

Das Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

DAS Care Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service was supporting 11 people with personal care at the time of our inspection.

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 this inspection, everyone who used the service received personal care.

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

People were at risk of harm because care plans lacked sufficient detail to care for people safely and assessments did not identify risk and action required to minimise this. For example, where one person required support to keep their limbs mobile to reduce pain and stiffness, there was no guidance in place as to how to do this safely. The lack of detailed care documentation also had an impact on people receiving care that met their individual needs, preferences and characteristics.

Staff understood how to support people to take their medicines safely and how to reduce the risks associated with the spread of infection. They understood how to identify and report incidents of potential avoidable harm. Where people were supported with food and drink, they said this was done well. Staff worked well with other health and social care professionals to make sure people received the care they needed.

The provider had safe recruitment processes in place and there were enough staff to care for people. Staff had received training in relation to their role. People confirmed staff were usually on time and stayed for the expected amount of time for their care calls. They told us they did not feel rushed and that staff and the registered manager were kind and listened to their views. Staff and the registered manager spoke with respect and compassion for the people they supported.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff had completed training in the Mental Capacity Act. However, the registered manager did not have good understanding of their responsibilities in relation to this legislation. Where people might have lacked capacity to make specific decisions about their care, assessments of their capacity had not been completed. Where decisions were made in their best interests, a record of the process used and who was involved was not made.

Although the provider had developed some quality monitoring systems, these were not effective at identifying issues and did not cover all aspects of the service. Significant shortfalls in care documentation had not been sufficiently addressed. This put people at risk of harm because guidance on how to meet their needs and maintain their safety was insufficient. Quality monitoring systems had not identified this.

The registered manager's skills and understanding of key aspects of managing a care service and providing safe high-quality care required development. The registered manager acknowledged this and was taking steps to enrol on training to develop their skills. People, their relatives and staff were complimentary about the registered manager and said they were supportive, fair and approachable.

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

Rating at last inspection and update

The last rating for this service at the previous premises was inadequate (published 20 January 2022) and there were multiple breaches of regulations. Following the inspection we imposed conditions on the provider's registration to restrict new and increased care packages, and to require a regular report on improvements made. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas but not in others and the provider remained in breach of regulations. The conditions imposed on the provider's registration will remain in place following this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 continued breaches in relation to care planning and risk assessment, the Mental Capacity Act and the quality assurance and management of the service at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6

months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Das Care 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

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

Inspection activity started on 20 June 2022 and ended on 29 June 2022. We visited the location's office on 20 June 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with two care staff by telephone, and the registered manager and nominated individual in person when we visited the office. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from a local authority professional who works with the service. We reviewed a range of records relating to the management of the service, including care plans and risk assessments, staff recruitment and training records, evidence of monitoring staff practice and quality.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection people were at risk of harm because the provider had not carried out effective assessments to identify and minimise risks to their health and wellbeing. This was a breach of Regulation 12 (Safe care and treatment) of the health and social care act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider was still in breach of Regulation 12 in relation to assessing risk.

- Although care plans had been developed to guide staff about what care people required, there was insufficient detail of how care should be carried out safely. For example, one person's care plan stated they required support to maintain movement in their limbs to reduce pain. However, there was no guidance in place to tell staff about how to do this safely with reference to advice from a relevant qualified professional. This put the person at risk of injury or harm.
- Risk assessments had not been carried out effectively. Some aspects of people's care needs had been assessed but there was very limited information to explain what the related risks were and how they would be minimised. Some areas of risk, such as choking, mobility or specific health conditions had not been assessed at all.

The lack of effective care planning and risk assessment put people at risk of harm because there was insufficient information to guide staff on how to reduce risks to people's health and wellbeing. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager showed us a new electronic care planning system that they in the process of implementing. They were optimistic that this system would be beneficial in supporting them to develop robust care plans and risk assessments in the future.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to protect people from the risk of avoidable harm. This was because staff were not all trained in relation to safeguarding people, the providers policy was not up to date and a potential incident of harm had not been identified or reported appropriately. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been

made and the provider was no longer in breach of Regulation 13.

- People and their relatives told us they felt safe. One person said, " Safe? Certainly, they are lovely."
- The provider had systems to help protect people from the risk of harm or abuse and staff understood their responsibilities to safeguard people from abuse.
- Staff received training and were clear about how they would report any concerns both internally to the provider and externally to the safeguarding authorities. A staff member told us, "I would report to my manager and also to the local authority."

Staffing and recruitment

At the last inspection the provider had not put in place safe recruitment processes to ensure that only suitable staff were employed to provide care to people. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation, although further work was needed to ensure processes were always followed thoroughly.

- Although gaps in employment history had been explored, more detail was needed to ensure all the necessary information was provided.
- Appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people independently.
- People and their relatives felt there were enough staff available to meet people's care needs. They told us there had not been any missed care calls and all feedback indicated staff provided people's care within agreed timeframes.

Using medicines safely

At the last inspection medicines had not been managed safely because staff had not received training in medicines management, medicines records were incomplete and no medicines audits were carried out to identify any improvements required. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and social care act 2008 (Regulated activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of Regulation 12 in relation to the safe management of Medicines. However, further improvement was required to ensure good practice in relation to medicines management was followed.

- Checks to assess staff's competency in relation to medicines management formed part of the provider's spot check process. However, this was not robust and did not provide sufficient assurance of staff competency in this area.
- Staff had received training in medicines administration. Staff we spoke with were able to explain the process they followed when administering medicines and recording on medicines administration records. They had good understanding of issues in relation to consent when supporting people to take their medicines.
- People and their relatives told us they received good support to manage their medicines. One relative said, "They give [family member] [their] medication. Never been an issue."

Preventing and controlling infection

At the last inspection staff had not received training in infection prevention and control. The provider was not able to provide evidence that they were complying with the current government guidance in relation to COVID -19 testing for staff. At this inspection improvements had been made and the provider was no longer in breach of regulation 12 in relation to infection prevention and control.

- The provider was following current government guidance in relation to the testing of staff.
- Staff had all received training in relation to infection prevention and control and demonstrated good understanding of how to minimise the risk of the spread of infection.
- Most people and their relatives told us that staff followed good infection control practices and wore gloves, aprons and masks when providing care. Staff confirmed they had enough supplies of Personal Protective Equipment (PPE) and were able to describe to us the process for putting it on and taking it off to ensure care was provided safely.

Learning lessons when things go wrong

- The registered manager took appropriate actions in response to any issues raised and learning was shared with staff by a variety of means, including a secure social media group, face to face individual meetings, and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At the last inspection we found the provider was not following the principles of the MCA. Staff had not received training in this legislation and their knowledge, as well as the registered manager's was limited. Where people might have lacked capacity to make specific decisions, no mental capacity assessments had been completed and no record was made of the process followed to make decisions in their best interests. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvements had been made and the provider was still in breach of this regulation.

- The registered manager did not have an understanding about the difference between a mental health assessment and a mental capacity assessment. As a result, where people may have lacked capacity, mental capacity assessments had still not been completed. Decisions were being made for some people in relation to their care needs. However, there was no record of how decisions had been made in their best interests and who was involved in doing this.
- Staff had all completed training in the MCA and DoLS. Although some staff had an understanding of this legislation, others were less confident and required further support to understand how the principles of the MCA related to their work.

People were at risk of being provided with care that they did not consent to or that was not carried out in their best interests. This was a continued breach of Regulation 11 (Consent) of the Health and Social Care

Staff support: induction, training, skills and experience

At the last inspection we found there was no formal induction process for staff and supervision meetings and competency assessments were not taking place. Formal spot checks on staff practice were not being carried out to assess how staff were working and to identify any training needs they might have. Staff had not received training essential to their role. This was a breach of Regulation 18 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although improvements had been made and the provider was no longer in breach of Regulation 18, there was further work required to ensure all staff had the skills and knowledge to carry out their roles effectively.

- The registered manager's skills in relation to leadership, the MCA and care planning and risk assessment required development to enable them to carry out their duties effectively. They confirmed they were intending to undertake a level five National Vocational Qualification (NVQ) to support their ongoing learning.
- Although spot checks included a brief section on handling medicines, this was not detailed enough to demonstrate that staff competency in administering medicines had been fully assessed. Overall, spot checks, although now carried out regularly, were not robust. They did not contain sufficient information to support staff practice to be recognised when good, and to be addressed when requiring improvements.
- All staff had completed training in relation to key areas of care that the provider considered essential.
- Staff told us, and records showed, that new staff had completed an induction when starting work. All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles within the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Following the last inspection in November 2021, we imposed a condition on the provider's registration to restrict them from taking on new care packages without the written permission of CQC. As a result, the service had not had any new people receiving care. This meant that no new initial assessments had been carried out.
- Assessments for current people using the service were partially improved since the last inspection. However, they required further work to ensure they contained sufficiently detailed information that was relevant to the individual area of need being assessed. The registered manager was in the process of updating these as they were entered onto the new electronic system. These were to be used to develop improved care plans and the delivery of person centred care.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people received support in relation to eating and drinking, they confirmed this was done well.
- There was evidence in daily notes that the registered manager and staff worked with other health and social care professionals such as community nurses, GPs and Physiotherapists to ensure people received the care they needed.
- People and their relatives told us staff were observant and raised issues of concern when they arose. One person said, "They do notice if my legs are red or swollen and ask if I have any pain and need a GP."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant we were not assured that people were always well-supported, cared for or treated with dignity and respect.

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

- We found there was not sufficient information within care documentation to ensure people were receiving care that met their needs, preferences and individual characteristics and kept them safe from harm.
- The registered manager told us they tried to ensure people received support from a consistent group of staff. People and relatives confirmed this and spoke about how beneficial it was to have familiar staff who knew people's needs.
- Staff spoke about taking time to get to know people, and the importance of chatting with them as well as providing care.
- People and relatives told us staff were kind and cared well for people. They made comments such as, "They are very helpful. Nothing is too much trouble." And "My two [staff] I can't fault them. They are more like friends. We have a chat. I look forward to it."

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

- We had mixed feedback about whether people and their relatives had been involved in the development of their care plans. Some relatives confirmed they had been involved, whereas some people could not recall this.
- People and relatives confirmed they were involved in day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's dignity, privacy and independence.
- One relative told us how staff ensured they maintained their family member's privacy and dignity during personal care by closing doors and keeping them as covered up as possible.
- Staff told us that they try to maintain people's independence by supporting them to do as much as they could for themselves and not rushing people by taking over.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant services were not always planned or delivered in ways that met people's needs.

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

At our last inspection care plans were not individualised and lacked detail to guide staff about how to provide person centred care that met people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements had been made and the provider is no longer in breach of regulation 9. However, further work was required to ensure care plans contained sufficient information to ensure people received care that met their needs and preferences.

- Some improvements in personalised information had taken place since the last inspection.
- Additional information was still being added to people's care plans to support staff to understand their preferences about how care was delivered. The registered manager acknowledged this was a work in progress and that further exploration of peoples' life histories, interests and preferences was needed to support the development of effective care plans. Care Plans were being updated as they were transferred to a new electronic system and conversations with people were taking place as part of this process.
- The registered manager also acknowledged there were gaps in information within people's care plans in relation to their needs. As part of the process of transferring to the new system, robust assessments were to be carried out, leading to the development of improved care plans.
- Staff we spoke with had good understanding of people's needs and preferences. People and their relatives confirmed this. A relative said, "The carers are good with [family member] and know what [they] want." Another relative said, "They do [family member's] breakfast, make a cup of tea, drink of squash. Leave out cake and biscuits...They're brilliant, I am very happy."

Improving care quality in response to complaints or concerns

At the last inspection the provider did not have a system in place to record and manage complaints or to use them to make improvements to the service. This was a breach of Regulation 16 (complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- The provider had a system in place to manage complaints. At the time of the inspection there had not been any complaints made. People and their relatives told us they were comfortable with the registered manager and felt they would address any concerns they raised. One relative said, "I've no complaints... I

would ring the office if I felt things were not right."

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 service did not currently provide information in different formats because the registered manager said no one required this at the time of the inspection.
- The registered manager then provided examples of where they had considered people's communication needs, such as matching staff and people who spoke the same language and using flash cards with one person to support communication. However, they had not considered whether these people may have benefitted from information being provided to them in different formats.
- A relative told us, "Importantly, they speak the same language [as family member]. [Family member] has lost the ability to speak English. So good, [they] were getting frustrated when [they] could not be understood."

End of life care and support

- The service was not supporting anyone with end of life (EOL) care at the time of the inspection.
- The registered manager said she would discuss with people and their families what support they may require in the future in relation to EOL care and, where agreed, a care plan would be developed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found the provider did not have good oversight of the service. They had failed to develop systems and processes to manage and monitor the quality of the service and to ensure safe high-quality care was provided. This included a lack of quality monitoring systems, and those in relation to staff recruitment, training and supervision. Initial Assessments, care planning and systems to assess and manage risks to people's wellbeing were ineffective and incomplete. Processes to protect people from avoidable harm were not followed. These issues were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made progress towards making improvements. Systems were in place to support safe recruitment and to ensure staff received training and support. However, not enough improvements had been made to other areas and the provider was still in breach of this regulation.

- The provider had a system in place to monitor the quality of the service. However, it was incomplete and did not cover all aspects of the care provided. It was comprised of a series of closed questions and insufficient detail was provided to show how the staff member carrying out the monitoring had reached their judgements. The audits we reviewed all showed 100% positive outcomes. They were not used effectively to identify areas for improvement.
- Similarly, spot checks on staff practice were now being carried out regularly. However, the records of these showed a 100% positive outcome, but lacked detail about how this judgement was made. These spot checks contained two questions related to medicines administration but did not demonstrate that the member of staff's competency had been sufficiently assessed. No additional competency checks were completed.
- The provider did not have a system in place to monitor the quality of care plans and associated documentation. We identified significant shortfalls in this area which put people at risk of harm.
- The provider did not have a system in place to monitor care calls to ensure care was provided at the right time, for the correct duration and that no calls were missed. The registered manager relied on reviewing daily notes and feedback from people.
- The registered manager's skills, knowledge and understanding of their role required further development to enable them to fully understand how to make improvements to the service. This was particularly in relation to care planning, risk assessment, the Mental Capacity Act and effective quality monitoring. They

told us they were planning to enrol on a National Vocational Training level 5 Management course, as well as specific training in relation to their development needs in the near future.

- The registered manager demonstrated a strong commitment to providing good quality, personalised care and saw this as the priority in their role. This was reflected in the feedback from people and their relatives. However, the development of a truly person-centred culture was being held back due to the lack of robust quality monitoring and incomplete care planning and risk assessment. This put people at risk of harm and of receiving care that did not meet their individual needs. This could result in poor outcomes for people.

Quality monitoring systems were not robust and had not been fully developed to cover all aspects of the service. The registered manager had not ensured they had sufficient skills and knowledge to deliver safe, high quality care. These issues were a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that they were in the process of implementing a new electronic care planning and monitoring system. They confirmed this included a care call monitoring system which would allow them to carry out live monitoring of care calls in future. The system would also support the development of care plans and risk assessments and provide some guidance on this.

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; Continuous learning and improving care

- Throughout this inspection process we found the registered manager to be very honest and open in their approach. They had a positive response to feedback and showed they were keen to learn from this and improve the service to people.

- In discussions they spoke about their approach to people and their families. They sought feedback regularly and made clear to people that they wanted to hear if something was wrong so that it could be resolved. They showed a commitment to being honest about any issues that arose in people's care.

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

- People and their relatives gave positive feedback about the service and the registered manager. They confirmed that the registered manager spoke to them regularly and sought their views on the care provided. One relative told us, "Every so often they ask if everything is ok. I have no concerns. It's a small company but seems to be managed well...I have filled in a questionnaire." One person said, "[Registered manager] rings me to check I'm ok."

- Satisfaction surveys were carried out periodically to check whether people were happy with their care. There was no negative feedback received through the last survey completed.

- Staff were positive about working for DAS Care Limited. They told us they received good support from the registered manager who they found to be fair and approachable.

Working in partnership with others

- The registered manager and staff worked with external professionals to ensure people got the care and treatment they needed. This included speaking with GPs, physiotherapists and Speech and Language Therapists.

- Feedback from the local authority confirmed that the provider and registered manager showed a willingness to engage and to learn from any feedback received.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The Registered Manager and Staff did not have good understanding of the MCA. Mental Capacity assessments were not completed and records of best interest decisions were not made.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at risk of harm because care plans and risk assessments were not sufficiently developed and did not provide sufficient guidance to staff on how to care safely for people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality Assurance systems and systems to monitor staff practice were ineffective. Systems to manage risks to people's health and well being were not sufficiently detailed. The registered manager required further training to support them to have the skills needed to make improvements to the service.</p>