

Hands of Compassion Care Ltd

# Hands of Compassion Care Ltd

## 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 responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hands of Compassion is registered with the Care Quality Commission as a domiciliary care agency. It provides the regulated activity of personal care to adults living in their own homes, including older people and people with dementia. At the time of the inspection there were 12 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider's governance systems were inconsistently carried out and did not highlight shortfalls identified at our inspection. The provider did not take action in a timely manner to address shortfalls identified in their quality monitoring processes. Although improvements had been made in a number of areas, there remained continued shortfalls in governance and staff training. Staff who were responsible for moving people with the use of equipment had not received face to face practical training, nor had their competency assessed. The provider did not view this as a safety concern.

Improvements had been made in the recruitment of staff through carrying out necessary checks to ensure staff were suitable. However, the provider continued not to follow their own recruitment policy and only did so once this had been brought to their attention.

There had been improvements in assessing potential risks to people's health and wellbeing. However, we made a recommendation with regards to ensuring the safety and maintenance of equipment used by staff.

The management of medicines had improved as staff were trained and their competency had been assessed. However, there was room for further improvement in clearer recording of when staff prompted or administered medicines for people.

There had been improvements in protecting people from the risk of abuse. All, but 1 senior staff had received safeguarding training and staff had access to the provider's safeguarding policy.

People had been asked for their views, but this feedback had not been analysed to ensure their feedback was acted on. People and relatives were positive about the support provided and all said they would recommend the service. A relative told us, "Yes, very much I would recommend them and have done so. No changes needed. They are lovely and wonderful and super. They are like family friends. There is laughter and chatter. So friendly and helpful and accommodating."

People's care records reflected their needs and set out the actions staff needed to help keep people safe. There was also clear guidance for staff about each person's health needs and oral health care.

People were supported to have maximum choice and control of their lives and staff did supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, there had been a delay in the provider checking the legal status of people's representatives when making decisions on their behalf.

Staff support had improved due to improved communication, senior staff taking a more active role and formal staff supervision.

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

The last rating for this service was Inadequate (published 18 November 2022) and there were continued breaches of regulation 12 (Safe care and treatment) regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed). We issued a requirement with regards to regulation 11 (Need for consent), regulation 13 (Safeguarding service users from abuse and improper treatment) and regulation 18 (Staffing). We issued warning notices with regards to the breaches of regulation 12 and 19.

After the publication in December 2020 of a previous inspection to the service, we had placed conditions on the providers registration for the breach of regulation 17 (Good governance). These conditions were that the registered provider must send monthly reports to the Care Quality Commission. These reports must include the results of audits and actions taken undertaken for the management of medicines, care plans, risk assessments, missed calls and accidents and incidents. We added additional conditions of the providers registration after our last inspection published in November 2022. This was that the provider's monthly reports must also include audits undertaken in relation to the oversight and implementation of mental capacity assessments, recruitment records and staff training and competence.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations 11, 12, 13 and 19. This was with regards to consent to care, safe care and treatment, management of medicines, safeguarding and staff recruitment. However, we found the provider remained in breach of regulations 17 and 18 in respect of governance and staff training.

This service has been in Special Measures since 2 September 2022. 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 inspection was prompted by a review of the information we held about this service. We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

When aggregating ratings with those from a previous inspection add the following wording. Note, ratings cannot be aggregated with 'inherited ratings' awarded to a predecessor location. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings

at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hands of Compassion on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to ensuring staff receive the training and induction they need to carry out their roles and monitoring the quality of the service.

We will continue to require the provider to send monthly reports as set out in the condition of their registration.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Hands of Compassion Care Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 January 2023 and ended on 9 January 2023. We visited the location's office on 5 January 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person who used the service about their experience of the care provided and gained feedback from 3 relatives. We spoke with 5 members of staff including the registered manager, a director, a team leader and 2 care workers.

We reviewed a range of records. This included 3 people's care records and 2 people's medication records. We looked at 10 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits and logs were reviewed.



# 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 Inadequate. The rating for this key question 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we have made a best practice recommendation.

- At the last inspection, risks to people's health had not been assessed to mitigate the risk of harm. This included the risk of people developing pressure damage to their skin, when using equipment to support people to move and medical conditions such as epilepsy.
- At this inspection, action had been taken to minimise potential risks to people. However, staff had reported to a family member when a person's airflow mattress had deflated so it could be adjusted to the right setting to help maintain the person's skin. There was no record of the correct setting for the air mattress so staff could make regular visual checks that it was working correctly. There were also no records of when equipment such as a hoist needed to be serviced. This is to ensure staff are only using equipment that it safe for them and the person for whom it is required.

We recommend that the provider seeks advice and guidance from a reputable source about ensuring the safety and maintenance of equipment used by staff.

- Care plans and associated risk assessments had been developed around each person's individual care and support needs. These focused on people's health and medical needs and contained guidance for staff on how to support people in a safe way. For example, there was guidance for staff on how to recognise and what to do if people who were diabetic had too much or little sugar in their body. Also, the action to take if someone had an epileptic seizure. Risk assessments also included pain management associated with specific medical conditions.
- Care plans contained information about the specific care of people who were at risk of developing pressure damage to their skin. Staff were guided where to apply moisturising cream, how to position people the signs to look out for of any pressure damage and if people needed an airflow mattress. The risk of people falling had been assessed and details of the equipment needed to help people safe. This included the use of bed rails, walking frames and step by step guidance for staff in how to move people using specific equipment.

### Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This



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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we identified an area for improvement.

- At the last inspection, staff were administering medicines without appropriate training and information about people's medicines was not always accurate.
- At this inspection staff had received training in medicines management and had their competency to do so assessed.
- Although information, about people's medicines had improved, there was still need for further improvements. There were a number of gaps in one person's medicines record which indicated they had not received their medicines as prescribed. Some staff had signed the record to confirm they had administered the medicine and other staff that they had only prompted the person to take their medicine. The registered manager told us this person was responsible for ordering their own medicines and only needed prompting by staff. This was confirmed by the person concerned. However, this arrangement was not clear from information recorded in the person's care plan.
- People's medicines were listed in their care records. However, there was no record of what each medicine was for and any side effects. This is so staff are aware of what signs to look out for if there are any adverse effects of people's prescribed medicines.
- For people that used topical creams staff were guided to which part of the person's body they should be applied. Prescribed directions for applying pain patches to a person's skin were followed by staff. This ensured people received effective pain relief.

#### Staffing and recruitment

At our last inspection, the provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection, necessary checks were not carried out on potential staff to ensure they were suitable to support people in their own homes.
- At this inspection, all staff had a minimum of 1 employment reference. The provider had not followed their employment policy by obtaining 2 references for 5 of the 10 staff employed. Immediately after the inspection, the registered manager carried out an assessment of risks for these staff. A DBS check had been obtained for each staff member and gaps in staff employment history explored and recorded. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions and protect people from the risk of being supported by unsuitable staff.
- The service had enough staff available to meet people's needs. People and relatives told us their support was provided by a regular staff. One person told us, "There is a rota and I more or less get the same staff. I know all the staff who come to me."
- People and relatives said that staff came at the expected times and they were usually informed if staff were running late. One relative told us, "Timing is pretty good. They might be between 5 and 10 minutes late."
- People and relatives told us that staff were not rushed and they were flexible in the care provided. One relative said, "All staff are pretty good. They take their time. If they go over time they carry on." Another

relative commented, "They adjust the timings if we want them to."

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

At our last inspection, the provider had failed to ensure that systems and processes operated effectively to prevent abuse. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection, some staff had not received safeguarding training nor did they have access to the providers safeguarding policy. Staff did not know how to report safeguarding concerns to the local authority.
- At this inspection, all but 1 senior staff member had undertaken safeguarding training. Staff had been given a pocket care guide which set out to whom and how they should report safeguarding concerns.
- Staff knew how to recognise the signs of abuse and how to report this internally or externally. They said they knew people well and any changes in their behaviour or demeanour would give them cause to explore this with them further.
- People and relatives told us they felt safe in staff's company.

#### Learning lessons when things go wrong

- At our last inspection, appropriate action had not been taken after accidents, incidents or near misses.
- At this inspection, staff knew to report concerns to a senior staff or the registered manager. A record had been made of all accidents and incidents and these were recorded on a lessons learned log. Each incident was reviewed by the registered manager to ensure appropriate action was taken and if there were any patterns or trends which required further investigation.

#### Preventing and controlling infection

- There were processes to prevent, control and reduce the risk of infection.
- Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff were provided with personal protective equipment (PPE), such as gloves and aprons and used these as needed. Sufficient PPE was available to use should there be an infection outbreak.
- A relative told us staff responded flexibly to changes in the need to use PPE. This relative said, "We talk to staff and they respond. Last week my relative went to the clinic and the clinician said to be careful with their immunity. So, the staff have all worn masks and aprons to make sure they were ok."

# 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 our last inspection we rated this key question Inadequate. The rating for this key question has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had the training and induction they needed to support people effectively. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18

- At the last inspection, staff had not completed all the mandatory training necessary for their role. At this inspection, staff had completed mandatory training on-line, with the exception of a senior staff who had not completed safeguarding training. This meant there was a potential risk this senior staff member would not be able to give care staff the correct advice if they contacted them about a safeguarding concern.
- Staff had only received moving and handling training on-line which did not include assessing staff's practical competency in this area. Staff told us face to face training would give them and other staff more confidence and understanding when assisting people. When we asked the registered manager about when such training would be provided they responded. "We are looking to carry it out imminently but we do not have dates yet." The registered manager did appear to understand the importance and urgency of the request to ensure staff and people's safety.
- The registered manager told us that all training was refreshed every 3 years. However national guidance for medicines, moving and handling and safeguarding is for this to occur more frequently. The National Institute for Health and Social Care Excellence (NICE) recommends that learning for medicines for community-based staff is refreshed and knowledge and competence assessed at least annually. Skills for Care (SFC) recommend learning in moving and handling people is refreshed and knowledge and competence assessed at least annually and when a new risk is introduced. SFC recommend staff are provided with learning and development opportunities in safeguarding when identified and at least annually.
- Although there had been improvements in staff induction in that staff received the necessary training, there was still room for further improvement. Staff new to care continued to have a limited induction which consisted of shadowing staff on 2 or 3 double handed calls. New staff then worked alone without being assessed as competent. New staff continued not be invited to complete the Care Certificate or a similar induction programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

The provider had failed to ensure that staff had the training and induction they needed to support people effectively. This was a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff had received supervision and spot checks. Supervision gives staff opportunities to discuss their progress and any concerns they may have. Spot checks help ensure staff working alone follow the correct procedures and provide a right standard of safe care.
- People and relatives told us they thought staff had the right skills and experience for their role. One relative told us, "They handle my family member very carefully. They has very particular needs."

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

At our last inspection the provider had failed to ensure that the principles of the Mental Capacity Act 2005 had been complied with. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

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

- At the last inspection, the principles of MCA had not been followed as the registered manager and staff had not completed training in this area. Where people lacked mental capacity, the provider had not taken steps to confirm whether their relative had the legal authority under a Power of Attorney (POA) to make decisions for them.
- At this inspection, the registered manager and staff had completed MCA training. However, where it had been recorded that a relative had a POA, the provider had not checked whether this was for finances or health and welfare or both. The provider took steps to ascertain what legal authority relatives had in relation to people, after the inspection. This meant that staff knew if relatives had the legal authority to act for people and under which circumstances.
- Staff explained how they sought consent from people before giving support. Staff told us about 1 person whose understanding fluctuated. They said they always explained to the person how they were going to support and assist them. This included when the person appeared to be sleepy and not always fully aware of what was going on around them.

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

- At the last inspection people's needs had not been robustly assessed before they used the service.
- At this inspection senior staff who carried out assessments had received training relevant to their roles. No one had been assessed since the last inspection. The registered manager told us the new care planning

format would be used as a framework for assessments. This included all aspects of people's health and wellbeing, and oral care, which had been missing in detail from previous assessments.

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

- At the last inspection, we could not be assured that staff supported people as recommended by health care professionals. This was because details about the frequency and type of physiotherapy exercises recommended to people had not been recorded in their care plans.
- At this inspection, although this information was still missing from people's care plans, it was available to staff at the person's home. At a review of their care in November 2022, 1 person had commented, "My carers assist me with exercises recommended by my physio. I feel my exercise helps keep me supple."
- Detailed information was available about people's oral health care needs. This included if people needed support to brush their teeth. For example, 1 person's care plan directed staff to elevate the person's bed so they were at the correct position for 1 staff to be able to brush their teeth. Another staff member was available to get the person a glass of water to rinse their mouth out.
- People were supported by their family members to engage with health care professionals. This meant the service had a limited role in supporting people with their health care.

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

- People's care plans had identified that people did not need help with eating and drinking as part of their care package.
- Staff had undertaken training in food hygiene so had the knowledge necessary to help people prepare food if it was required. One person told us, "Staff help with my meals. I start and then they take over for me to finish it off. They take my dinner out of the oven."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

### Supporting people at their end of life

- At the last inspection, we recommended the provider consider current best practice guidance on care planning for people at the end of their life.
- At this inspection, people had been asked about their wishes at the end of their lives and their decisions recorded in their care plans. This included who they would like to be with them, the management of pain and any funeral arrangements.
- Staff understood that this was a difficult topic for some people and respected their wishes not to discuss this further at this point in time.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised support in line with their care plans.
- Care plans had been developed to reflect a good understanding of people's needs. This included detailed guidance for staff about the support people needed with their personal care. People's personal preferences were included such as which position they liked to lie in, a particular colour flannel they like to use and what was important to them. For 1 person it had been recorded that their family was very important and they appreciated chatting with staff. This gave staff important information about how to provide assistance to people in their preferred way.
- People had developed positive relationships with staff and staff spoke knowledgeably about people's individual's needs. One person told us, "The staff are very, very, good. They are kind and talk to me." Comments from relatives included, "My family member is quite shy but staff get to know her and I hear laughing and all sorts"; and "The girls [staff] get on well with my family member which is the most important thing. They treat them gently. A couple of staff get on with them extra well and make them laugh."

### 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.

- Information for people could be made available in other formats, such as large print, if this was assessed as required. This included the service user handbook and people's care plans.

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

- Information about how to complain about any aspect of the service had been shared with people and

relatives.

- People and their relatives told us they knew how to complain if they needed to do so. One relative said, "I complained about one carer we were not happy with. They sorted it. They have not come back since."
- There was a complaints log in place to enable the provider to review complaints for trends. This included information on what the complaint was, how the complaint was resolved and the timeline between the complaint and resolution. Complaints had been responded to quickly.

# 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 our last inspection we rated this key question Inadequate. The rating for this key question has changed 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.

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 ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had also failed to send to the Commission, when requested, a report of actions to comply with the conditions imposed on their registration. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection, the provider lacked systems to monitor the quality of the service and their audits were not effective. There was also a lack of effective managerial oversight. At this inspection, although a programme of audits was in place, these were not always effective in identifying shortfalls or when service shortfalls were found, they were not always acted on.
- The provider was not proactive and had delayed taking action when shortfalls had been highlighted. Audits of staff recruitment records in November 2022 had identified the providers recruitment policy had not been followed in obtaining 2 staff references. However, no action had been taken as a result of this shortfall. It was only after this was brought to the attention of the registered manager during the inspection, that they carried out an assessment of potential risks. In addition, at the last inspection it had been highlighted that records of POA did not evidence family members legal responsibility. Again, this was only addressed by the registered manager, after it had been brought to their attention during this inspection. This reactive approach did not help drive continuous improvements.
- Governance processes had not identified shortfalls found at the inspection. We found a shortfall in staff training, skills and competence in assisting people to move safely with equipment.
- The registered manager had a management qualification but did not have previous experience or qualifications in health or social care before coming to the role in March 2019. Skills for Care states that the core qualification for social care managers is the Level 5 Diploma in Leadership and Management for Adult Care. When we asked when the registered manager was going to commence this qualification, they



responded that they would do so in the next 6 months. This is 4 years after taking up their role as a manager in social care.

The provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, the provider had not routinely submitted reports of audits to CQC as part of the imposed conditions of their registration. At this inspection, the provider had sent in monthly reports with regards to the management of medicines, care plans, risk assessments, missed calls, accidents and incidents, the oversight and implementation of mental capacity assessments, recruitment records and staff training and competence. The provider was no longer in breach of this part of regulation 17.
- At the last inspection, the provider had failed to maintain accurate records for each person they supported. At this inspection there had been improvements. People's care plans included details of their health and social care needs together with actions to minimise potential risks to their wellbeing. The provider was no longer in breach of this part of regulation 17.
- The provider understood their responsibility to send notifications to the Commission about significant events such as safeguarding's and serious injuries to people in their care.

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

At our last inspection the provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17. However, we have identified further improvements are needed.

- At the last inspection, the registered manager was unable to evidence how they sought the views of people and relatives or acted on their feedback. At this inspection, people and their relatives were asked for feedback about the service during reviews of their care. In the 3 people's care records we looked, everyone was satisfied with the care they received. Comments included, 'I enjoy talking to my carers' and 'I have a close relationship with carers who understand my needs.'
- Although the comments from people were positive, there was no overview of the feedback from everyone who used the service. Nor was there any specific feedback from staff. The results had not been analysed to highlight areas where the service was performing well or needed to improve. The registered manager told us they were looking at sending out surveys to gain a wider range of people's views.
- People and relatives told us they were asked for their views about the service. Comments included, "The senior carer always checks if everything is ok and if there is anything, we need. We had a review before Christmas to make sure all of the care plan was being done"; and "Staff come to fill in forms. They don't ignore you but respond immediately if there is a particular need or requirement."

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

- At the last inspection, the registered manager did not demonstrate a knowledge of the duty of candour. At this inspection, the registered manager understood the importance of being open, transparent and

providing an apology when things went wrong. This was demonstrated by their response to complaints about the service and their conduct throughout the inspection.

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

- At the last inspection, the service had not always promoted a positive culture. Staff and people told us the registered manager was not always easily contactable and there could be delayed response to queries. At this inspection, there was a positive culture at the service and staff and people told us communication had improved.
- The registered manager had delegated specific roles and tasks to 2 senior carers who were people's first point of contact. One relative told us, "Communication has got better. I used to ring the main number and not get a reply. Now I have the numbers of the two managers and they ring straight back."
- Everyone told us they would recommend the service to others due to the positive approach of staff. Comments included, "We've had several companies which were questionable. This company is good, so we stay with them. The staff have a very good rapport with people" and "Yes, very much I would recommend them and have done so. No changes needed. They are lovely and wonderful and super. They are like family friends. There is laughter and chatter. So friendly and helpful and accommodating."
- The registered manager worked directly with people and so had a direct understanding of staff roles and responsibilities. They provided staff with support through supervision and team meetings. There was also a social media channel where staff could gain support and seek advice.

Working in partnership with others

- The service held a membership with the Registered Manager's Skill for Care network and was also a member of the United Kingdom Home Care Association. The registered manager told us they used these resources to keep up to date with regulations and legislation.
- The registered manager told us they had a positive working relationship with the local authority who had recently undertaken quality assurance visits to the service.

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 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff had the training and induction they needed to support people effectively. This was a continued breach of regulation.</p> <p>Regulation 18 (2) (a)(b)</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate an effective quality assurance system.  Regulation 17 (1) (2) (a)

### **The enforcement action we took:**

We have already imposed a condition for this continued breach of regulation.