

## Golden World Care Service Limited

# Golden World Care Service

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Golden World Care Service is a domiciliary care service providing personal care to people in their own homes. The service provides support to older people, people living with dementia, people with physical disabilities, people requiring mental health support and younger adults. At the time of our inspection there were 19 people using the service.

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

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

The provider did not have appropriate systems in place to keep people safe. Medicines weren't always managed safely, staff did not always understand how to recognise and report abuse and infection prevention and control practices required improvement. The provider assessed people's needs, however care plans and risk management plans did not always contain enough detail to ensure staff were able to provide people with safe, person-centred care that met their needs and preferences. We have made recommendations about this.

Staff were recruited safely and there were enough staff to meet people's needs, however staff did not always receive the training and support they needed to ensure they provided safe, effective care to people. The provider did not always have effective systems in place to seek feedback from people, their relatives and staff, and to improve the quality and safety of the service.

Notwithstanding the above, we found that staff were kind, caring and knew people well. Staff supported people to eat and drink and maintain their health. Staff knew people's likes, dislikes and preferences and communicated well with people in ways that met their needs and reduced isolation. The service worked well with healthcare professionals, commissioners and other agencies to report concerns and ensure people's needs were met. The registered manager was open and honest.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was registered with us on 14 March 2019 and due to the service not providing a regulated activity for a period of time, this was the first inspection.

### Why we inspected

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

#### Enforcement

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

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse or improper treatment and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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.

**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** ●

# Golden World Care Service

## 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 and one 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 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with CQC.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff, including the registered manager, care workers and the administration assistant.

We reviewed a range of records. This included five people's care records and multiple medicines administration records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were not managed safely.
  - Some medicines administration record (MAR) charts were missing information, some were not dated correctly and some were illegible in parts. This meant people's records did not always make it clear whether people had been given their medicines, whether they had received their medicines on time or whether they had been given the correct amount of medicine.
  - One person had duplicated MAR charts, which made it unclear how much medicine they had been given. One person had duplicated pain patch records, which made it unclear how many pain patches had been applied to the person in one day. One person's MAR charts did not state the dosage or frequency for the administration of one of their medicines, which meant it was not clear to staff how much of that medicine to give the person or when.
  - Staff medicines training was not up to date. This meant staff lacked current knowledge about how to manage medicines safely. Staff did not always have their competency to administer medicines appropriately checked in accordance with guidance.
  - The provider had not always carried out medicines audits. This meant the provider did not have a safe system for knowing whether people had received the correct medicine and were safe.
  - We found no evidence anyone had been harmed. However, the provider's failure to manage medicines safely put people at risk of potential harm.
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- The provider had not always learned lessons when things went wrong.
  - The provider had not carried out accident and incident audits. Therefore, the provider did not have a system in place to learn why things had gone wrong and how to prevent them from recurring. For example, the provider had not identified or recorded an incident in relation to a potential medicines error resulting from a person's duplicated MAR charts for March 2022 suggesting the person may have been given one of their medicines more frequently than prescribed.

The provider's failure to manage medicines safely and operate an effective system to learn from incidents were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the provider arranged medicines refresher training for staff on 7 May 2022 and arranged further training for 4 June 2022.

- A relative of two people said, "The carers administer my relatives' medication, with no issues occurring so far".

#### Assessing risk, safety monitoring and management

- People's risk assessments and care plans did not always contain detailed and specific information for staff to manage risks safely.
- Some people's falls risk assessments did not contain information for staff about how to support people to mobilise, how to prevent and mitigate falls or what to do in an emergency. This increased the risk of injury to those people because staff did not have the information to support them safely with their mobility.
- One person's health risk assessment stated they had type one diabetes and were at medium risk. However, it did not contain any information for staff about what the risks were, how to recognise signs the person may require medical treatment or what staff should do in an emergency. This increased the risk of harm to the person because staff did not have the information to support them safely with their diabetes.
- The provider had not reviewed some people's risk assessments for one year and had not reviewed one person's risk assessment when their needs had changed.
- We found no evidence anyone had been harmed. However, the provider's failure to sufficiently assess, monitor and mitigate the risks to people put people at risk of potential harm.

This was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- The provider's Infection prevention and control (IPC) practice did not ensure the prevention and control of infections.
- The provider did not have a COVID-19 testing policy in place for staff. COVID-19 testing for staff was not carried out in line with Government guidance, as staff were not carrying out COVID-19 tests as regularly as Government guidance stated. This increased the risk of harm to people from COVID-19 because staff were sometimes going into people's homes without knowing whether they had COVID-19 or not.
- The provider had not carried out individual COVID-19 risk assessments for staff. This increased the risk of harm to staff from COVID-19 because the provider did not know whether any of the staff were in a higher risk category and did not know how to mitigate the risks to any staff that were more vulnerable if they contracted COVID-19.
- We found no evidence anyone had been harmed. However, the provider's failure to ensure the prevention and control of infection put people and staff at risk of potential harm.

This was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed individual COVID-19 risk assessments for people.
- People and their families confirmed staff wore Personal Protective Equipment (PPE) when providing people with support.
- The provider had an appropriate level of PPE stock.
- Staff had received PPE and hand washing training.

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

- Systems and processes did not safeguard people from abuse.
- Some staff lacked sufficient knowledge and understanding about the types of abuse people could experience, how to recognise signs of abuse and how to report abuse. Staff safeguarding training was not up to date. Some staff lacked knowledge and understanding about whistleblowing and how to report concerns



outside of the service. This meant people were not sufficiently protected from abuse because staff lacked sufficient competency about safeguarding and who to contact to raise concerns.

- The provider had not informed the local authority of a potential medicines error resulting from a person having duplicate MAR charts for March 2022. .
- We found no evidence anyone had been harmed. However, the provider's failure to sufficiently protect people from abuse or improper treatment put people at risk of potential harm.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the provider arranged safeguarding refresher training for staff on 28 May 2022 and arranged further training for 25 June 2022.
- People and their families told us they felt safe with staff and the service. One person's relative said, "My relative's main carers were all brilliant, they were really good at making us feel reassured that our relative was safe. In fact, I think that they went above and beyond what we had expected" and "They made my relative feel safe and comfortable in their own home and I cannot say too often how nice the carers were".
- Another person's relative said, "My relative has the same carer all the time and feels safe with them".

#### Staffing and recruitment

- There were enough staff to support people safely. The provider had safer recruitment processes and practice.
- Recruitment checks were carried out for new staff, including identification, proof of address, employment history, employer references and a check with the Disclosure and Barring Service (DBS).
- The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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.

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

- The provider assessed people's needs. They carried out initial assessments and risk assessments. However, some people's needs assessments, risk assessments and care plans were not always accurately linked together and did not always contain sufficient person-centred information for staff to support people in individual, personalised ways.
- One person's initial assessment stated there was a risk of them forgetting to eat but their eating and drinking risk assessment stated there was no risk. The risk assessment stated the person's meals were delivered and staff should prepare the meals. However, there was no person-centred information for staff about how to ensure the person ate enough. This meant the provider's assessments might not always be effective and provide enough guidance for staff.

We recommend the provider reviews their care planning process to ensure all information about the person is included.

Staff support: induction, training, skills and experience

- Staff did not always receive the support they needed to carry out their roles safely and effectively, as staff training was not up to date. Some staff had not completed some of the training required and some staff had not done refresher training for between one and two years. Not all staff had received training that could help them support people with specific needs, for example, dementia care.
- This meant some staff lacked knowledge, understanding and competency in some areas and the provider had not always ensured staff always had the skills, knowledge and experience to deliver effective care and support.
- New staff received induction training, which included moving and handling people and hoist training and observing senior care staff before delivering care on their own.
- Some staff had received specialist training from external nurses in PEG support (percutaneous endoscopic gastrostomy). PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach and allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth.
- One person received their medicines via a PEG tube and the trained staff displayed detailed knowledge about how to administer the person's medicines via their PEG tube and the procedures involved.
- The provider carried out regular staff competency spot checks and staff received monthly one to one

supervision and yearly appraisals. The provider also carried out a review of new staff when they completed their probation period.

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

- Staff supported people to eat and drink enough and maintain a balanced diet.
- Staff helped people prepare meals and made sure people ate food they liked in line with their cultural and personal preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with GPs, district nurses, hospitals, occupational therapists and local authorities to provide effective, consistent and timely care.
- The registered manager collected some people's medicines from the pharmacy for them during the Covid-19 pandemic because they were shielding and unable to go out into the community.
- Feedback from local authority professionals responsible for commissioning services included, "Golden World Care Service are a new service to us, they have helped and supported us with urgent clients" and "They have helped with complex clients during the pandemic".

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and receive the right medical treatment and support when they needed it.
- Staff took one person out for a daily walk. This was in line with the person's care plan to support them with their mental and physical health.
- Feedback from local authority professionals responsible for commissioning services about the support given to people to access healthcare services and support was positive. Comments included, "This is well planned, and the service takes the clients into consideration" and "Good and timely".

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.

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place.

- The provider sought and obtained consent from people and their families in line with legislation and guidance.
- The provider carried out and recorded formal checks to confirm when a family member had Lasting Power of Attorney (LPA) for a person. LPA gives someone legal authority to be able to act on behalf of a person if there comes a time when they do not have the mental capacity to make their own decisions.

# 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 were well treated.
- However, there was not always sufficient information for staff about people's equality and diversity characteristics. People's needs assessments and care plans included information about people's cultural and religious identity and preferences but did not include information about people's sexual orientation or gender identity, for example.
- People and their families told us they felt the staff were caring and they were well treated. People and their families said the carer workers, management and office staff were friendly, kind and supportive and they were treated with compassion.
- One person said, "[The carer workers] are very caring and very nice to me" and a person's relative said, "I found that all the carers wanted to give my relative good care and they were really loving towards my relative".
- Another person said, "I get on well with the carers, they are all really good to me" and another relative said, "I do believe that all the carers I have seen care about and are caring to my relatives".
- One person's relative told us, "They have time to chat with my relative and that helps them".
- One person was discharged from hospital during the COVID-19 pandemic but the hospital could not provide them with transport to take them home, so the registered manager picked them up and drove them home.

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

- People were supported to be involved in making decisions about their care and to share their views about the service.
- Staff carried out needs assessments with people and their families to plan what care people wanted and how they wanted it delivered. Management carried out quality monitoring telephone calls and feedback surveys with people and their families to find out what people and their families thought about the service they received.
- People felt comfortable to talk to staff and contact managers to raise issues and discuss their care and people's relatives felt staff and managers were approachable. One person said, "I do feel that the office staff are approachable and I have no issues with contacting them if I need to".

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful way that promoted their privacy and dignity.

- People and their families told us they felt the care workers, management and office staff cared about their feelings and provided support in ways that respected their privacy and dignity and confidentiality.
- Care workers made sure doors were closed and curtains were drawn and no one else was present when providing personal care, for example.

# 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 provider did not have an effective system in place to record, investigate and respond to complaints.
- The provider's complaint records contained no information about the nature of the complaints, whether the provider had investigated and responded to the complaints or what action was taken by the provider to address and resolve the complaints.
- There was no evidence the service had addressed comments from people and their families about inconsistent staff timekeeping and ensured improved staff timekeeping. One person had complained about care workers' timekeeping on three separate occasions during a period of seven months, for example. One other person had also complained about care workers' timekeeping during the same period of time.
- There had been one complaint about staff not knowing their tasks for a person and one complaint about staff not completing their tasks for another person. Both care packages had been ended and handed back to the local authority without any record of whether the provider had taken any action to address and resolve the complaints before stopping the provision of care.
- One person had requested a change to the time of one of their care calls. There was no evidence this had been addressed and the time changed. One person had commented that a carer was unable to physically perform one of the tasks required and this was causing them difficulty. There was no evidence this had been addressed and resolved.

The provider's failure to establish and operate effectively a system to record, investigate and respond to complaints and improve care quality was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care plans were not always sufficiently person-centred and did not always reflect their needs.
- Some people's risk assessments and care plans did not contain detailed personalised information for staff to support them as an individual, in line with their preferences. For example, information for staff about providing people with personal care did not include information about how people preferred to have their personal care done with them. This meant people's care was not always planned in a personalised way.
- One person's needs had changed from needing one carer to two carers at a time but their care plan had not been reviewed and updated to reflect their change in need.

We recommend the provider reviews their care planning process to ensure all information relating to the

person is included.

- One relative told us, "Due to a number of medical conditions we did ask for carers to come at specific times but we were told that they could not be that flexible and that the carers could only come at such and such a time, which we found limiting for us as a family".
- However, care staff knew people well, including their needs, likes and dislikes and preferences and people and their families felt they received the right support.
- A relative said, "I did have to complain about one carer and [name of registered manager] replaced them with another carer very quickly. There are always going to be people you do not get one with and I think that is what happened in this case".
- Comments from local authority professionals responsible for commissioning services included, "[Name of registered manager] and the team are very responsive and take good care when matching clients with the service".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and take part in activities that were socially and culturally relevant to them.
- Staff did not rush and made sure they spent social time with people as well as carrying out care tasks.
- Staff spent time talking with people and doing activities they were interested in. People's care plans contained information about the things people like to do, including people's religious or spiritual practices, for example.
- People organised their social lives themselves where possible and their families ensured they had the right level of social interaction where necessary.

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 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.

- The provider followed the Accessible Information Standard.
- Staff and managers communicated with people and their families in line with their needs and in ways they could understand.

End of life care and support

- The service did not have anybody receiving or in need of end of life care at the time of our inspection.
- The provider had a system and processes in place to assess people's end of life care needs and plans and to provide people with end of life care in line with their preferences should the need arise. This included working with hospice support and care, for example.

# 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not established sufficient systems and processes to effectively monitor and improve the quality and safety of the services provided and monitor and mitigate the risks to people. In addition, the systems and processes that were in place were not operated effectively.
- The provider had not carried out regular audits and the audits carried out had not identified the issues we found during the inspection.
- The provider had no written accidents and incidents policy and had not carried out any accidents and incidents audits.
- The provider had not carried out any risk assessment or care plan reviews or updated people's risk assessments and care plans when their needs had changed.
- The provider did not have a staff COVID-19 testing policy and had not informed staff about when or how often they should take a COVID-19 Lateral Flow Test.
- The provider had not ensured all staff were able to recognise signs of abuse and knew the procedures and protocols for protecting vulnerable adults.
- The provider's business continuity plan did not state what actions to take or how to achieve some of the stated responses and aims in relation to low staffing levels and/or a loss of key staff as a result of a pandemic or emergency.
- The provider did not have systems and processes in place to obtain feedback from staff or external care professionals. This meant the provider did not try to learn as much as possible about how to improve the service.
- Some people told us they thought communication with the service needed to improve. A relative said, "I found that there did not seem to be sufficient processes in place with this company, for example, if you needed to contact them out of hours or at the weekend, the number given did not work, I found this worrying" and "There did not seem to be any process to report the fact that carers had not turned up. We had our relative phoning us quite upset that no one had turned up and we could not find out if anyone was on the way or not. I think the company would benefit from setting up an app so that relatives can see when the carer arrives or leave, as that would give us some timescales".
- One relative said, "The general all round process of communication needs to be better. I believe that



[registered manager's name] has too many tasks on to fully concentrate on putting the processes in place. For example, we did not receive a monthly invoice, we received only one invoice which covered three months, which was not how we expected to be paying for this care" and another relative said, "The invoices are not always sent out in a timely manner".

The provider's failure to establish and operate systems and processes to effectively assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks to the health, safety and welfare of people was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection the provider began carrying out risk assessment and care plan reviews. After our inspection they put an accidents and incidents policy and procedures in place and staff COVID-19 testing was carried out in line with Government guidance, including staff taking COVID-19 lateral flow tests regularly and consistently. The provider also employed an experienced deputy manager to support with the management of the service.

- The provider had forms to record accidents and incidents and staff knew to report accidents and incidents to management. Staff were told to go to the office and report accidents and incidents verbally if their written English was of some difficulty and office staff would assist them with recording it.
- Staff had job descriptions and new members of staff went with the field supervisor to meet people before providing them with care and support. This meant staff were clear about their roles and the support they should provide.
- Staff were informed of updates to people's care and changes in guidance and practice by text messages and phone calls and alerts on the provider's electronic care planning and management system. This further clarified job roles and expectations for staff.
- The provider used telephone monitoring calls and feedback surveys to get people's and relatives' feedback. Some people and their families also put reviews on a home care review website. People and their families also rang the office or sent emails with their feedback.

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

- During the COVID-19 pandemic it had been difficult for some staff to travel to people using public transport due to the risk of catching and spreading the infection. The provider bought one car and hired another car to use to transport staff to people, especially to get staff to people with priority care needs on time during the pandemic. This reduced the risk of infection of COVID-19 to staff and people. The registered manager said staff were pleased about this and it was the reason they were able to employ more staff at that time.
- The provider had a 'Carer of the Month' reward scheme for staff and was in the process of putting a 'Carer of the Year' reward scheme in place. The member of staff nominated as 'Carer of the Month' received two hundred and fifty pounds in shopping vouchers.
- There was a staff wellbeing document and every Monday office staff called the carer workers to ask them how they were and whether they were any issues they wanted to discuss. Care staff were also invited to the office to meet with office staff to address any issues.
- Staff could go to the office to feedback to management individually about any changes needed or suggestions for improvements and they could also send a text message to management or put feedback on the provider's electronic care planning and management system.
- One relative said, "Our relative is very happy with their carers, they are all very helpful to our relative. Having carers coming in has improved our relative's wellbeing no end, they are more interactive and talking more. I can see that our relative is feeling more positive now and happier in themselves".

- During the Covid-19 pandemic it had been difficult for some staff to travel to people using public transport due to the risk of catching and spreading the infection. The provider bought one car and hired another car to use to transport staff to people, especially to get staff to people with priority care needs on time during the pandemic. This reduced the risk of infection of Covid-19 to staff and people. The registered manager said staff were pleased about this and it was the reason they were able to employ more staff at that time.

#### Working in partnership with others

- Staff and management worked well with other agencies, organisations and professionals.
- The service worked in partnership with local authorities; GPs; pharmacies; district nurses and occupational therapists.
- The system and process for ordering medicines was good and medicines were always delivered on time.

#### 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 director of the provider company, who is also the registered manager, understood the requirements, their responsibilities and the processes and procedures involved in being open and honest with people, their families, local authorities and other professionals when there was an accident or incident.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to manage medicines safely; sufficiently assess risk to people and monitor and manage safety; ensure the prevention and control of infection and learn lessons when things went wrong and monitor and mitigate the risks relating to the health, safety and welfare of people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure people were sufficiently protected from abuse and improper treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to establish and operate effectively a system to record, investigate and respond to complaints and improve care quality</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish and operate systems and processes to effectively assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks to the health, safety and welfare of people.</p>

**The enforcement action we took:**

We issued the provider with a warning notice.