

H & H Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

H&H Healthcare provides a domiciliary care service for older people living in their own homes in the community. At the time of our inspection, there were forty-four people receiving personal care.

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

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

Leadership and monitoring of the service was not effective in ensuring people received good quality care which kept up to date with legislation and best practice. Systems to monitor the quality and safety of the service were either not in place or had been ineffective in driving the necessary improvements. However, during the inspection the provider understood the issues and how they came about. The provider acknowledged and understood what they needed to do to address the issues and immediate action was taken. The provider employed additional support and was receiving support from commissioners and the local authority quality improvement team, to achieve the improvements required.

Risks to people's health, safety and welfare had not always been adequately assessed. Governance and oversight systems had failed to ensure risk assessments provided sufficient guidance to staff to ensure people received safe care. Specific risks were not always recorded, meaning people were not protected as much as possible from harm.

People did not have personalised care plans in place. People's records were not written in a person-centred way and contained insufficient guidance for staff about how to meet people's needs and preferences.

The management of medicines was not always managed safely or effectively which meant people were at risk of harm. Medicine records were not filled out correctly and therefore we could not be assured that people had received their medication as prescribed. The provider had not ensured care workers had been properly assessed and observed before they were permitted to handle people's medicines, to ensure this was done safely.

Care was not being provided in line with the Mental Capacity Act (2005). Mental capacity assessments for people who were considered to lack the capacity to make decisions about their care and support, were not in place. Therefore, we could not be certain people were supported to have maximum choice and control of their lives and were supported by staff in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider did not have sufficient oversight of training to ensure staff had sufficient training to support

people's individual needs. Training records did not demonstrate that all staff had been trained in mandatory subjects considered necessary to meet people's needs.

Robust recruitment practice was not always followed. Complete work history including explanation for gaps in employment history and references, had not always been obtained. This potentially placed people at risk of harm.

People told us they felt safe due to the caring approach of staff and spoke positively about the support they received. People told us staff were kind and caring and treated them with respect. People felt staff upheld their dignity and supported them to keep their independence where possible. People told us they were involved in reviews of their care.

People told us they felt there were sufficient staff employed to meet their needs. Most people told us staff mainly arrived on time and stayed for the allocated time. However, the provider did not record, monitor and review late or missed visits to identify how to reduce these occurring.

The service was responsive to people's changing needs. We saw examples where people had been referred to other agencies, so their needs could be re-assessed. There was also liaison with family members. People's complaints were investigated by the service and responded to promptly and an apology given.

We made a recommendation with regards to infection control auditing .

Rating at last inspection

The last rating for this service was good (published 28 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we rated the service as requires improvement. We identified six breaches of regulations, in relation to safe care and treatment, fit and proper persons employed, staffing, need for consent, person-centred care and good governance. Please refer to the end of the report for action we have told the provider to take.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 well-led.

Details are in our well-Led findings below.

Inadequate ●

H & H Healthcare Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 9 September 2019 and ended on 12 September 2019. We visited the office location on 9 September 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection-

We visited the office location on 9 September 2019 to see the registered manager, office staff and meet with care staff. We carried out phone calls to people and their relatives on 11 and 12 September 2019. We carried out home visits to people on 11 September 2019.

We spoke with seven people receiving care and three relatives by telephone. We also visited four people and one relative in their own homes.

We spoke with the registered manager, the office manager, the care co-ordinator, the administrator, and five care staff.

We looked at six people's care records, five staff recruitment files and other records relating to the management of the service including, training records, governance systems and quality assurance.

After the inspection –

We made a referral and spoke with the adult safeguarding and local authority quality improvement team.

We continued to seek clarification from the provider to validate evidence found and provide us with assurances related to the quality and safety of care.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Using medicines safely

- People were unnecessarily exposed to the risk of harm because the risks to their health, safety and welfare had not been adequately assessed. Specific risks which individuals faced were not recorded. The registered manager had not assured themselves that staff were doing everything possible to mitigate such risks.
- One person's assessed needs related to eye care. Records indicated they needed staff to assist with specific eye care management. There was no care plan or risk assessment related to this. The registered manager told us staff did not feel comfortable providing this care, so the care was not being done; furthermore, staff had not received training. This meant staff were not meeting this person's needs and this placed them at increased risk of developing eye infections.
- One person had a urinary catheter. There was no care plan or risk assessment regarding catheter care to guide staff about what actions they needed to take to reduce the risk of infection. There was no information about what signs and symptoms staff needed to look out for which may indicate an issue such as a possible infection. This meant that staff did not have clear information to manage the risk and care for this person safely.
- Medicines were not always managed safely. We saw multiple gaps in recording with no explanation on the Medicines Administration Record (MAR) or daily records to account for medicines or medicated creams not administered. This meant the registered manager could not be assured that people were receiving their medicines when they should and as prescribed.
- Staff did not always have the information they needed to manage people's medicines safely. Guidance was not in place for staff on how they should support people who required 'as required' medicines. This meant people may be at risk of not receiving their prescribed medicines.
- People's MAR were hand written by staff. Information from the boxed medicines had not always been transferred onto the MAR. For example, the dose, frequency or route of administration.
- Staff received on line medicines training. However, staffs' competency was not assessed prior to administering people's medicines or routinely to ensure they continued to have the correct skills and followed safe practice.
- Systems were not in place to ensure people received their medicines safely as the provider did not undertake audits of medicines management. Checks had not been undertaken to ensure people were being supported to take their medicines as prescribed or to check if there were any actual or potential errors in people's medicines.

We found no evidence that people had been harmed however, the registered manager had failed to robustly assess the risks relating to the health safety and welfare of people and medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008

- People were placed at risk as staff did not always have the information to support people safely for example as records were not accurate, complete or up to date.
- Staff did not have access to detailed risk management plans to support people who were at risk of pressure ulcers. Care records for one person who had pressure sores to their heel and buttock, did not contain guidance for staff on what action they needed to take to mitigate or manage the risk. Although the person told us staff always changed their position in bed at each care visit and applied their skin creams and monitored the condition of their skin, the lack of guidance potentially placed people at risk.
- One person was at risk of choking. There were no choking assessments in place to highlight the risks and the actions staff should take to prevent this happening. However, staff were able to explain to us the action they would take if this person choked and we saw this person was having an appropriately modified diet.
- Moving and handling risk assessments were not always completed appropriately or updated when needs changed. For example, one person's risk assessment stated that the person can walk independently with one carer. The person told us this was incorrect and for the last eighteen months they required a walking frame or a wheelchair. Whilst there was no evidence the person was being assisted incorrectly the information contained within their records, was incorrect.

We found no evidence that people had been harmed however, records were not accurate, complete or up to date to ensure staff had the information necessary to manage risks. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider and management team took action to address some of the issues we found. For example, specific training was sourced to ensure staff had the skills and knowledge to support one person in relation to their eye care and potential risks. Staff had been allocated to review people's medicines, the services' medicines management systems and all staff were having their medicines competency checked to ensure medicines were administered safely.
- Two staff had been allocated to visit people to ensure all risks had been assessed, appropriately managed and detailed risk assessments and management plans were in place.

Staffing and recruitment

- The suitability of staff to work with people was checked as part of the recruitment process. These checks included obtaining proof of identity and a disclosure and barring (police) check to ensure that staff did not have criminal cautions or convictions that could impact on the role they had applied for. However, full checks including employment history and references, had not always been obtained prior to new staff commencing work in the service.

We found no evidence that people had been harmed, however, people were placed at risk because robust recruitment practices were not in place. This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt there were sufficient staff employed to meet their needs.
- Some people told us they did not always have the same carers visit, but most people were happy with that

arrangement. One said, "I get an assortment of carers, but I am accepting of that." However, some people told us that they did not always know who was coming to visit them as they did not receive visit schedules. One relative said, "We used to get a schedule of the carers coming the following week, we no longer get one. Mum would like to know who's coming."

- Most people told us staff mainly arrived on time and stayed for the allocated time as detailed and agreed within their care plan. One person commented, "Their timekeeping is good by and large." Another person said, "We've had no missed visits." However, one person told us staff rushed in and out and rarely stayed for the full hour allocated for them and a relative told us they would not recommend the service because of the "Erratic timekeeping." We passed these comments on to the management team who said they were unaware of these concerns. They told us they relied on people or care staff to inform them if there was a late or missed care visits.
- The provider did not record, monitor and review late or missed visits to identify how to reduce these occurring. We considered the systems the provider had for monitoring the quality of the service in under the Well-led section of this report.

Learning lessons when things go wrong

- The recording of accidents and incidents was inconsistent. For example, one incident form was not dated and did not record what immediate action was taken or if any further action was necessary after the event. Other reports included dates, information including immediate action taken but no relevant follow-up.
- The service did not have a systematic recording process for analysing incidents, outcomes and themes, nor lessons learnt for future practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy with the care they received. Comments included, "I feel safe with the carers. They have never let me down", "I always feel safe with the carers, all are brilliant" and "I feel very safe." A relative told us, "Yes, I think mum is safe with the carers and so does mum."
- Staff had received training and understood the types of abuse people could experience and how to report this to help protect people.
- The provider had a safeguarding policy and procedures, and staff were aware of these. The provider referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Preventing and controlling infection

- Some staff had completed training about infection control but not all. This meant people could be at risk from the spread of infection.
- Staff told us there was always personal protective equipment available, such as disposable gloves. We observed staff used protective equipment, for example, when they supported people with personal care.
- There were no infection control audits in place.

We recommend the provider seek advice based on current best practice, exploring methods of analysing and auditing processes relating to the prevention and control of infection.

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

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

- People's needs were not always fully assessed.
- Prior to starting to support people, the service would usually get a plan or care required from health professionals or the local authority which detailed people's overall needs. This, along with a full assessment with input from people and their relative's, would normally be used to develop a care plan. This did not happen at this service and there were no detailed person-centred care plans or risk assessments in place. It was therefore unclear how staff knew what people's needs were or if their needs were being met.
- We found risks associated with people's care that demonstrated the service was not always ensuring people's needs and choices were met.
- We found concerns throughout the inspection that reflected care was not always being given in line with standards, guidance and regulations.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we spoke with the management team about this and they immediately responded. Before the second day of the inspection a team of staff had visited people to reassess people's care needs. A temporary care plan was put in place to be later followed by a comprehensive, detailed and person-centred care plan. Following the inspection, the provider confirmed that staff were continuing to work on completing detailed care plans for everyone.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care was not being provided in line with the Mental Capacity Act (2005).
- Mental capacity assessments for people who were considered to lack the capacity to make decisions about their care and support, were not in place. For example, one person's care plan stated they lacked capacity to make decisions. However, this was not established by completing a decision specific mental capacity assessment. Their care plan did not contain information about their level of capacity and how decisions were made either by them or on their behalf. There was no information in this person's care records which would have indicated which decisions they were able to make for themselves and which they needed support with.
- People's care plans did not show that the person or somebody authorised to act on their behalf, had consented to the guidelines for staff within the care plan.
- The provider did not have a policy in place to provide guidance for staff about how to meet their responsibilities in relation to the MCA.

The service was not acting within the legal framework of the MCA in ensuring capacity assessments and best interests processes were undertaken. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of the MCA and knew to always ask for people's consent. One staff member told us, "I just remember that people have capacity and not to assume they don't. Always think that they do."

Staff support: induction, training, skills and experience

- The provider had not ensured all staff had the skills, knowledge and experience to meet the needs and promote the safety and wellbeing of the people they supported.
- Training records did not demonstrate that all staff had been trained in mandatory subjects such as; fire safety, safeguarding adults, health and safety, first aid, infection control, the MCA and food hygiene. This meant there was a risk that staff were not aware of current best practice guidelines when supporting people in their own homes.
- The provider had also failed to identify specific areas in which further specialised training was required in order to care for people they supported safely. As a result, the registered manager and staff team may lack knowledge and may not recognise the potential risk people were being exposed to.

The provider was not meeting the training, learning and development needs of staff. This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Since starting in March 2019, the office manager had reviewed the service's induction, training and supervision arrangements for staff. They sourced online and face to face training in order to address some of the training shortfalls identified and had implemented a structured supervision process to support staff.
- Staff told us they felt supported and were positive about the training and supervision they had received. Comments included, "Since [new manager's name] came in, it's been brilliant. The online training has been really good" and "It's been fabulous. We do online training, in-house and offsite constantly and if we come across anything with a client we can come in and ask for it."
- Staff received an induction and shadowed experienced staff before working independently to ensure they understood people's needs.

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

- Staff supported people with their meals, where needed when this was part of their agreed care arrangements. Daily records of the care provided indicated people were being provided with meals and drinks.
- People's food and fluid intake was recorded where necessary. However, care plans did not always include detailed information about people's dietary preferences or dislikes. This meant that staff would not always have the information to be able to prepare food and drinks to meet people's requirements and preferences.
- Staff described making sure that people had enough food and drink available to them and knew what to do if they had concerns. One staff member said, " I always leave them with a hot and cold drink. I always write in the book what they have eaten and drank. And I'd be straight into the office if people were not eating and were losing weight and they would get the ball rolling."

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

- The provider described how they worked with other agencies to help meet people's health and social care needs. For example, staff worked with the occupational therapists to help one person become more mobile, so they could access the community.
- Daily records completed for people using the service demonstrated staff recorded relevant information to share with each other and this information was shared with other professionals where appropriate. For example, staff contacted the community nursing team when they noticed one person's skin had become red and had a broken area. Other examples shared with us included times where staff had alerted the emergency services when people were unwell and stayed with people until help had arrived.

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; good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were consistently positive about the caring attitude of staff. One person said about the care they received, "It is really good, excellent. They are thoughtful caring, and I can't fault them." Another person said, "They're excellent, I couldn't wish for better. They laugh and joke with me and know me well." A relative told us, "I would recommend the agency because of the carers, they're so compassionate."
- Staff knew people well and had formed familiar relationships with the people they supported. They understood, and supported people's communication needs and choices.
- Staff described the importance of recognising when people needed emotional support. One staff member said, "I always say to people, 'I have time and there's no rush.' Sometimes it's just about having a chat and cup of tea and holding their hand. It's about the little things." Another staff member described how one person had been sad following a bereavement, they told us, "We have a chat about his life to keep his mind off his loss. As long as they're smiling that is the main thing." They went on to describe how staff helped the person attend their wife's funeral which they would not have been able to do without staffs' support.
- At the time of the inspection, not all staff had completed their equality and diversity training. Care plans did not contain information about people's diverse needs, such as, their religious beliefs, and there was no guidance for staff about the importance of promoting equality and diversity. This was discussed with the provider who told us this would be addressed following their care plan review.

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

- People and their relatives were involved in their care and support decisions where this was appropriate. One person told us, "Yes, I was involved in my care plan and it has stayed pretty much the same." A relative said, "Mum and I were involved in her care plan and it is currently still okay."
- The registered manager ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face to face, on the phone or through feedback forms.
- People and their relatives told us they felt confident in expressing their views about the care and support provided by staff.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "I would say they are always respectful of my dignity." A relative told us, "Mum had never complained, so I would say carers are kind and respect Mums dignity when providing her care."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One staff member told us, "I close doors and curtains and cover people up when I bath them. I ask them if it is ok to do a task, so they are in control and have choice."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's records were not written in a person-centred way and did not detail how people chose and preferred to be supported. Records outlined the tasks care staff were expected to complete on the visit.
- Care records contained insufficient guidance for staff about how to meet people's needs and preferences. For example, one person's daily routine recorded that staff were required to put the person's leg brace on in the morning and take the leg brace off at night. There was no guidance for staff about how to remove or replace the leg brace to ensure it was fitted correctly to support the person's leg.
- People who needed pressure area care or were supported to be cared for in bed, had no record of re-positioning or checks of skin integrity. For example, one person's care record said, 'While you are attending to my personal care, please check my skin integrity.' There were no further details about what this meant, or guidance for staff on what actions to take.
- One person was living with dementia. There was no care plan and care records only stated, 'I have a diagnosis of dementia so please be patient with me'. There was no further information for staff to support this person with their dementia and records did not contain any information about how this may affect their life or what staff could do to support them. This meant staff were not equipped with sufficient information to better understand the person's experience of living with dementia.
- There was no information in people's care records about their life history and things which were important to them. This meant that staff would not have all the information necessary to get to know people and what was important to them in order for staff to develop relationships and give people personalised care.
- The service supported people who may require end of life care. Care plans lacked detail on people's advanced wishes to inform staff about people's wishes at this stage of their lives.

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 care plans contained minimal information about their communication needs.
- The provider informed us they were able to produce documents in other formats if required but stated they had not yet needed to produce care plans in line with AIS.

We found no evidence that people had been harmed however, not providing staff with information about people's personalised care meant people may not receive individualised care. This is a breach of Regulation 9 HSCA RA Regulations 2014; Person Centred Care.

- Despite the lack of information in care plans, most people told us staff met their needs on each visit. Staff had a good knowledge of the people they regularly visited and knew how people liked to receive their care and support.
- Daily notes were completed which gave an overview of the care people had received and recorded any changes in people's health and well-being.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which outlined how complaints would be responded to and the time scales. Information about the complaint's procedure, and who to contact, were in the information packs kept in people's homes.
- People and their families told us they knew how to make a complaint and most told us they would not hesitate in raising concerns.

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 good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management and leadership of the service was not adequate. The registered manager did not provide effective oversight and governance of the service's safety and quality which meant that the service failed to comply with multiple regulations of the Health and Social Care Act 2008. For example, we had identified concerns at this inspection relating to medicines, staff recruitment, staff training, risk assessments, care plans and the mental capacity act.
- There were no auditing systems in place to check the service was operating effectively. For example, care plan audits or medicines audits.
- There were no audits taking place to evidence the tracking of accidents and incidents, safeguarding or actions from complaints to improve the quality and safety of the service; or that any learning was shared with staff.
- There was no system in place to manage and monitor if people were receiving their visits at the agreed time for the agreed length or if visits were being missed, to ensure people and staff were safe.
- There was a failure to maintain accurate and fit for purpose care records. These included missing, incomplete or insufficiently detailed care plans and risk assessments. There was a risk, if records were not accurate or up to date, this could negatively impact on people's health, safety and well-being.
- The registered manager did not demonstrate that they were clear about their role and the arrangements in place to manage the service had not been suitable and because of this, many failings had occurred due to a lack of suitable management oversight.

Systems were not in place to demonstrate quality and safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the registered manager had employed additional support, understood the issues, and how they came about. They knew what they needed to do to address the issues and were receiving additional support from commissioners and the local authority quality improvement team, to achieve this.

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

- We received mixed feedback about how well the service was managed. For example, negative comments

included, "No, I don't think they are well managed" and "I would not recommend them because of the erratic timekeeping." However, other people were happy with the service and told us they would recommend them.

- People felt comfortable with staff and felt able to contact the registered manager if needed. One person's relative said, "I am happy with everything about the care and I can assure you if I did have a problem I wouldn't hesitate to phone them and tell them."
- We received mixed feedback about how well the service was managed. For example, negative comments included, "No, I don't think they are well managed" and "I would not recommend them because of the erratic timekeeping." However, other people were happy with the service and told us they would recommend them.
- Staff gave positive feedback about the registered manager and management team. One member of staff said, "I think they are brilliant. They have put me at ease and I am not a type of person to speak up, but I do worry about things and they have been really supportive, and they have been very good."
- The registered manager told us the services' ethos is to provide high quality home care to enable people to remain at home as long as possible. They told us the management team and staff were committed to make the changes necessary to address the concerns.

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

- The registered manager had a good understanding of the duty of candour, which requires providers to provide an explanation and apology when things go wrong.

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

- The registered manager carried out a quality questionnaire with people using the service every year. People were asked for comments on the care they received and where they felt improvements could be made if possible.
- Staff said that they felt listened to and that managers were approachable. They told us since the office manager started at the service they now attended regular supervisions and team meetings where they felt they could raise issues and were listened to.

Working in partnership with others

- Where appropriate, the service worked in partnership with a range of healthcare professionals when caring for people.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People had not always been provided with a plan of their care and treatment and others had not had their plan updated to reflect their current needs and preferences. Not providing staff with information about people's personalised care meant people may not receive individualised care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure that the service provided to people was always lawful and with the appropriate consent. Assessments of people's mental capacity had not been carried out.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that the systems</p>

in place to assess, monitor and improve the quality and safety of the services provided. Complete and contemporaneous records were not kept.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure that adequate pre-employment recruitment checks and processes were carried out. They had not taken all reasonable steps to ensure new employees were suitable to work with vulnerable people.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

A lack of comprehensive training systems meant that people were at risk of receiving care from staff who were ineffective at their role.