

Limms Care Services Ltd

# Limms Care Services Limited

## Inspection report

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Date of inspection visit:  
22 August 2022

Date of publication:  
30 September 2022

## 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

Limms Care Services is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to people who have dementia, physical disability, learning disabilities or autistic spectrum disorder, as well as, older people. 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. At the time of inspection, there were 14 people using the service.

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

The registered manager did not operate effective quality assurance systems to oversee the service. These systems did not ensure compliance with the fundamental standards and identifying when the fundamental standards were not met.

The registered manager did not ensure consistent actions were taken to reduce the risks where possible and plans were not in place to minimise those risks. Effective recruitment processes were not in place to ensure that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Staff were not up to date with, or had not received, their competency checks and mandatory training. Staff did not have ongoing support via regular supervision and appraisals. Complaints were not managed effectively or according to the provider's policy. Not all people knew how to raise a complaint or concern with the provider or knew where the contact details were to raise a complaint.

When incidents or accidents happened, it was not recorded or clear that it was fully investigated, and if lessons were learnt. The registered manager did not ensure that clear and consistent records were kept for people who use the service and the service management. The registered manager did not inform us about notifiable incidents in a timely manner. Staff deployment and management of visits did not always ensure people received their care as planned. People and relatives were not consistently informed about the changes to their visits or the staff being late. People and relatives told us the times of visits were not always kept according to the care plan. People, their families and other people that mattered were involved in the planning of their care. However, the care plans did not contain information specific to people's needs and how to manage any conditions they had. Staff did not have much detailed guidance for them to follow when supporting people with complex needs.

We have made a recommendation about seeking guidance from a reputable source to ensure the MCA legal framework and provider's responsibilities to record people's decisions was followed accordingly.

We have made a recommendation about seeking guidance from a reputable source to ensure the principles of the Accessible Information Standard were met.

People reported they felt safe with the staff providing their support and care. Relatives agreed they had no

issues with people's safety. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. People and their relatives who provided feedback said people were treated with care, respect, and kindness by the staff visiting them. Staff always upheld people's privacy and responded in a way that maintained people's dignity. People and relatives said that staff were consistent and effective in the support they provided. Staff said the staffing levels were sufficient to do their job safely and effectively.

We judged people were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. However, the policies and systems in the service had to be improved to continue supporting this practice. The registered manager appreciated staff team's contributions and efforts to ensure people received the care and support. Staff felt they could approach the registered manager at anytime, and they communicated regularly with each other. The staff team felt supported by the registered manager and worked well together.

The management team was working with the local authority and different professionals to investigate safeguarding cases and other matters relating to people's health and wellbeing. There was an emergency plan in place to respond to unexpected events.

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

This service was registered with us on 16 April 2019 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance; risk management; notification of incidents; record keeping; management of medicine and complaints; staff training and competence and recruitment; staff deployment. We have made a recommendation about meeting the Accessible Information Standard and Mental Capacity Act legal framework.

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 effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Limms Care Services 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector. Another inspector contacted staff members to gather their feedback. An expert by experience contacted people and relatives to gather feedback. 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 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 48 hours' 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 22 August 2022 and ended on 23 August 2022. We visited the location's office on 22 August 2022.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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 information gathered as part of monitoring activity that took place on 19 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and interim quality and compliance manager and reviewed a range of records. These included seven people's care, support and other associated records. We also looked at a variety of records relating to the management of the service, including recruitment information for five staff, quality assurance, spot checks and observations, policies and procedures.

We contacted 15 people and/or their relatives. We spoke to four people and seven relatives.

#### After the inspection

We spoke to five staff team members. We looked at further information such as training data, policies and other service management records sent to us after the inspection. We sought feedback from the local authority and professionals who work with the service and received two responses.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- The registered manager said they assessed and reviewed the risks to people's personal safety.
- However, we found the registered manager did not always ensure risks to people's health and wellbeing were identified so staff had guidance to mitigate the risks in a timely way. For example, where people received support with transfers and mobility, there was insufficient information regarding risks and how to mitigate them to enable staff to deliver care safely.
- There were two people spending more time in bed. However, there was little detail recorded specific to the person about maintaining their skin integrity, as well as, safety when transferring them.
- The registered manager and compliance manager explained the process of managing and investigating incidents and accidents.
- We saw there were a few incidents recorded in the file. However, the registered manager did not make a record of further actions needed to be taken to mitigate risk to individuals, in line with the provider's policies and procedures. Therefore, we were unable to check the outcomes of investigations and any action taken.
- After the inspection, we received further information about more incidents that were not recorded using provider's policy. Therefore, we were not assured and able to review how the system in place identified actions needed to be taken to mitigate the risks to individuals and highlighted areas for improvement.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- The registered manager explained how they, with the help of staff, monitored people's care and wellbeing for any changes or issues, including checking the equipment used was safe.
- The service had business continuity plans to ensure the service could continue in the event of an emergency. There was an on-call system in place for staff should they need help and advice.

Staffing and recruitment

- The registered manager did not always ensure all required recruitment checks and information were gathered before staff started work.
- During inspection we looked at five staff files to check recruitment information. We found missing information such as full employment histories and explanations of gaps in employment; information on evidence of conduct from a previous employment working in health and social care and verified reasons

why the previous employment ended.

- Staff recruitment files did not include a declaration of health. In seven files we did not find a Disclosure and Barring Service (DBS) check done before staff started supporting people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We asked the registered manager to rectify those issues and send us evidence of it.
- We also asked the registered manager to send us recruitment information for three more staff including for the registered manager. However, we did not receive it. Therefore, we were not assured appropriate checks were carried out before those staff started working with people who use the service.
- Failing to obtain all required recruitment information, the registered manager put people at risk of being supported by unsuitable staff.

The registered manager had not obtained all the information required by the Regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (1)(a)(b)(c)2(a)3(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Organisation of staffing did not always ensure people were visited according to the care plan to meet their diverse and complex needs.
- The registered manager explained how they monitored the staff visits such as call the staff to check if they arrived on time and contact people and relatives if the visit was to be late. They said there were no missed visits. However, this was not always the case.
- People and relatives gave mixed feedback regarding if the staff arrived and left at the right time and completed all the care and support needed. They said this was not always the case. One person said, "I'm not quite sure how long they're [staff] supposed to stay...this morning they were extremely late. They said it was because of someone else". The person added they received no contact about the late visit. Another person added, "At times they don't [tell me], at times they do. Sometimes they'll tell me. Sometimes I have to remind them to let me know then I can let my [family] know and she can let my [relative] know".
- Another person said one member of staff had only stayed 12 minutes instead of an hour on more than one occasion. They went on to say that calls had been missed. This was not picked up by the provider's visits monitoring system to ensure people received timely care they needed to maintain their wellbeing. They also added their first care visit that morning had been at lunch time. There had been no calls to say that staff would be late. They said they had missed a number of bedtime calls during the last month and had not eaten one night because of a missed call.

The registered person did not ensure there were sufficient numbers of staff deployed effectively to ensure they can meet people's care and treatment needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they determined the number of care packages according to staff numbers, geographical area and the needs of the people using the service. The registered manager was also part of the team supporting people.
- The registered manager said they would not take any further care packages at this time until new staff were recruited. The service had also started using new computerised system that would help with rostering, writing up daily notes and other useful features.
- The staff confirmed they had time to complete all of the care and support required. If they needed more time, they would refer it to the registered manager and other professionals for review of people's needs.
- Some people and relatives said they were informed if the staff would be late. They said, "[The manager] lets me know if they're going to be a bit late. She'll send a message or give me a call", "[Staff] is always on



time... if she's going to be late, she would call me" and "They come on time. If not, they will telephone to say that". Some people and relatives also said staff would stay the right time. Relatives also said when staff would change, they would get informed most of the time.

#### Using medicines safely

- We could not be assured people's medicines were managed safely at all times.
- We were not able to check any records for management of medicine such medication administration record (MAR) sheets and any 'when required' PRN medicine protocols. This was not available on the day of inspection. We asked the registered manager to send us further information about the MAR sheets, but we did not receive it.
- There was a policy for management of medicine, but we did not have evidence to confirm the process was followed appropriately.
- The registered manager said staff had online training for handling medicines, however it was not clear when all staff had it. The registered manager said they had not completed staff's competency assessments. They did not have appropriate training to carry out these assessments. They said they would complete the required training.
- This meant the registered manager could not assure us staff were competent and had the knowledge to support people with medicine safely, putting them at risk of receiving inappropriate support.

The medicine management was not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager explained their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly such as the local authority, police and the Care Quality Commission.
- At the time of our inspection there were no safeguarding investigations ongoing. The provider was working together with the local authority safeguarding team to investigate when needed.
- People confirmed they felt safe with staff supporting them. They said, "They're all caring definitely. They all meet my needs too. They are aware of my safety", "[I feel] safe definitely. 100%. I've got a particular two [staff] which are regular...they're very thorough. They know what I need...They're sensible they're very nice [staff]. They are very reliable" and "I trust [staff]. She's been very honest". Most people said that they would call the service if they didn't feel safe.
- Relatives agreed their family members were safe with staff and liked the staff who supported them. They said, "[Staff] just know exactly what they're doing. They just get on with it. They're caring and they're gentle", "You felt that you were watching people who actually cared what she was like...They are the sweetest, nicest, kindest people. I trust my [relative] with them. This agency is a breath of fresh air" and "[Relative] always says that she's very happy with [staff]. They're always very polite with her. It's made an enormous different to her mental attitude".
- Staff were aware of how to recognise abuse and protect people from the risk of abuse. Staff knew how to report concerns and were confident the registered manager would act on any concerns reported to ensure people's safety.
- One professional added, "[Provider] was proactive in recommending and encouraging my customer to have much needed additional support not only to meet their needs, but to support the staff."

#### Preventing and controlling infection

- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.

- Some staff had training in infection control and followed procedures on this to use PPE. One relative said, "When I've seen them [staff], they do normally wear gloves but not masks all the time".
- Otherwise, people and relatives confirmed that staff wore the protective equipment while supporting them. They said, "[Staff] wear gloves and masks", "[Wear] all the time mask and gloves", "[Staff] have always got masks on and gloves whenever I've seen them" and "[Staff] do wash their hands and some do use hand gels".

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We reviewed available training information during inspection. Staff were not provided with training and skills to ensure they had the right knowledge and guidance to provide effective care and support to people. We asked the registered manager to provide us with more training information, but we did not receive such information.
- The current best practice guidelines for ongoing social care staff says the provider should assess staff member's knowledge and competence at least annually and provide learning and development opportunities at least every three years for various topics. The registered manager confirmed staff did not have their competencies assessed such as for medicine and moving and handling.
- The registered manager said staff would complete the Care Certificate as part of their role, but no one has done it yet. 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. However, the staff did not receive that type of induction.
- Looking at the information, only some staff had only one session of supervision to review their performance, professional development and discuss any matters. Therefore, we could not be sure the registered manager had an overview of staff performance and development needs.
- The registered manager could not ensure at all times people were supported by the staff who were competent and guided by the best practice, with up to date knowledge and skills. This also meant people were at risk of not always getting appropriate and effective care and support.

The registered manager did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and performing their work. This was a breach of Regulation 18 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- Staff said they received the training they needed to enable them to meet people's needs. Staff felt supported by the registered manager. Staff said they also had an induction and a period of shadowing before working on their own.
- People and relatives were mostly positive about the staff and their support. People said, "They're very, very good. They're very, very supportive and they do meet all my needs" and "[Staff] know what to do, how to wash me, where the stuff is". Relatives added, "My [relative] can become quite agitated when [they're] upset about something and they seem to be coping with it quite well" and "If there's anything not done correctly, I get straight back to them...staff make sure it's done properly the next time".

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

- People's care needs were assessed initially to identify the support they required and to ensure that the service was meeting their individual needs. Records demonstrated the person and/or their family had been involved in drawing up their plan.
- However, most parts in the care plans had basic information and did not include more detailed information for staff to follow, so they could meet specific people's needs safely and effectively.
- The records did not always contain clear guidance for staff on how to manage people's oral health and support they would need with it.
- Care plans also included some information of people's personal likes and preferences, their interests but it was recorded inconsistently.
- This meant the registered manager was not able to ensure all people who use the service were able to live life to their full potential, as they chose and achieve good outcomes.

The registered manager did not ensure people's care and treatment was appropriate and met their needs. This was a breach of Regulation 9 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement with it, staff provided support for it.
- Where needed, staff would monitor people's food or fluid intake and advice would be sought from a health professional if necessary.

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 to remain as healthy as possible. The registered manager encouraged staff to monitor people daily for any changes or unwellness. If anything changed, staff reported to the office to make appropriate referrals to professionals.
- Relatives and people felt the staff were consistent and effective in the support they offered. One person had specific exercises that they needed to follow, which the staff carried out with them.
- Relatives added, "From what I've seen they're very good". Another relative said the support was consistent and effective. They added there had been an issue before, but this had been resolved satisfactorily. They also said that staff had attended to their relative's skin problems which had now improved.
- The service communicated with the families, social workers, GPs, community nurses and occupational therapists for guidance, referrals and support. The registered manager and the staff were informed about people's health and wellbeing.
- Staff explained and described how they monitored and supported people with their changing health needs and reported this to the registered manager, relatives and other professionals to help people.
- One professional added, "Yes, I do think the service provides effective care, and they are responsive to any changes in care needs, critically they flag up any issues. The service has always been able to accommodate changes in my customer's needs as they increased, and accommodated them keeping the same carer which was hugely important to [service user]".

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 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.

- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA. Staff told us it was important to have conversations with people, to explore their wishes and make sure they were happy.
- People and relatives said the staff ask them or their relatives for consent before doing anything to support them. People and relatives said, "If need be, they will do [ask for consent]. They're very polite and very helpful" and "[The staff] don't assume that [relative] is old and forgetful, ...and staff ask, will it be alright if I did this? Will it be alright if I did that?"
- The registered manager understood the importance to support people with making decisions and encouraged staff to do the same.
- We noted to the registered manager some of the care and support records were signed by the family members and it was not clear if they had a legal right to do that. We informed the registered manager that records must evidence people's consent was sought in line with the MCA legal framework.

We recommend the registered person seeks advice and guidance from a reputable source about MCA legal framework, and their responsibilities to ensure people could express their views and be involved in decision making.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 relatives were complimentary about the way staff supported them and they were kind and caring. They said "They're quite kind. No one's rude to me", "[The staff] are absolutely sweet. When they wake [relative] up...they gently rub her arm. It brings a lump to my throat the way they treat [relative]" and "[Relative] always said that they're very nice people. Some have a laugh and a joke with her which she likes".
- The registered manager explained how they placed importance on ensuring continuous caring support to people. They said, "During an interview I make sure I choose the right people, as you need to love [the job]. To ensure staff understand that it could be their family, so to be caring [towards people]. Staff love the job. We have staff meetings to discuss things such as motivation and encouragement to do the job in a caring way."
- The registered manager and staff checked people during the visits, and whether people were happy with their support. One relative added the staff always spoke English in front of them and their relative and that staff would 'always ask permission.' Another relative added, "[Staff] are always very polite".
- Staff said they delivered care and support that was caring and person-centred. Staff explained how they understood the importance of treating people respectfully. Staff spoke about the importance of respecting people's wishes and speaking politely to them. Staff also told us about having compassion and patience to avoid people becoming distressed. They said, "When we work with people, we inform them and discuss what we are going to do", "I speak politely with them and involve them, and let them feel I am [here to support them]" and "I involve people and give them choices".
- One professional added, "The service is most definitely caring for my customer who was struggling to accept care support for the first time. [Service user] really gelled with one of the [staff], and independently without my input they changed their rota so that my customer could have this as much as possible. This made a significant difference to [service user's] acceptance of the much-needed care required.... [staff] are attending training so they can continue to care for my customer when they are discharged from hospital."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted. People were supported to express their views and be involved in making decisions about their care and support. Relatives and people agreed staff did things in the way that people liked things to be done.
- People and relatives agreed the staff respected their dignity and privacy and made them feel comfortable. People said, "They help me with a shower. Make sure that doors and curtains are shut", "[Staff] are totally respectful...and respect my privacy. I don't feel embarrassed with them." Relatives said, "Everything's

always closed. The lights are always on because they want to close the curtains" and "They usually shut curtains. If they're changing [person] or anything. They wouldn't do it with the curtains open".

- Staff showed understanding about the importance of upholding people's privacy and dignity. They said, "Management are very keen and always talking about the importance of promoting people's dignity" and "I respect people's dignity and ensure the curtains are closed when delivering personal care".
- Staff supported people with their needs and promoting independence whenever possible. They told us about working with people's strengths and providing emotional support and encouraging them to do as much as possible for themselves.
- People said the staff encourage them to be independent. They said, "I do most things I want to" and "I try before they come to get clean towels out of the airing cupboard".
- Relatives added, "They ask [service user] what she wants. They know what she wants", "I know she's restricted in her ability to stand. They double check every move she makes so she doesn't have a fall. She's never ever looked like falling" and "They try to encourage (relative) to do things independently. They managed to get him onto a chair instead of sitting on the bed all day". Another relative added they felt that staff had supported their relative in becoming more outgoing.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.
- Staff provided clear understanding of the importance of maintaining people's confidentiality, adding "We do not give people's private information out and keep it in the office and do not share it unless needed".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The registered manager said they had had two complaints since they started operating. They said they have learned from it and what was important to the people they support, the service and they made changes to improve the quality of the service as well. The registered manager said the contacts for them were in people's files. However, there were no clear records completed for two complaints. The forms used to log the complaints were blank.
- After the inspection we were informed by the local authority that there were at least two more complaints, however there were no records found during inspection.
- Not all people and relatives were sure how or who to contact if they wanted to make a complaint. They said, "I don't know whether I have got any contact details. I think the only contact I've got is the person I was dealing with initially" and "I think I do...My friend would do it for me". Another person said that they were not 'really sure' how to go about raising a concern.
- The management team said they took complaints and concerns seriously and would review any themes or trends. However, there was no records of further analysis of complaints or satisfaction with responses about the service that could be used as a means of continuously reviewing performance, quality and safety.

The registered person did not establish and operate an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. This was a breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people and relatives said they were aware how to raise any issues with the service, "I get all the numbers from the ladies that visit. I phone the agency if things are not right" and "I would be on the phone immediately to the office. I would get them to send a senior carer so I could talk to them".
- Some relatives said that they had raised concerns with the service and were happy with the way things had been handled. Some also contacted the service if staff were late. Another relative said, "[A senior carer] is very happy to explain to us what they want to do and how it would be done" and expressed their confidence the staff would support his relative.
- The staff felt they could approach the registered manager with any concerns should they need to, and it would be addressed.

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

- People and relatives were involved in the care planning process. The service was flexible to adjust to people's needs when necessary. However, people and relatives gave mixed feedback about having and



reviewing their plans of care and support.

- Information had been sought from the person, their relatives and other professionals involved in their care where necessary. However, this information was not always used to compile the plan of care and reviewed when needed. We saw detailed guidance given about people's needs and care required. Whereas the care plan did not reflect the information included so the staff could use it when supporting people.
- We spoke with the registered manager and the interim compliance manager about the fact that whilst care plans included some details about support, the information needed to be more specific to the person. For example, describing parts of their routine or specific conditions and then ways to support and help them. This would ensure people received individualised care and support, as well as, ensuring their safety and wellbeing.
- Staff recorded basic care and support provided at each visit and we discussed it with the registered manager to ensure the records were clear and legible. This would help staff monitor people's needs and respond to any changes in a timely manner.
- Staff demonstrated good understanding of person-centred care and importance of partnership working, the need to involve people in making decisions and take into consideration their strengths and abilities. Staff told us about the need for having an awareness of the diverse range of people's needs and preferences and providing support for them as individuals. Staff said, "We speak to people and involve them in decisions about the way they like their support", "It's about treating people as individuals and respecting their personal characteristics" and "I have a chat and talk with them and always involve people in decisions about them".

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We checked the records to ensure when necessary, to review people's communication needs to ensure it was in line with the AIS requirements and guidance.
- The service identified people's communication needs and provided some guidance for staff in communicating with people in a manner they could understand. However, where it was identified the person had certain impairments or other needs, it was not always clear how the person would receive information presented to them. The care plans did not highlight that part of the support to ensure all information presented was in a format people would be able to receive it and understand it.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and understand.

- Staff were aware how to help people communicate their wishes if they had communication needs. They spoke about a variety of differing communication styles, including verbal and non-verbal communication, use of gestures and signs, and seeking clarity from family when relevant.
- Staff said, "I repeat several times and make sure they understand" and "We need to be very attentive of people and need to know them very well".

#### End of life care and support

- During our inspection, there was no one receiving end of life care. The registered manager said they would not take such care packages at this time. If people's needs changed, provider would reassess the care plan

to suit the needs of that person and work with families, professionals to support them with the end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager did not effectively operate systems and processes so they could assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services, the service and others.
- The registered manager did not identify all of the concerns we found on the inspection. For example, missing recruitment information for staff suitability; issues with safe medicine management, lack of records for staff's training, competency and knowledge checks, risk management, incidents, accidents, and complaints.
- We asked the registered manager for any further audits or checks they carried out as an overall oversight of the service and how they would continuously review and assess the quality of the service. However, there were none available, and this did not ensure compliance with fundamental standards.
- We asked to see how the registered manager reviewed and monitored of staff's practice and conduct. There were a few spot checks completed but it was not done regularly. The registered manager worked alongside the staff at times however they did not record any further checks to support the monitoring.
- The registered manager did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because accurate and complete records were not maintained.
- We could not be sure the registered manager had an accurate overview of the quality of the service due to the lack of evidence of their quality assurance system being used.

The registered manager had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (1)(2)(a)(b)(c)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- After this inspection, we found the registered manager did not ensure CQC was consistently notified of at least six reportable events such as allegation of abuse within a reasonable time frame.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 (1)(2) of the Care Quality Commission (Registration) Regulations 2009.

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

- We discussed duty of candour and what incidents were required to be notified to the Care Quality Commission. There had not been any notifiable safety incidents where duty of candour would apply. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- The registered manager and staff worked together to promote and support people's wellbeing, independence and safety. The registered manager said, "I respect my staff and they reciprocate. I make sure they know it. I'm polite and apologise when needed. I communicate to all staff daily, especially at the end of the shift, check how they've been as without them we couldn't do our work. Ensure we have good relationship."
- Both people and relatives said the service was well managed. Some added, "I am at a loss to find something that is wrong", "They do the job I need so I assume so" and "I do [think the service is managed well]. I have cause no to think otherwise".
- The registered manager praised the staff team saying, "Yes [the staff] are a good team. They are supportive to me, they listen to me and do what I asked them to do."
- The registered manager was accessible and approachable and was motivated to deal with any concerns raised.
- Staff felt they could approach the registered manager with any concerns. Staff were positive about the support from the registered manager and the open culture they created. They said, "Manager listens and takes things on board", "We work well as a team. I really like the manager and [they] really act on things and sort them out" and "The management are very open and approachable, and they provide excellent support".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager had carried out some questionnaires for people and relatives. They also regularly kept in touch with relatives and people to gain their views and feedback.
- Some people and relatives said they had been asked their opinion of how the service is run. They said, "I think someone has rung me and asked", "They phoned me up the other day. They said we want to know what you think of the service" and "Yes, they do on a regular basis". Four people said that they had not been contacted to seek view on quality of care and support.
- However, people and relatives were mostly complimentary about the service they received. They said, "I'm happy with the service and it's going really, really well. They're understanding", "As far as I'm concerned, if I ever had to spend time away from my [relative] ... I would be very sure she was in the best hands" and "[Relative] is very happy and that's my main concern."
- The registered manager communicated on a daily basis with the staff to ensure all of them were aware of any issues, important information related to the service, actions to take or to pass on positive feedback.
- The registered manager worked in partnership with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as social workers, community nurses, dieticians, GPs. The registered manager said if they had any problems with people, they would get timely response and help.

- One professional added, "Yes [the registered manager] has been responsive, caring, understanding and flexible. She has provided proactive feedback. Her staff are responsive and helpful. From my experience of the service so far, yes, I do believe that they have pride and determination in providing a quality care service. Nothing seems to be too much trouble."
- The service had links with the local community and the provider worked in partnership with other agencies to improve people's wellbeing.

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 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure people's care and treatment was appropriate and met their needs.</p> <p>Regulation 9 (1) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014</p>

Receiving and acting on complaints

The registered person did not establish an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders.

Regulation 16 (1)(2)

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.</p> <p>Regulation 19 (1)(2)(3)(a) and Schedule 3.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs. The registered person</p>

had not ensured staff supporting people were appropriately trained and supervised in order to perform their work and were not enabled to obtain further qualifications appropriate to the work they performed.

Regulation 18 (1)(2)(a)