

Brisen Company Limited

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Inspection report

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Date of inspection visit:
07 December 2023
14 December 2023

Date of publication:
07 March 2024

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

Brisen Company Limited is a domiciliary care agency. It provides personal care to people living in their own homes as well as a reablement service. This is short term care, normally up to six weeks, and therefore the numbers of people receiving support vary on a weekly basis. At the time of the inspection there were 11 people receiving personal care and no-one was receiving the reablement service.

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

People's experience of using this service

Risk assessments and risk management plans were not always in place or were not adequate. People's medicines were not always safely managed. There was not a robust safeguarding process in place to keep people safe. Appropriate recruitment checks were not carried out before staff joined the service. There was a system in place to log and investigate accidents and incidents, but these were not analysed, and any learning was not disseminated to staff. Records showed people's independence was not always promoted.

Staff had not received adequate training. Staff were not always supported through regular supervision. Governance systems were not effective at identifying and reducing risks to people's safety. There was a lack of oversight and effective leadership of the service.

People or their relatives were involved in planning their care and support and their care plans but these were not reviewed regularly. People's privacy, dignity and independence was maintained. People were protected from the risk of infection. People's end of life care wishes was recorded in their care files. Staff were deployed to meet people's needs in a timely manner. People were supported to eat and drink. The provider had not received any complaints since the last inspection. Regular feedback had been sought from people about the service.

Rating:

The last rating of the service was Inadequate (published on 06 October 2022) when we carried out a comprehensive inspection.

At our last inspection we found breaches of the regulations in relation to regulations 9 (person-centred care), 10 (dignity and respect), 12 (safe care and treatment), 13 (safeguarding service users from abuse and improper treatment), 14 (Nutrition), 16 (receiving and acting on complaints), 17 (good governance), 18 (staffing) and 19 (recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had told the provider what action they needed to take to ensure the safety of people who used the

service. At this inspection we found that the provider had made some improvement but remained in breach of regulations.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection. At this inspection we found that the provider had made some improvement but still remained in breach of regulations 9 (person-centred care), 12 (safe care and treatment), 13 (safeguarding service users from abuse and improper treatment), 18 (staffing) and 19 (recruitment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified breaches in relation to lack of risks assessments, risk management plans, detailed care plans, medicines management, safeguarding, staffing, recruitment practice. There were no robust systems in place to assess and monitor the quality of the service provided. There was a lack of effective oversight and leadership of the service.

Enforcement:

This service has been in Special Measures since August 2022. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall; therefore, this service is no longer in Special Measures.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brisen Company Limited on our website at www.cqc.org.uk.

Follow up

We will meet with the provide to discuss how they will make changes to ensure they improve their rating to at least good. 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 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.

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 ●

Brisen Company 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 3 inspectors and 2 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

Brisen Company Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure that the registered manager would be in the office to support the inspection. This inspection site visit took place on 07 and 14 December 2023 and was announced. The inspection activity completed on 16 January 2024.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people and 8 relatives to seek their views about the service. We spoke with 5 members of care staff, the care manager, and the registered manager. We reviewed records, including the care records of 8 people using the service and recruitment files and training records of 3 staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures.



Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to Requires Improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection in August 2022, we found the provider had failed to ensure that risks were not always assessed and safely managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements but remained in breach of this regulation.

- People were not always safe and protected from known risks of harm. Risks had either not been assessed or if they had the measures put in place to mitigate the risk were not adequate. Risk management plans did not always adequately describe how safety should be maintained in relation to people living with chronic kidney disease, sub- acromia impingement, osteoarthritis, Scheuermann's, Parkinsons and Huntington's diseases, falls, mobility, continence, skin integrity, nutrition, mental capacity, behaviour, emotion, self-harm, choking, personal care, catheter bag, stoma, Laerdal Suction Unit, diabetes, cognitive impairment, depression, complex Post Dramatic Stress Disorder (PTSD), mobility and fire.
- Risk assessments and management plans contained general information about specific health conditions, but not what the actual risks to people were. Risk management plans did have a crisis plan in place and what to do in the case of an emergency. However, the crisis plan did not detail action staff should take if people became ill in relation to specific health conditions.
- Some people used mobility aids, such as wheelchairs, walking and standing frames. Their risk assessments did not always clearly identify the potential risks of using these mobility aids and there was not always guidance in place for staff on how to support people safely.
- Risks to some people in relation to their behaviour were not always assessed and they did not always have, risk management plans in place to manage these risks. For example, one person's risk assessment documented that staff 'are to use breakaway strategies in the unlikely event the person holds onto carers clothes and wants to hit them because of a stressful event'. Staff we spoke with told us that they did not know to do this and had not been trained in breakaway strategies.

We found no evidence that people had been harmed however, we found the provider had failed to ensure systems or processes were in place or robust enough to demonstrate safety was effectively managed. This remained a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, when we spoke with staff, although they could not tell us the name of people's health conditions, overall, the majority of them were able to describe the symptoms people lived with. There

were some staff who confirmed that they had not read people's care plans in detail. The registered manager confirmed they would be ensuring all staff had a robust knowledge of people's care plans.

- Following the inspection, the provider sent us some updated risk assessments and risk management plans which had improved. However, we need to be assured that this is embedded into the culture of the service, so we will check that these improvements have been implemented for all people using the service at our next inspection.

Using medicines safely

At our last inspection in April 2023, we found systems and processes were not put in place or robust enough to demonstrate that medicines were safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although, the provider had made improvements, we found people's medicines were not always managed safely

- We found that not all staff had up to date medicines training and/or had their competency to administer medicines assessed in line with National Institute of Clinical Excellence (NICE) guidance.
- People had medicines care plans which set out the medicines support that they were receiving. However, records were not always kept of all up-to-date medicines that people were taking in line with national guidance.
- The provider's medicine policy did not mention covert medicines and did not have clear procedures for giving medicines covertly. (this is when staff administer medicine without the patient's knowledge or consent).
- For a person who was having their medicines administered covertly, staff did not have access to clear information on how to do this safely in line with guidance.
- It was not clear who took responsibility for writing Medicine Administration Record (MAR) charts and the systems to confirm their accuracy. We saw one person's MAR chart containing conflicting medicines information. The instructions for taking a particular medicine were to 'take 3 tablets twice a day', however the MAR chart records 'take 1 tablet in the morning and take 2 tablets at night.'
- For one person, the body maps detailing where to apply topical medicines were incorrect. The MAR chart instructed staff to apply 2 topical creams to the same area. However, one cream should only be applied to specific areas, whilst the second cream should be applied to the whole body. This meant that there was a risk that staff could apply the medicines incorrectly.
- The provider did not ensure that an accurate record of all medicine's people was taking, were kept for all those receiving medicines support in line with national guidance.

We found no evidence that people had been harmed however, we found medicines were not safely managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us that they were in the process of ensuring that all staff had adequate medicines training and undertake medicine competency assessments. The provider also told us the other above issues had been rectified. We will check this at our next inspection.

Staffing and recruitment

At our last inspection in April 2023, we found the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were effectively deployed. This was a breach of

regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider made some improvement but not enough and remained in breach of this regulation.

- The provider's Electronic Monitoring System (ECM) records started in November 2023, which meant there had been no analysis, monitoring or process for identifying issues since our last inspection in April 2023 until November 2023.
- We found, there was the persistent issue of dual location visits, this meant that staff were logged as being at two places at the same time. The provider had not identified this issue.
- The provider did not have any records of a staff member who was a full-time live in carer on the ECM system, regarding the days they worked. During the inspection, the care manager was asked to provide records that showed this staff member's working patterns but was unable to do so. This means the provider has no process for ensuring the hours the staff member worked or that they had been able to take adequate breaks and/or annual leave.

Although we found no evidence that people had been harmed This was still a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives, we spoke with told us overall staff arrived punctually. One relative said, "Either the carer or the office ring if [the carer has] been delayed."
- The provider did not follow safe recruitment practices. The provider had failed to carry out robust checks to ensure that staff were of good character and had the appropriate skills and experience to support vulnerable people.
- The provider had recruited 3 new staff members since the last inspection in April 2023. We found the provider had failed to adhere to their own recruitment policy, because application forms were still not completed in full. Reasons for gaps in education and employment histories were not sought, in line with regulatory requirements.
- 1 staff member had worked for 6 months without an appropriate Disclosure and Barring Service (DBS) check.
- Staff files had not all been audited; therefore, the provider was unable to identify the shortfalls we found at this inspection.

Although we found no evidence that people had been harmed, recruitment practices were still not safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

At our last inspection, systems and processes were not established and operated effectively to prevent abuse of service users.

At this inspection, we found the provider remained in breach of this regulation.

- There was a system in place to safeguard people and manage concerns of abuse, however, it was not effective.
- Since the last inspection we saw a safeguarding concern that took place in November 2023. However, the provider did inform CQC within our guidance of informing the CQC within 48-hours. We were informed of this concern not until 14 days after the incident occurred.

- There was a system to record, investigate accidents and incidents, however, the provider, failed to carry out analysis of accidents and incidents to identify trends and where lessons learnt were disseminated to staff, so there could be a positive impact in improving people's experience of the care they received.

Although we found no evidence that people had been harmed. This is still a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we asked relatives, they told us their family members felt safe with staff. One relative said, "Oh yes, [I feel safe] particularly with the main carer. Another relative said, "Yes, [my relative feels safe, staff} respond well to things. We've been using them for about two years. Very happy."

Preventing and controlling infection

- Infection control was appropriately managed. People and their relatives told us that staff always wore personal protective equipment (PPE).
- Staff we spoke with told us they also wore PPE and had access to PPE as it was dropped off to each person's home to ensure that it was available to staff.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key remains requires improvement. This meant that people's outcomes were not consistently good.

Staff support: induction, training, skills and experience

At our last inspection in April 2023, we found the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were effectively deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made some improvements, however, we found the provider remained in breach of this regulation.

- The provider had still not ensured that all staff received appropriate training. The training policy did not stipulate what training was provided or how often training should be refreshed.
- The provider had 3 versions of the training matrix; therefore, the provider could not be assured that all staff training was up to date.
- Staff supporting people living with Parkinsons Disease, continence care, insulin-controlled diabetes, and using specialist equipment had not received adequate training in these areas.
- The supervision policy did not stipulate how frequently staff would be supported with supervisions. The frequency of supervision was variable. Some staff had more supervisions than others.

Although we found no evidence that people had been harmed. This was still a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider told us that they would ensure that staff members did not carry out any tasks which they had not received adequate training for. In these instances, people had relatives who could support them.
- The registered manager told us that they would be ensuring that all staff training was up to date. We will check this at our next inspection.

Supporting people to eat and drink enough with choice in a balanced diet

At our last inspection in August 2022, we found the provider had failed to ensure that people's nutritional and hydration needs were met is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, we found the provider needed to make some improvements and was no longer in breach of this regulation.

- People's nutritional needs were assessed, and guidance was in place to ensure people were supported.
 - For people at risk of malnutrition and dehydration, staff were required to monitor people's food and fluid intake. Some people's care records documented they should be drinking 750ml of fluid and 1 litre on a hot day, however, the care manager told us that this was a general measurement they had sourced from the internet and no healthcare professional had advised this action.
 - When completing the food and fluid charts, staff were not recording the portions of food being consumed or the amount of liquid being drunk at each visit. So, this did not identify people who are not consuming enough.
 - Food and fluid charts were returned to the office, but the registered manager confirmed that these were not analysed or audited to determine whether people were eating and drinking adequately.
 - During the inspection, the registered manager told us that they would remove the food and fluid charts as they did not always support people with cooking meals or eating and drinking.
 - One person who was at risk of choking did have guidance in place for staff, however, this guidance had been sought from a relative and not from a Speech and Language therapist (SALT) to ensure all risks to the person were recorded and there was up to date and safe guidance in place for staff.
- Following the inspection, the registered manager confirmed they would ensure that any guidance required to support people to eat, and drink was sought from healthcare professionals (SALT) and care records would be updated with this guidance. We will check this at our next inspection.
- People and relatives, we spoke with spoke positively about staff either heating microwave meals or supporting them to eat if required.

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

At the last inspection, the provider needed to make improvements to ensure that people's health care needs were effectively monitored.

At this inspection the provider had made some improvements and was no longer in breach of this regulation.

- People were supported to live healthier lives and had access to healthcare services.
- People's care plans did not always have person-centred guidance documented on the support they required. However, current staff we spoke with knew people well and had some knowledge about their health conditions and how to support them. The lack of clear guidance meant new staff would not have all the information they needed to understand people's health conditions fully. The registered manager told us that they would rectify this to ensure any new staff had up to date information and guidance.
- People's care records documented if the provider was working with other care agencies to support their specific health conditions. For example, St Christopher's Hospice or the GP.
- People and relatives told us that they arranged most health appointment, however staff would call the GP or an ambulance if required.

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 Act 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked and saw the service was working within the principles of the MCA

- The registered manager and staff understood the principles of MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs.
- People's rights were protected because staff sought their consent before supporting them. One staff member said, "I always explain what I am going to do and ask them if it's ok."

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

At our last inspection in August 2022, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, we found the provider was no longer in breach of this regulation, because the provider had not taken on any new clients since the last inspection, so there were no assessments of needs carried out.

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 the last inspection this key question was rated as requires improvement. At this inspection the rating remained requires improvement. This meant people were not well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At our last inspection in August 2022, we found the provider had failed to ensure that people were not always treated with compassion, dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of this regulation. But improvement was still needed.

Respecting and promoting people's privacy, dignity and independence

- Peoples' care records did not always detail what people could and could not do for themselves. There was no detailed guidance in place for staff on how to support people to encourage or maintain their independence. This needs improvement.

- Care plans did not always address the different stages of people's dementia and how this affected their daily lives in terms of their wellbeing and independence. This needed improvement.

- People's care plans recorded blanket statements in relation to personal care that did not always apply to them. This included 'Care workers to use soap and shampoo that are non-irritating and non-slippery' and 'Care workers to help me choose clothing that is easy to put on take-off with no buttons and zippers that may be difficult to manipulate. Care workers to use elastic waistbands or Velcro closures for comfort and convenience.' The registered manager confirmed that these statements did not apply to all people who lived the service, and they would be removed from care plans.

- Relatives told us that they purchased personal care products their family member liked and staff used these.

Supporting people to express their views and be involved in making decisions about their care. People were supported to make decisions about their day-to-day support.

- Care plans did not always record how cultural beliefs could impact people's personal care. Care plans documented, 'Be aware of cultural/religious practices that may affect personal care and be culturally sensitive and respect beliefs/values' but did not specify what these were.

- Care records detailed people's daily care personal care preferences. For example, what support they needed with washing or showering.

- People and/or their relatives told us they were involved in decisions about their care. For example, care records documented if people were able to choose what they wanted to wear or eat.
- Following the inspection, the registered manager told us that people's cultural needs had been explored and documented in their care records. We will check this at our next inspection.

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

- People's cultural needs had not always been explored and clearly documented in people's support plans. For example, one person's care records included 'ensure, 'family religious beliefs are respected, and space is given to them for their practice.' However, this does not detail what the practices were and when the person needed the space to do this.
- People and their relatives told us that staff were kind, caring and supportive.
- Following the inspection, the registered manager told us that people's cultural needs had been explored and documented in their care records. We will check this at our next inspection.



Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection the rating has remains requires improvement. This meant people did not feel well-supported, cared for, or treated with dignity and respect.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. End of life care and support

At our last inspection in April 2023, we found the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider remained in breach of this regulation.

- People's care plans were not always person-centred and contained minimal information. Records did not always detail how people's specific health needs, affected them and how staff needed to support people with their individual needs effectively. This included Parkinsons disease, Huntington's, Lumbar Spondylitis, Elers Danlos, Postural Tachycardia Syndrome (PoTS), and Scheuermann's Disease.
- Care plans for people living with these specific health conditions, encouraged staff to support people in a way that placed them at risk of potential harm and without input from healthcare professionals. For example, being encouraged to carry out exercises that could have a negative impact on their physical health and wellbeing.
- One person living with a kidney problem, had contradictory information about their fluid intake. The person's care record documented that staff needed to limit the person's fluid intake. However, it then goes on to say that staff should ensure that the person has plenty to drink, especially water (750ml per day and 1 litre on hot days). There had been no input sought from the GP or any other health professional. This placed the person at the risk of harm.

The above issues amount to a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us some updated care plans which had improved. However, we need to be assured that this was embedded into the culture of the service. We will check that these improvements have been implemented for all people using the service at our next inspection.
- People or their relatives told us that they were involved in the review of their care.
- We saw that care plans were signed either by people or their relatives consenting to their care.
- Care records documented advance decisions about people's choices about how they wished to be supported at the end of their lives.

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 (AIS). 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 inspection, the provider needed to make improvements to ensure that people's health care needs were effectively monitored.

At this inspection, although some improvements were made, further improvements were still needed.

- Care records showed that people's communication needs had been recorded in their support plans to guide staff on how to communicate with them effectively.
- The provider had an AIS policy in place; however, we saw one person's communication needs were not met effectively. A health agency had provided sign cards for staff to use when communicating with this person, this was because their health condition affected their speech. Both the registered manager and staff told us that they did not use the sign cards to support effective communication.

Improving care quality in response to complaints or concerns

At our last inspection in August 2022, we found the provider had failed to ensure there was a robust complaints system and process in place. This is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, there had been no complaints since the last inspection, therefore, the provider was no longer in breach of this regulation.
- The provider had a system in place to handle complaints effectively if any were received.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection the rating remains inadequate. 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.

At our last inspection, the provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection, we found the provider remained in breach of this regulation.

- People did not always receive a service that was well-led. The registered manager did not adequately understand their role, regulatory requirements and lacked leadership and oversight of the service. The provider had not effectively addressed issues that we found at this inspection and people were exposed to risk of unsafe care and treatment.
- The registered manager was unaware of the issues identified during the inspection, regarding the lack of risk assessments, poor medicines administration, poor recruitment processes, failure to share learning from accident and incident records, lack of adequate training, lack of regular supervisions for all staff, and lack of robust governance, leadership and management oversight.
- The registered manager lacked awareness of their statutory responsibilities in relation to safeguarding and legal requirements. There was not a robust system in place to safeguard people appropriately and manage concerns of abuse.
- Monitoring systems did not ensure there was effective oversight of the service. This meant the provider had failed to ensure they operated effective systems to assess and improve the care provided.
- Risks relating to specific and chronic health conditions were not always addressed safely and effectively by the provider.
- Accidents and incidents were logged, however the provider failed to carry out any analysis and disseminate any learning to staff on how to minimise these in the future.
- The provider had failed to carry out regular audits or audits were carried out ineffective. For example, since our last inspection in April 2023, there were no staff file or ECM audits carried out until November 2023. This audit did not identify the issues we found at this inspection.
- Care plans audits were not effective as they were carried out by the care manager who had compiled the

care plans.

The provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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

- The registered manager had held staff meetings since our last inspection in April 2023. However, minutes of these meetings did not demonstrate that any learning had been disseminated to all staff.

- Not all staff were supported through regular supervisions, which meant that they were not given the opportunity to feedback individually to drive improvements.

- Regular feedback about the service had been sought from people or their relatives had been sought by telephone and care reviews. Overall, the feedback received was positive. Some relatives said that they had never seen the registered manager but had spoken to them. But the said that the registered manager and office staff were always helpful. One relative said, "The two office managers have always been very responsive if I've had a problem or a query."

- Staff told us that the registered manager was supportive, approachable and had an open door policy should they need to speak to them at any time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and understands and acts on duty of candour responsibility when things go wrong

- People did not always receive good outcomes. Since the last inspection in April 2023, the service was still failing to embed a culture that looked to achieve positive outcomes for people.

- The registered manager had failed to demonstrate clear and accurate records were maintained to provide staff with robust guidance to ensure positive outcomes.

- Care plans were not always comprehensive and failed to detail people's needs and preferences to ensure person-centred care and support was provided.

- People were supported by a service that did not have adequate understanding of the duty of candour. At our last inspection the inspector signposted the registered manager to the Health and Social Care 2008 regulations. However, at this inspection, the registered manager was still unable to identify the appropriate steps to follow when things went wrong.

Working in partnership with others.

- The service worked with GPs, local hospices and district nurses when required. However, improvement was needed in ensuring that healthcare professionals' input had been sought before putting guidance in place that could have a negative impact on people's health and wellbeing.

The above issues meant that the provider's systems to assess, monitor and improve the service were not effective. The above issues were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 People's needs were not always assessed and managed and care plans were not person-centred.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessment and risk management plans were not always in place Medicines were not always safely managed Recruitment practices were not robust and not all staff were not supported through regular supervisions.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to have effective systems in place to safeguard people appropriately and manage concerns of abuse.