

South Eastern Solutions Limited

# Curant Care - Ashford

## 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

Curant Care – Ashford is a domiciliary care service providing personal care to 41 younger adults with physical disabilities and adults aged 65 and over. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives had mixed views about the service. Some relatives shared positive experiences, and some had negative experiences. Comments included, "They do not have the courtesy to tell you they are running late and can't attend. I don't get information about who is coming and what time. [Staff member] is lovely, she has care and compassion"; "I feel I am in safe hands"; "I feel my loved one is in good hands and its peace of mind for me and enables me to carry on working, they really look after them" and "I feel very safe with them, some of the carers need more prompting than others, on the whole they are very good."

Risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. Care plans did not always contain up to date information about people's medicines. It was not always clear which medicines people were prescribed. This meant staff did not have all the information they needed to provide safe care.

The provider had not ensured that staff were deployed sufficiently to meet people's assessed needs. People and relatives told us about issues from erratic call times, staff lateness and care visits being cut short because staff were rushing to get to the next care visit.

The service was not always well led. The provider had not carried out the appropriate checks to ensure that the quality of the service was maintained. The provider had failed to identify issues relating to risk management, medicines management, staff deployment and designing and providing care to meet people's needs we had identified.

Prior to people receiving a service their needs were not always thoroughly assessed. People's oral care, medicines and health needs were not always included in the information obtained before packages started to enable staff to provide safe, person-centred care and support. We made a recommendation about this.

The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training. Staff had access to enough personal protective equipment (PPE), however staff did not always wear PPE to keep themselves and people safe.

Staff had completed mandatory training; however, the provider's training records did not evidence that staff had completed additional training to meet people's assessed needs such as, diabetes, skin integrity and

Parkinson's disease.

Care plans were in place which provided a list of tasks for staff to complete. These were not always person centred or detailed enough to show new staff what all the tasks were. People and their relatives told us staff knew their needs and preferences well. They told us they had been involved with the care planning process.

People and relatives knew how to complain. Some people and relatives who had complained said changes had been made following their complaints. However, some people and relatives felt they were not always listened to as the same issues kept occurring. We made a recommendation about this.

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)

Rating at last inspection

This service was registered with us on 18 August 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff deployment and medicines practice. A decision was made for us to inspect and examine those risks.

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 medicines management, risk management, staff deployment, designing care and treatment to meet needs and quality monitoring at this inspection.

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

Follow up

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** ●

# Curant Care - Ashford

## 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 an inspector and two Experts 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 14 November 2022. We visited the location's office on 1 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. 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 contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and the safeguarding team as well as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they did not have any information about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and five relatives and a person's visitor about their experience of the care provided. We spoke with seven members of staff including care staff, senior care staff, office staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, risk assessments 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.

### Staffing and recruitment

- Prior to the inspection and during inspection, we received concerns regarding staff deployment. The deployment of staff was not always adequate to ensure people's needs were met. People and relatives told us about issues from erratic call times, staff lateness and care visits being cut short because staff were rushing to get to the next care visit. People and relatives reported to us that they had experienced delays in receiving support to get up, washed, dressed, eat, drink and support with continence care.
- Comments from people included, "The call is often not until midday, which is unacceptable. I've raised it a couple of times and they've said they would check the rota. I asked for 09:00 visits and they said they will see what they can do. The care plan states; "morning shower." I've had to go to a 13:00 hospital appointment unwashed, because the care visit was too late. I don't want to be sitting in my night clothes until midday, and today I'm still with wet hair at 12:45" and "The carers are always late and never arrive in time, I have been flexible with the times 08:00 to 10:00 and 17:00 to 18:00, this impacts on my health when they are late as I get stressed at having to leave the door open and the commode hasn't been emptied since the night before. The carers don't let me know if they are running late, they do apologise when they eventually arrive."
- The management team told us that travel time between care calls was scheduled and we saw this was the case when we checked the provider's electronic system. However, staff told us travel time was not always given, and sometimes when it had been allocated it was not long enough which meant they were late for calls. Staff said when staff absence and sickness occurred, extra care visits were added their rota (sometimes without warning) which impacted on the rest of their care visits.

The provider had not ensured that staff were deployed sufficiently to meet people's assessed needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Staff were recruited safely. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Risks relating to people's care and safety had not always been well managed. Although risk assessments were in place, these had not always been completed in a person-centred way and information was missing. General risk assessments conflicted with information about people and their living situation. For example, some risk assessments had indicated pets were in people's home when the person did not have a pet and where pets were in a person's home, there were no control measures to detail how staff could work safely.

- Risk assessments also showed that flammable creams and emollients were prescribed, the risk assessment lacked guidance for staff about what dangers this presented and how to work safely.
  - Risk assessments contained unclear guidance to staff on how to meet people's needs safely.
- Risk assessments were missing for certain medicines in people's care records. These included medicines such as novel oral anticoagulants (NOACs) or other anti-coagulant medicines that may increase the risk of bleeding following a fall.

The provider has failed to manage risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Prior to the inspection and during inspection, we received concerns regarding medicines practice. Documents to support staff in the use of PRN (when required) medicines were not in place to support staff to assess when or how much medicine to give people. For example, one person was prescribed medicine to treat angina, there was no information for staff to detail the person had angina, what the signs or symptoms of an angina attack were and that the person required emergency medicine to relieve symptoms.
- Care plans did not always contain up to date information about people's medicines. It was not always clear which medicines people were prescribed as these were not always listed on the profile sheet, care plan or emergency grab sheet. This meant staff did not have all the information they needed to provide safe care. For example, information about specific situations when a medicine should not be used (contraindications) from giving medicines at the same time as certain foods/drinks/other medicines. Staff did not have information about the possible side effects they needed to look out for when supporting people.

The failure to manage medicines safely demonstrates a breach of Regulation 12 (Safe Care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to review medicines administration. Staff had received medicines training and staff had completed medicines competency assessments.

#### Preventing and controlling infection

- Relatives and people told us staff did not always wear personal protective equipment (PPE) to keep themselves and people safe. We reported this to the registered manager and nominated individual, who took action to address this with staff.
- The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.
- Staff had access to enough PPE. The provider followed government guidance on COVID-19 staff testing in community social care settings.

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

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff we spoke with were confident they would be able to identify abuse and knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.

#### Learning lessons when things go wrong

- There was a system in place in relation to accidents and incidents. The nominated individual and registered manager told us there had not been any accident or incidents.



# 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

- Prior to people receiving a service their needs were not always thoroughly assessed. Assessments had been undertaken, which were then used to develop the person's care plans. The care plans were not clear or robust and did not clearly detail what people's assessed needs were. People's oral care, medicines and health needs were not always included in the information obtained before packages started to enable staff to provide safe, person-centred care and support.

We recommend the provider reviews their approach to assessment to ensure that assessments are robust.

- Records showed initial assessments considered any additional provisions that might be needed to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Relatives and people told us they were involved in the assessment and planning of care.
- Comments included, "We started with the care because I could no longer undertake all his care tasks. Someone from the office came to discuss the needs and we agreed the care plan. I appreciated that they were sensitive to my needs too" and "Office staff went through all my needs and I agreed the care plan, it's all going as agreed."

Staff support: induction, training, skills and experience

- People were supported by staff who had not always received relevant and good quality training. Staff had completed mandatory training in subjects such as; learning disability and or autistic people, mental health needs, dementia, moving and handling, health and safety, fluids and nutrition and fire safety. The provider's training records did not evidence that staff had completed additional training to meet people's assessed needs such as, diabetes, skin integrity and Parkinson's disease. This is an area for improvement.
- Most staff told us they had received training, however, one said, "I did one day of training which involved watching a video on the laptop and doing some practical moving and handling. I think it is because I was an experienced carer, but I still need updates." Two relatives and one person told us they did not feel staff had adequate training, because some staff did not appear to be confident and competent in some tasks.
- New staff completed shadowing of experienced staff as well as training. The management team carried out spot checks and supervisions. Staff completed the Care Certificate as part of their induction. 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.

- Staff told us, "The shadow shifts gave me confidence. The office are always helpful and I can call them also we have a work group chat and all the carers are very helpful. The training I did included moving and handling and I demonstrated using the hoist and had a competency check", "I do feel supported, sometimes support can feel a bit rushed if the office staff are busy with other things. I can bring up things and don't have to wait for supervision" and "I'm enjoying my job and I do feel supported."

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

- People's nutrition and hydration needs were met. Not everyone needed support with eating and drinking. Where they did, people and relatives said they were happy with the support they received. Comments included, "My care plan includes staff cutting up food for me. I do find that difficult but they always check I need that help at the time, and are completely respectful whether or not I ask them to do so" and "They get my meals and make me drinks and always make sure I have a supply of drinks."

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

- Where people needed support to access healthcare this was in place. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. Staff were clear about the action they would take when a person presents as unwell. There were clear records when actions had been taken, referrals had been made on to healthcare specialists when required.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People told us, "They pick up if I am having a bad day, ask if I need a doctor, ring me later to see how I am (individual care staff, not office)"; The carers know me well, they would ring the GP or contact my husband and he would do it, I wasn't too well about two to three weeks ago and the carers rang the office who contacted my husband"; "The carers are good and look after me, they tell my son if I am unwell" and "I feel that they would contact the office or GP if I was unwell they are always asking me if I feel unwell or need anything."
- The service worked with others to ensure people were appropriately supported. There was clear and regular communication between the service and social workers and commissioners to keep relevant people informed of changes and concerns.
- Feedback from relatives about working together to provide effective care was mixed. Comments included, "I would call for the GP myself as I can't depend on the carers to do it depends on who turns up" and "The other week my loved one was unwell and the carers contacted me straight away, we have an alarm system fitted to contact the hospital if required, the carers felt it was required which it was and my loved one was admitted into hospital."

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.

- The management team had a good understanding and knowledge of the MCA. People had capacity to make their own decisions and had signed consent forms consenting to care and support.
- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear and offering different items for their foods. One person told us, "There are no restrictions on me, for example I choose what I want to wear and they always support my choices."

# 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 and respected. People and relatives told us they found staff to be kind and caring. They said, "The actual carers are wonderful, kind, pleasant, friendly, they do exactly what they should and many do extras without being asked. Staff are always chirpy"; "Some of the staff are very caring, in fact most are amazing"; "The staff are always friendly and the majority are kind"; "The girls are lovely and so kind, they are friendly and always smiling we have a laugh and a joke and I look forward to them coming" and "The staff are very pleasant and tolerate me when I am grumpy they are chatty and always smiling."
- Staff referred to people by their preferred names. Care records reflected people's preferred names.

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

- On a day to day basis people directed their care. A staff member told us, "We [person they support] do everything together, I ask her questions and show her options and she chooses. I fill the kettle and she puts the kettle on, she is involved with everything. We make her bed together. This helps her with her independence." Other staff detailed how they encouraged and supported people to be involved and engaged in their care.
- People told us, "They offer help with getting my breakfast but respect when I prefer to be independent. They always ensure I have a choice whether to have a shower or a wash"; "They always ensure I have a choice whether to have a shower or a wash" and "The staff are happy to keep an eye on me doing what I can to be independent, stepping in with what I can't manage. They support my choices, such as clothes I want to wear, and will make suggestions about how I manage my washing."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support.
- Staff treated people with dignity and their privacy was respected. People told us, "They are very attentive to my dignity, like shutting the door as appropriate and in the way they talk about my care" and "I've had no issues around privacy and dignity, they are all good that way." A relative told us, "They have all come in with a good demeanour and have shown complete respect for [person], and indeed me."
- Staff detailed that when they provided people with personal care, they ensured curtains were closed, doors were shut and that people were supported to cover up. Staff told us, "I always give privacy, I offer to stand outside the door when dressing, I cover with a towel, I keep the door shut and I go by them, some want the door open. I always make sure they have a towel over their lap" and "I treat people how I would want to be treated, I show kindness and I put myself in their position. I close doors and curtains and protect dignity by covering with a towel when washing."

- Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider were password protected to keep people's confidential information secure.

# 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.

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

- Care plans were in place which provided a list of tasks for staff to complete. These were not always person centred or detailed enough to show new staff what all the tasks were. For example, tasks to support people with a wash or shower did not specify what support people required with hair care, shaving, drying after being washed/showered or what creams to apply. One person's care record was not clear about whether staff should be supporting them to transfer out of bed or whether the person was cared for in bed. This meant new staff (and staff that did not know people well) did not have a clear understanding of people's care and support needs.
- People and their relatives reported that their preferred care times were not always met which impacted on their care. Comments included, "Teatime visits have been between 14:45 and 18:45, then staff try to make 20:00 as they want to finish. So, it can be a very short time between tea and bedtime, which does not match [person's] need for quality time in the evening. [Person] needs time to be able to focus and to express himself. When one staff is putting socks on him while another is dressing his top, he can't cope"; "There has been some variation in times, but only due to staffing problems, which I accept. However, I had to complain about my morning visit gradually drifting into the afternoon" and "I know all the tasks can easily be done in half an hour but some days, none are done at all."

The failure to design care and treatment to ensure people's preferences and needs are met was a breach of Regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People and their relatives told us staff knew their needs and preferences well. They told us they had been involved with the care planning process. Care plans promoted independence. Comments included, "A supervisor came to see me at first for an in-depth discussion about my needs; we agreed my care plan and that is exactly what is provided"; "I am fully involved in my own care plan, the carers that come generally know my likes and dislikes" and "I try to keep as independent as I can and I am fully involved in my care plan, the carers always find time to chat to me and if they are worried about me they contact the office for advice."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. Comments included, "I asked for an earlier visit on Mondays so [person] can attend his group, which has been agreed. I would feel confident asking for any change again or making a complaint if necessary" and "If I had any concerns, I would raise it with the company I am not frightened of speaking up."

- Some people and relatives who had complained said changes had been made following their complaints, such as not having a certain staff member attend to their care call where there had been personality clashes. However, some people and relatives felt they were not always listened to as the same issues kept occurring. One person said, "I've raised the timing of calls that way but don't feel they have taken it seriously, I haven't seen any change."

We recommend that the provider reviews complaints handling systems and processes to take action accordingly.

- During the inspection one person passed on concerns to the inspector, with their permission these were passed on to the registered manager to address under the formal complaints processes.
- Records showed the registered manager had met with people and their relatives to resolve issues and we observed that there was frequent communication by email and telephone when 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.

- Information in the service was available in a variety of formats to meet people's communication needs. The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats, such as in a larger font, different languages and spoken versions for people with a visual impairment. At the time of the inspection, no one required this.

#### End of life care and support

- The service was providing end of life care for some people at the time of the inspection. One person told us, "They are all marvellous. I am end of life and they stop me getting down, have a nice chat and a bit of a laugh. We can share talking about our families. That is all more important to me than the care tasks, which have to be done, and are done well. I don't have much of a life, but these have made such a difference."
- The management team understood that if people's health deteriorated, they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives. Staff told us they had completed end of life care training.
- Some discussions had taken place with people and relatives to look at end of life wishes. Some people had a DNACPR (do not attempt resuscitation) in place which had been discussed and agreed with their relatives and consultants.

# 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

- The systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. The provider's auditing processes had not detected the issues found during inspection in relation to risk management, medicines management, staff deployment and designing and providing care to meet people's needs.
- The provider had operated the service before being registered by the Care Quality Commission (CQC). Some packages of care had started in March 2022, the service was not registered as a location until August 2022. The provider told us they were operating the service from another branch; however, we had made contact with the other branch in July 2022 to ask questions about information we had received. The other branch told us the query related to the Ashford office and gave us the contact details. This meant that the provider was not always clear about their regulatory requirements.

The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had undertaken audits in relation to, infection control and first aid.
- The provider had policies and procedures in place to manage and operate the service. The registered manager explained all staff had access to these as they were available to them online. These policies and procedures were also reviewed in the induction process.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

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

- People and relatives shared that the culture within the service was not always positive and open. One relative and a person shared information about staff being contacted when they were providing care and being shouted at and made to cry, which led to confidence and competence concerns. One relative raised, "We have asked them (staff) not to have work-based conversations between themselves, they have mentioned other customers' names." This is an area for improvement.
- People and relatives had made compliments to the service. One read that a person was 'really impressed



with carers.' Another person commented on how lovely two particular staff were and asked if they could have them more.

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 management team understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- The provider had sent out surveys to people, to gather their experiences of using the service, the week before the inspection. No completed surveys had been returned at the point we inspected. People had been contacted by the management team in regular telephone monitoring calls. People and relatives said, "I've had two phone calls from the office to ask if all was OK and if staff were doing the job properly"; "The office do courtesy calls to see how I am" and "The bosses phone to see how it's going."
- The provider engaged with staff and involved them. Staff told us staff meetings had taken place, sometimes by video call and those unable to attend were given feedback. Staff gained support and information via group chat. Staff told us they had access to a member of the management team outside of office hours through the on-call service. A person reported that the on-call service was not always answered. The registered manager explained there had been an issue with on call phone not getting a signal in a certain area, this has now been rectified by changing mobile phone networks.
- Staff gave us mixed feedback about communication. Comments included, "I can call the office with any queries and requests for help. We have a WhatsApp group we use initials and pass on information as well as get support from the group. Everyone supports each other really well. Sometimes we ring on call"; "I have not been to any staff meetings, we get phone calls, group chat and sometimes emails. They do keep us in the loop. I do pick up extra calls and I don't mind. Sometimes they have added them to my rota without telling me and I have moaned about it with them. Since I raised it, it has got better" and "They are alright, they do keep messing with my rota though at the spare of a moment, they don't tell me they have added people and I look and find someone extra and then I am late for my other calls."

Working in partnership with others

- The provider and the registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to benefit the experience of people using the service. The registered manager had registered with forums and events hosted by the local authority and Skills for Care.
- The provider and registered manager had signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- The provider and registered manager had worked closely with health care professionals such as community nurses and people's GPs, as well as people's social workers.
- The management team had worked consistently in partnership with people and their relatives to ensure people had the best outcomes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Registered persons had failed to design care and treatment to ensure people's preferences and needs were met.<br>Regulation 9 (1)(3)  |
| Regulated activity | Regulation   |
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Registered persons has failed to manage risks relating to the health, safety and welfare of people and failed to manage medicines safely.<br>Regulation 12 (1)(2)                    |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed.<br>Regulation 17 (1)(2) |
| Regulated activity | Regulation   |
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Registered persons had not ensured that staff were deployed sufficiently to meet people's assessed needs.<br>Regulation 18 (1)(2)   |

