that people's concerns are resolved and recorded appropriately.



# 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.

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

- Quality assurance was not always robust and failed to identify the shortfalls in care and complaints records, and staff training, induction and supervision processes that we identified during our inspection. Audits of care plans had taken place during 2019, leading to some being updated with new information. However, they did not identify the issues found around mental capacity assessments, end of life care plans, risk assessments, and health action plans referred to earlier in this report. The registered manager had been in post since April 2019. They told us, "Audits were a bit mish mash before I started as registered manager, so I've tried to get them back up and running again." However, the concerns found during our inspection had not been identified by the provider prior to the registered manager being in post. This meant that they had not fulfilled their responsibility of ensuring that the service was providing safe, high quality and effective care to people.
- Other audits had identified areas where issues were resolved. For example, a recruitment audit in April identified that some staff members had only received one reference rather than two as part of their recruitment process. This led to the registered manager requesting and obtaining the additional references required.
- The service was inspected by Her Majesty's Revenue and Customs (HMRC) in 2018 and had passed their audit.

Continuous learning and improving care; Working in partnership with others

- The registered manager had plans to improve the running and quality of the service. They told us, "The plan is to grow but with the ethics and ethos that we have at the moment." The registered manager informed us that they were looking into an electronic care planning system which would allow them to go paperless and allow staff to have digital access to the most up to date information about the people they were caring for. He also told us he appreciated that before this, there were parts of care plans that required improvement, such as mental capacity assessments and health care plans.
- There were links to partnership working with other organisations. However, these were not being fully utilised. The registered manager told us, "I've attended a couple of Surrey Care Association meetings but were holding off paying and going again until our new website is up and done as we're focusing on that instead." Attending meetings with the Surrey Care Association could allow for knowledge and best practice to be learnt and implemented to improve the service.
- However, other aspects of working relationships with partnership agencies were strong. For example, the service regularly worked alongside other live in care agencies to provide their carer with a break. They had also been to networking events to meet staff from other services. The registered manager told us, "I went to

a meeting about a data protection tool kit with Surrey County Council and made contacts there with other agencies."

The lack of robust quality assurance and record keeping meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 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; 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

- People and relatives felt the registered manager was approachable. One person said, "I think he controls the staff well." A relative said, "He's always available and very approachable. He's a very nice person. He chats away to you." Another relative told us, "It's very well led. I can call seven days a week if I want to, but I don't need to as everything is always under control."
- Staff told us they also felt the manager was approachable and felt valued. One staff member told us, "[The registered manager] a lovely guy. He rings three times a week. I feel supported. He wants staff and clients to stay happy." Another said, "[The registered manager] responds to staff." There was a 'carer of the month' award incentive in place for staff who had gone above and beyond in providing good care to people.
- The nominated individual was aware of their responsibilities about reporting significant events to the Care Quality Commission and had notified us where required.

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

- People and their relatives were engaged in the running of the service. A relative told us, "I've been asked for feedback before in a questionnaire form, they're usually annual." A survey was sent to people and relatives for feedback in 2019. The feedback was all positive so no identified improvements to care were required from this.
- Staff meetings were held every six months. One staff member said, "Staff meetings are about every six months. It's nice to all sit in a room together and see how everyone is." The last one occurred in November 2018 and all staff attended. Staff were updated on new policies and were thanked for their hard work. Staff meetings were also used to inform staff of what training courses were available in the upcoming months.

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 service failed to provide personalised care.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The service failed to meet the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service failed to always provide safe care and treatment to people and prevent harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service failed to provide good management oversight and governance.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The service failed to ensure staff were provided with appropriate training, supervision and competency checks.

