

Scott Care Limited

# Scott Care's Medway Branch

## Inspection report

Unit 71, Riverside, 3 Riverside Estate  
Sir Thomas Longley Road, Medway City Estate  
Rochester  
Kent  
ME2 4DP

Tel: 01634730668

Website: [www.scottcare.co.uk](http://www.scottcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Scott Care's Medway Branch is a domiciliary care agency providing personal care and support for people in their own homes. People receiving care and support were adults, older people and autistic people. At the time of our inspection, 78 people were using the service.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

#### Right Support:

The service did not make reasonable adjustments for people so they could be fully in discussions about how they received support. People received surveys and provided feedback but the service failed to act on these to improve the service.

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.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

#### Right Care:

People had not always received care that supported their needs and aspirations, was not focused on their quality of life, and did not follow best practice. Care calls were sometimes late or missed and people were not informed about these changes. This put people at risk of their care needs not being met.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People benefitted from staff who understood and responded to their individual needs.

#### Right Culture:

Management failed to effectively evaluate the quality of support provided to people and to fully involve the

person, their families and other professionals as appropriate.

People's quality of life had not been enhanced due to the lack of the service's culture of improvement and inclusivity.

Staff had not ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

The last rating for this service was requires improvement (published 26 October 2020). 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 the provider remained in breach of regulations 12 and 17.

#### Why we inspected

The inspection was prompted in part due to concerns received about poor care provided, care visits timing, missed calls, staffing, complaints, compliance with Mental Capacity Act, incidents and accidents and management. A decision was made for us to inspect and examine those risks.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

**Requires Improvement** ●

# Scott Care's Medway Branch

## **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

This inspection was carried out by two inspectors and an Expert by Experience who made telephone calls to people and relatives. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 October 2022 and ended on 21 October 2022. We visited the location's office/service on 6 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well led section of the full inspection report for further details. We used information gathered as part of monitoring activity that took place on 22 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, care coordinator and care workers. 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. We reviewed medicines records. We looked at four staff files in relation to recruitment and staff 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.

At our last focused inspection of September 2020, we rated this key question Good. 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.

At the last comprehensive inspection in February 2020, we recommended that the provider reviews the length and times of people's visits and scheduling processes with regards to their views and impact on how they were treated. We recommended this includes reviewing staff's views around the time they have to provide care which is respectful and compassionate.

At this inspection, we found the provider had not made enough improvements.

### Staffing and recruitment

- There were not enough staff to cover care calls and to meet people's needs. There was inconsistency in staffing. When there were shortfalls in staffing, people were not told if their visit was going to be late or cancelled by office staff. We received concerns about ongoing issues with care call scheduling, care staff late visit times and missed calls. Staff spoken with confirmed this. A member of staff said, "Sometimes they do not bother informing the client that we are running late."
- People and relatives we spoke with confirmed the inconsistencies in care call visits. Comments from people included, "Time keeping is the biggest bugbear. My most regular carer is very good at being on time, but it goes astray with non-regulars." "Carers are punctual on the whole. There can be good reasons for being late, but I've rarely been told from the office that the call would be late. If I've rung about non-arrival of staff, as often as not I don't get an answer."
- A relative said, "Weekend and holiday cover was always poor with very late visits, and that is what we get too much now. Some weekends, nobody has come, and I have struggled to cope." Another relative said, "You never know what time they will come. Sometimes the afternoon visits are earlier than they should be, which is inconvenient when she is still trying to finish a meal."
- Feedback we saw in one person's care plan stated calls were always late. This further confirmed what people told us. We fed back all concerns about late visit times and missed calls to the registered manager and provider. They both confirmed to us that there had been occasions when staff were unable to attend call visits. The registered manager told us that there had been staff shortage due to the Covid-19 pandemic, which impacted on their ability to meet scheduled call visits. This meant that people had not been receiving their care and support as agreed.

The provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons staff to ensure people needs were met regularly, timely and safely. This was a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs, and hours of support, were individually assessed. Staffing rotas showed the current

staffing level, which included the provider, registered manager and coordinators were struggling to meet people's needs. We spoke to the provider and registered manager about this. They confirmed that recently they had introduced a new system due to a cyber-attack which caused issues with the rota system. This had now been resolved. They further explained that there had been staff shortage. However, they had engaged in recruitment exercises to rectify this and had more staff now been deployed.

- A healthcare professional confirmed that there had been improvements to the delivery of care and support. They told us the provider had improved. They had completed and met submitted action plan regarding call related issues (missed calls, call timings and length) plus capacity concerns. However, we found there were still some issues as cited above.
- People and staff had access to an out of hours on-call system manned by care coordinators.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Lessons learned from accidents incidents and near misses were not always communicated effectively with staff. Lessons learnt had not been fed back to staff in order to improve the service provision and keep staff safe. For example, an incident of a dog biting a member of staff on a care call visit was logged. The action taken was that the member of staff attended hospital. The employee was able to continue to work as it was a minor incident. The registered manager discussed the incident with relatives and as a result, the dog was removed from the property. The registered manager sought advice appropriately. We saw no records of lessons learnt from this incident and how staff had been notified to keep them safe until we raised this during the inspection. The provider then cascaded information to all staff about the incident as learning. In another example, when a person's call had been missed, these were not communicated to anyone by care coordinator. We saw record which stated dealing with incident, but we could not see any further correspondence which confirmed this was passed to the registered manager to be dealt with. We spoke with the new registered manager about this and they agreed they could have been dealt with better and lessons learnt from this incident.
- The provider and new registered manager used information to make improvements to keep people safe. For example, one person did not receive care at their scheduled time and new staff rushed by combining lunch and morning calls resulting in the person waiting for hours for personal care, food and drinks. The registered manager spoke with the person and acted on their concerns. The person later stated they had seen improvements.

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

- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The provider and registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns, near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about protecting our clients from abuse. If I suspect, I will record and report to my manager. I can take it higher and if need to CQC. I have done in the past." Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

#### Assessing risk, safety monitoring and management



- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Staff spoken with were knowledgeable about risk associated with people's needs.
- Appropriate risk assessments specific to each person were in place and had been reviewed when required. For example, medication risk assessment was in place. This specified how and when the medicine should be given, including side effects staff must know and gave guidance to staff.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.

#### Using medicines safely

- People who required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines. One person said, "It's mostly the same ones who come and they know what they are doing. It means I get my tablets on time. There is enough time to do what has to be done. New staff have been able to carry on to the same standard."
- People were encouraged to take their own medicines if they had been assessed as able to do so. Medicines administration records (MARs) seen had been completed by staff each time medicines were given. Records seen indicated people received their medicines as prescribed.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.
- Systems were in place for the auditing of people's MAR sheets. These were checked during spot checks and monthly to identify any missing signatures or errors.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. The registered manager carried out spot checks on time regularly. For example, the provider had ensured all staff washed their hands frequently and used appropriate protective equipment (PPE). A member of staff confirmed this and said, "I have had spot checks and quite a few lately."
- The provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures and government guidelines.
- The provider was using PPE effectively and safely. Staff had access to enough personal protective equipment (PPE). We saw evidence of ample PPE supplies for staff. PPE stock level was audited monthly. Staff confirmed they used their PPE at all times.

# 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 comprehensive inspection in February 2020 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA.

At the last comprehensive inspection in February 2020, the provider had failed to ensure they acted in line with the MCA. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements to compliance with MCA. The provider had assessed some people as part of their initial assessments before service provision started. The registered manager had verified Lasting Power of Attorney (LPA) for people and we saw their records. The provider is no longer in breach of Regulation 11.

- The provider had followed the first principle of MCA that adults must be assumed to have capacity to make decisions unless it is proved otherwise. This means that it must not be assumed someone cannot make a decision for themselves just because they have a particular medical condition or disability, or because they lack capacity in other areas.
- Where relatives had power of attorney for people and were legally able to make decisions on people's behalf the provider had checked this was in place. These were verified and recorded accordingly.
- The registered manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care. A member of staff said, "MCA is about decision making. For example, some people cannot consent, so decision has to be made in best interest."
- One person confirmed staff sought people's consent when they visited. They said, "Staff make sure I have choices and they ask permission to do things, even if it's a familiar routine between us."

At the last comprehensive inspection in February 2020, the provider had failed to ensure the care and treatment of people met their 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, we found the provider had made improvements to care plans. Care plans had the guidance staff needed to support people in line with their healthcare needs and with best practice. The provider is no longer in breach of Regulation 9.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- Records showed initial assessments had been carried out before people started receiving support. This considered all areas of needs such as physical and mental health needs, as well as medicine and any additional provision that might be needed.
- Information gathered at the initial assessment stage was used to develop people's individual care plans. These were developed over time as staff got to know people and their relatives. One person said, "I'm happy with how they do the job, including helping me with using the bath. They do things as I like them done, they always ask me to guide them and ask if there is anything else I'd like done."
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, gender and religion these needs had been identified.
- People were supported to maintain good health. One person said, "I appreciate that they routinely check my skin and keep it in good condition." People's individual health plans set out for staff how their specific healthcare needs should be met.
- Oral health care plans were in place. One person said, "I have dentures but don't clean them everyday. I get carers to clean them for me." Oral health guidance was in place to support staff.

Staff support: induction, training, skills and experience

At the last comprehensive inspection in February 2020, we recommended that the provider seek advice and guidance from a reputable source to review their staff training needs in line with the service requirements.

At this inspection, we found the provider had made improvements. Staff training had improved and complied with best practice.

- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out 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. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Staff training records were up to date. Staff confirmed they had received appropriate training. A member of staff said, "I had to do all mandatory trainings and others such as Covid-19." Another said, "I completed induction and shadowing. Then completed other trainings such as moving & handling, Covid-19, personal care, health & safety, safeguarding, MCA etc."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were satisfied with the support they received around their meals. One person said, "I'm very happy with the carers, they go over and above. At mealtimes they prepare ready meals or make sandwiches, everything I ask." Another person said, "There is attention to detail, for example, they prepare microwave meals for me and ask not only my choice of meal, but which cutlery to use, and whether I'd like it in a bowl or plate."
- Staff had the knowledge to support people to eat healthily. Staff had been trained on food hygiene principles. Staff followed people's care plans which detailed the support they required with mealtimes. For example, people needed to be supported to eat according to the healthcare professional's guidance.
- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- People's needs with regards to eating and drinking varied. Some people had their meals provided by relatives while others had theirs prepared by staff according to prescribed guidance from healthcare professionals.
- The provider and registered manager liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. There was a close working relationship with the local CCGs, district nurses, GPs, and local authority commissioners.

# 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 comprehensive inspection in February 2020 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were treated with respect and their dignity is maintained at all times. One person said, "They look after me exceedingly well, gentle and kind. Overall, they are respectful of me and my home." A relative said, "They do show respect."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices. A member of staff said, "I ask people how they want things done like asking them if they would like to take their medicine. If they refused based on their choice, I will encourage them and explain to them the reason why it is important to take the medicine"
- People's communication needs were detailed in their care plan. Some people used gestures to communicate or alternative words for needs.
- Care records promoted people's right to independence and focused on what people were able to do for themselves. For example, one person with sight impairment had detailed instructions in their care plan for staff to follow.

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

- People and their relatives told us that staff on the whole are very kind, caring and always very professional with people. One person said, "They are a nice set of girls." Another person said, "The actual care when it comes is fine. They do all show respect for my home and my privacy, and they ask if there is anything else they can do."
- Staff knew the people they were supporting well. One person confirmed this and said, "I'm really good friends with the regular care staff. All staff respect me and my home."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. One person said, "They all seem young to me, but I get on with all of them. One in particular always has a chat."
- People's care records contained information about equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.

# Is the service responsive?

## Our findings

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

At our last comprehensive inspection in February 2020 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At the last comprehensive inspection in February 2020, the provider had failed to ensure the care and treatment of people met their 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, we found the provider had made improvements to care plans. Care plans had been reviewed, person centred and met the needs of people. The provider is no longer in breach of Regulation 9.

- People's care plans were person centred and described their needs. Care plans included people's individual preferences and interests, personal history and staff understood these. One person said, "I have a care plan, which I agreed in the first instance." Another said, "I started with having an assessment at home and we agreed the care plan." Care plans included a good level of information on people's likes and preferences, life history, what was important to them. This meant staff had the guidance and information they needed to care for people in a person-centred way.
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported.
- Daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person. Concerns raised about missed call visits have been addressed under 'Safe' domain above.
- Care plans were reviewed with people at least every month but may be more frequent based on people's needs.

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.

At the last comprehensive inspection in February 2020, we recommended that the provider consider current guidance on providing accessible information to people.

At this inspection, we found the provider had made improvements. The provider had been providing accessible information to people.

- People's communication needs had been assessed. For example, one person repeats words when being communicated with as a sign they understood what was said. This was reflected in their care plan and staff spoken with understood this and followed the instruction.
- Information was accessible to people depending on need. For example, the service user guide was available in alternative formats, including large print, pictorially, and audio upon request.
- Staff spent time with people explaining information such as the complaints policy and service terms and conditions where appropriate. Where people needed support to understand their care plan this was discussed with them during reviews.

#### Improving care quality in response to complaints or concerns

At the last comprehensive inspection in February 2020, the provider had failed to ensure all complaints were investigated and action taken in response to failure identified. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements to care plans. Complaints were being investigated by the new registered manager and resolved. The provider is no longer in breach of Regulation 16.

- There was an up to date complaints policy and procedure in place which was shared with people.
- People told us they knew how to make a complaint if they needed to. Comments included, "I don't have any complaints, but I would ring the office if I did."
- Where complaints had been raised, they had been investigated and dealt with appropriately. For example, the service had received nine formal complaints between January 2022 and July 2022, and these were investigated and satisfactorily resolved.
- One person said, "I recently complained by phone about being wrongly charged, they did agree and sent a revised bill." Another person said, "I know how to make a complaint, but have never needed to."

#### End of life care and support

- There was information in people's care plans about whether they wanted to be resuscitated by the emergency services should they require this intervention to maintain life.
- At the time of the inspection, no one using the service was at the end of their life. Where people had needed support at the end of their life the service had worked in partnership with person, relatives and palliative care nurses to provide person centred support.

# 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 focused inspection of September 2020, we rated this key question Good. At this inspection the rating has changed to 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

- Audits needed to be improved to ensure they were effective. For example, we identified a number of electronic MAR chart completed without staff signature for people's emollient creams. (Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it.) While staff completed daily logs, which showed it was administered. The audit failed to identify that MAR charts had not been completed. We informed both the provider and registered manager about this. In another example, the audit failed to pick up that the quarterly spot checks for some staff had not been undertaken. This demonstrated that the quality audit system in place was ineffective.
- There were ongoing concerns about late and missed call visits to people. Although the new registered manager told us that various steps had been taken to resolve these concerns, steps taken had not been fully effective in addressing concerns. For example, one relative said during our inspection, "This morning the carer was too late and told me they had to drop their children at school before coming to (my son). As the office knew this, they could have rung to tell me, if they really could not allocate a different person. I rang up and they just said sorry, but it won't change anything, the management and office are poor, they don't care or listen." One person said, "I have complained several times about late calls and have said about it in their surveys, but they don't take any notice, or change anything." We spoke with the registered manager about this. They told us that they had met with this person recently in order to rearrange their call visit times in order to meet their needs. However, this showed that issues/concerns about late and missed call visits had not yet been fully resolved appropriately and satisfactorily.
- There were a number of concerns relating to people's records during the inspection. For example, emollient risk assessments had not been included in people's risk assessment until we pointed this out and immediately implemented by the new registered manager. Checks such as those undertaken on staff use of PPE were not always recorded.
- The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. The provider was sent the PIR on 8 December 2021 to be responded to by 14 January 2022. The provider failed to respond accordingly. We discussed this with the provider. They explained in an email to us that they had not received the PIR sent to them. However, they had received an email informing them the PIR had been sent to a named individual who worked for the organisation.

The provider had failed to have effective systems to monitor the quality and safety of the service and



mitigate the risks relating to the health. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had informed CQC of significant events that happened within the service, as required by law.

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

- Feedback received from surveys sent out for people and their relatives was mixed. Where feedback received had been negative, we found no action plan recorded to show how it will be resolved. For example, one relative stated 'calls always late.' However, we found no action plan, which showed steps to resolve this feedback. The new registered manager stated that the concerns people raised were primarily related to staffing levels leading to a lack of consistent carers. Action was being taken at the time of the inspection to address this and new care staff were in the process of being recruited.
- People told us communication with the office was poor. One person said, "They are absolutely useless, not the staff but the office. Staff tell me it's the same for them, one doesn't know what the other is doing, communication is poor. They never call me back when they have said they will." Another said, "I've never seen anyone from the management, I don't know who is running the service. I've never been asked how things are for me. As I see it, the company are not interested in the experience of customers, I'd call it an off-hand culture. There seems no contingency planning. Some staff want to get in and out as quickly as possible. There is no evidence of the management having any systems to monitor standards. I responded to their Christmas circular saying there should be better communication within the company and with customers, but still heard nothing."
- Staff received regular supervision and there were meetings for staff where they could raise any concerns. However, staff indicated that a survey for them would be beneficial in gaining and acting on their views to make improvements. For example, a member of staff told us they had never been invited to take part in a survey and they would have liked to.
- The provider had not carried out a survey on healthcare professionals involved in the care of people the agency supported. This would have enabled healthcare professionals to feedback on the service provision, which would have allowed opportunity for improvement.

The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture in the office had not been inclusive. Care coordinators in the agency office had not been effective in working with people and staff. People and members of staff confirmed this. A member of staff said, "Management is fine if you get to talk to them. The coordinators at times do not pass you to the manager. The manager is a good manager and can be approached." A relative said, "Some morning calls have been around midday. No-one thinks to tell you, but it's not good enough to be sitting around unwashed until that time, or to not know who will be coming." This meant that people were not being communicated with effectively by the office regarding their needs being met. This is an area for improvement.
- People and their relatives were not always positive about how the service was managed and the impact on their care. A relative said, "I can't imagine how it is for older people trying to get attention from the

management. I could not recommend the service and would like to find one more attuned to my particular needs. It must be down to management that staff and other customers that I know, are demoralised." This was an area for improvement.

- The agency had a new registered manager in place when we inspected. Staff confirmed that the new registered manager had started to improve the agency. One member of staff said, "Since we had the new manager, there has been improvements. We can talk to colleagues easier." Another said, "To be honest, it has improved a lot. Running better than before, communication is very good now. I can approach the manager at anytime face to face, via email or telephone."

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 new registered manager understood the duty of candour and the importance of apologising when things had gone wrong. There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The new registered manager was aware they needed to inform people when something went wrong

- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

- The manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.

Continuous learning and improving care; Working in partnership with others

- A new registered manager was in place and improvements were being put in place at the service. For example, the new registered manager found they did not have enough staff to cover the calls so handed back some geographical areas to the local authority commissioners and thereby raised staffing levels, which enabled meeting people's needs.

- The new registered manager engaged in learning and development to improve practice. For example, they attended local authority forums and knowledge presentation.

- The service was working in partnership with a number of organisations to support people with their health and wellbeing needs. This included the GP's, district nurses, occupational therapists and the speech and language team.

- The registered manager attended network events with other managers within the organisation to keep up to date with guidance and best practice.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective systems to monitor the quality and safety of the service and mitigate the risks relating to the health. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of service provided.</p> <p>The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such service.</p> <p>This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons staff to ensure people needs were met regularly, timely and safely.</p> <p>This was a breach of Regulation 18 of the Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

