

People Matter Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

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

People Matter Support Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using People Matter Support Services Limited receives personal care. The Care Quality Commission only inspects the service being received by people provided with help with tasks related to personal care, hygiene and eating. It provides a service to older people, younger adults and also those with learning disabilities and/or those on the autistic spectrum. They have detailed in their statement of purpose that they can provide a personal care service to children aged up to 18 years, however, at the time of this inspection, the 14 people using the service were all adults.

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

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. They had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. The lack of robust quality assurance meant people were at risk of receiving poor quality care and, should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.

People were not always protected from risks to their health and wellbeing. Risks to people who use the service were not always identified or addressed to reduce or remove risks. The registered person had improved staff training and recording of medicines. We have made a recommendation about staff who assess staff competence to handle medicines.

The registered person had not made sure staff employed were of good character and that all required information and checks were carried out. This meant people were at risk of staff being employed to work with them who were not suitable.

People were at risk of potential harm because the registered person had not ensured the staff providing the care had the qualifications, competence, skills or experience to do so safely. The registered person had not ensured staff were provided with appropriate training as was necessary for them to do their job safely and effectively.

People and their relatives felt the care and support they received helped them to be as independent as possible. They were happy with their care and felt the staff were kind and treated them with respect and dignity. People's needs relating to communication were not recorded in a way that met the Accessible Information Standard.

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

Rating at last inspection.

The last overall rating for this service was requires improvement (reports published 24 October 2018 and 25

April 2019).

The provider completed an action plan after the last comprehensive inspection in August 2018 to show what they would do and by when to improve.

After our focused inspection in December 2018 we found the provider remained in breach of the regulations and we imposed two conditions on their registration.

At this inspection not enough improvement had been made and the provider was still 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.

You can read the report from our last comprehensive inspection, and the last focused inspection by selecting the 'all reports' link for People Matter Support Services Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to regulations 9, 12, 17, 18 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. People were not always protected from risks to their health and wellbeing; staff recruitment and training were not adequate to ensure people were safe or staff were competent and suitable for their roles; effective systems were not in place to ensure the service met the required fundamental standards of care. People's needs relating to communication were not recorded in a way that met the Accessible Information Standard.

We have imposed four conditions on the provider's registration and asked them to send an action plan regarding actions they will take to meet the Accessible Information Standard.

Follow up

We met 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 intelligence we receive about the service and we will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore 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 rating, 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

People Matter Support Services 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 Care Act 2014.

Inspection team

The inspection team was made up of one inspector and one inspection manager.

Service and service type

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

The service has a manager registered with CQC, who is also the nominated individual for the provider organisation. A nominated individual is a person who is responsible for supervising the management of the service on behalf of the provider. As well as being the registered manager of the service and also being the nominated individual, they are also the only director of the provider organisation. This means they alone are legally responsible for how the service is run and for the quality and safety of the care provided. In this report, due to the person's multiple roles, we will refer to them as the registered person.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered person would be in the office to support the inspection. Inspection activity started on 25 July 2019 and ended on 2 August 2019. We visited the office location on 25 July 2019.

What we did before the inspection

The registered person 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 reviewed all the information we had collected about the service since the last inspection. This included monthly provider reports relating to how they were ensuring their compliance with the fundamental standards. Other information reviewed included previous inspection reports, information received and notifications the registered person had sent us. A notification is information about important events which the service is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered person and the administration assistant. We reviewed a range of records. This included four people's care records and associated medicine administration record sheets. We looked at all (six) staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. A number of records were not readily available at the inspection, so we provided a list of outstanding information to be sent to us after the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found at the inspection and sent to us after. We looked at training data and quality assurance records. We sought feedback from six health and social care professionals and received responses from three. We sought feedback from all five care workers and received a response from two. We spoke with three people who use the service and three of their relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last comprehensive inspection in August 2018 this key question was rated as requires improvement. At this inspection this key question has gone down to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staff recruitment

At our last comprehensive inspection in August 2018 the registered person had failed to establish and maintain an effective staff recruitment procedure. The registered person had failed to ensure applicants were of good character and that information specified in Schedule 3 was available for each staff member. This was a breach of regulation 19 (Fit and proper persons employed) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the registered person was still in breach of regulation 19 and Schedule 3.

- People were not protected from having staff supporting them who may not be suitable. The registered person had not carried out all the required checks on applicants before allowing them to support the people who use the service. Of the six recruitment files we assessed, none had all the required recruitment information.
 - For five of the six staff, the registered person had not sought to obtain any information about any physical or mental health conditions which were relevant to their capability to do the job.
 - Four of the six files contained no evidence that the registered person had checked to ensure the applicants were not barred from working with vulnerable adults.
 - Where required, the registered person had not always obtained satisfactory evidence of an applicant's conduct in prior employment working in health or social care. For example, a reference for one applicant suggested there had been issues with the applicant's work in that employment. There was no evidence the registered person had explored those issues further.
 - For one applicant there were at least five recent employments in health or social care where the registered person had not obtained evidence of their conduct in those employments or verified the applicant's reasons for leaving.
 - The registered person had not verified any applicants' reasons for leaving previous employment where they had worked in health or social care.
- Work had been done by the registered person to obtain further information from staff to explain gaps in their employment histories. However, in three files we found information which indicated the employment histories provided by the applicants were not accurate. For example:
 - One applicant had provided a supporting letter to their application saying they had gained experience in the health care sector over three years working in different homes. This

employment was not included on their employment history, no previous work or experience in health or social care had been recorded in their application at all. This discrepancy had not been explored further by the registered person, even though it contradicted their employment history. This also meant the registered person had not obtained the required evidence of conduct and reasons for leaving previous employment in health or social care for this applicant.

- Another applicant had explained in their file that they had been working for an employment agency in the course of a year at a certain time in the past. This employment had not been declared on their employment history. There was no evidence this missing employment had been identified or explored by the registered person.
- Another applicant had a reference from someone working in social services at a local authority, but the applicant had not declared working there on their employment history.
- The above issues relating to staff recruitment are similar to the findings at the last two inspections in August and December 2018. Despite prior assurances from the registered person that they had introduced systems to ensure they were compliant with the fundamental standard relating to staff recruitment, the service remained in breach of the regulation.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate people were protected from having staff working with them who were not suitable. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People were not protected from risks related to their health and safety. In the care plans some risks to people had been documented. For example, the risk of skin breakdown. We saw scoring for the risk of skin breakdown in two files, one was recorded as a 'low' risk and the other as a 'medium' risk. However, when we asked the registered person if they had used a recognised skin integrity risk assessment tool they told us they had not, they had determined the score from their knowledge of the person. The actions noted for staff to take to mitigate the risk was that they should monitor the person's skin. There was no evidence in the care plan notes that staff were following those instructions.
- Another person was documented as having a problem with weight loss. However, assessment and monitoring using a nationally recognised malnutrition scoring tool had not been implemented to ensure a clear audit trail of actions taken. Following a referral from a health professional a dietitian became involved and we were informed the person had started to gain weight.
- No other recognised health risk assessment tools were in use. We noted from the service's training record that no staff had received training in carrying out risk assessments or in planning and providing pressure area care. This was also confirmed by the registered person. The lack of staff with the appropriate qualifications, competence, skills and experience in risk assessing was potentially placing people at risk of harm.
- The registered person had introduced a system whereby the administrative office staff checked the care call monitoring system every 30 minutes from Monday to Friday between 9am and 5pm. They logged whether there were any late calls, missed calls and whether remedial action was taken. The monitoring forms were then reviewed, and notes made to explain the findings. However, there was no system for monitoring the care call monitoring system at weekends or outside of office hours during the week. This meant there was no way to monitor for patterns of late or missed calls outside of office hours and improving the system by lessons learnt. The

registered person explained that, outside office hours the on-call person carried the on-call telephone and the system would send an alert if a staff member did not log into their scheduled care call.

- We discussed an incident earlier in the week of the inspection where we had tried to contact the registered person via the on-call telephone number. We had to leave a message for them to contact us as our call was not answered. The registered person explained they had been in an area where there was a poor signal and that they had received notification of our telephone call the following day. We expressed concern that we could have been a client or staff member trying to contact them in an emergency, or the electronic system could have been trying to notify them of a missed call. The registered person confirmed there was no system in place to ensure that the on-call staff member was always contactable so that systems in place to protect people and staff and keep them safe were effective.

Effective systems were not in place to identify and assess risks. Systems in place did not always ensure that all possible actions were taken to mitigate the risks. We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate people were protected from risks to their health and safety. This was a breach of regulation 12(1)(2)(a-c) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last comprehensive inspection in August 2018 the registered person had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1)(2)(g) in relation to medicines.

- Staff had all received medicines training following our inspection in August 2018.
- Medicines administration record (MAR) sheets had been introduced in all files where people were being supported with their medicines. The MAR sheets we sampled were up to date and correctly completed.
- A competency assessment form had been introduced and completed by the registered person for all staff handling medicines. However, the form was very basic, just covering five elements of the administration procedure. In addition, the registered person had carried out competency assessments on the other staff, prior to attending any medicines training herself.

We recommend the registered person explores best practice guidance on the most appropriate procedure for assessing staff competence in handling medicines, including the format and content of the competency assessments and who should carry them out.

Learning lessons when things go wrong

- The introduction of an electronic call planning system had helped to reduce missed calls. Following incidents in 2018 where a number of care calls had been missed, the registered person had installed an electronic system to monitor staff logging in and out of calls. The system was also set up to notify the on-call staff if a personal care call was missed or late. People and their relatives told us there had been no missed calls recently, although there had been in the past. They also confirmed they were usually contacted if staff were running late.

Systems and processes to safeguard people from the risk of abuse; Staffing; Preventing and controlling infection

- People and their relatives said staff usually turned up when they were supposed to and stayed the correct amount of time. People said staff had time to do everything they needed to without rushing them. They said staff usually contacted them if they were going to be late.
- People said they felt safe with the staff. Relatives thought their family members were safe when the staff were with them.
- Staff had received training in safeguarding adults, which was confirmed by the two members of staff who provided feedback.
- Staff had received training in the control of infection. They were provided with personal protective equipment so they could carry out their work safely.

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 the last comprehensive inspection in August 2018 this key question was rated as requires improvement. At this inspection this key question has gone down to inadequate. This meant there were widespread and significant shortfalls in staff receiving appropriate training. There were significant risks of some people receiving poor outcomes and inappropriate and unsafe care.

Staff support: induction, training, skills and experience; Delivering care in line with standards, guidance and the law

At our last comprehensive inspection in August 2018 the registered person had failed to ensure staff received appropriate training and supervision as was necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered person had introduced regular, formal and documented supervision with all staff although none had received an annual appraisal of their work. However, not enough improvement had been made relating to staff training and the registered person was still in breach of regulation 18.

- Since our comprehensive inspection in August 2018 the registered person had improved the staff training provision and the staff training matrix provided showed staff had attended more training. For example, all staff had attended training in safeguarding adults, medicines, food hygiene, equality and diversity, fluids and nutrition and health and safety. All staff except for the registered person had attended training in emergency first aid, moving and assisting people, fire safety and infection control.
- However, staff training was still not in line with best practice and guidance on ongoing learning and development for staff working in social care. For example, training topics not provided to all staff by the registered person included dignity, mental capacity and deprivation of liberty, person centred care, positive behavioural support and non-restrictive practice.
- Staff had received some training relating to the specific needs of individuals they were providing care for. For example, training in cerebral palsy awareness, caring for people with epilepsy and gastric tube feeding. However, other training had not been provided that related directly to the needs of people using the service, for example, training in dementia awareness, pressure area care and catheter care.
- Staff were carrying out risk assessments and writing care plans but had not had training in either.
- No staff working at the service had additional training that equipped them to become trainers in any subject, but we found they were providing training to staff. For example, the registered person was providing safeguarding adults and safeguarding children training to some staff.

- Skills for Care guidance on learning and developing the workforce explains, "In-house trainers and assessors. The person delivering and assessing the activity must be occupationally competent in the knowledge and skills they are developing or assessing in others and their knowledge and capability should exceed the level at which they are delivering or assessing." The registered person had carried out staff competency assessments on staff handling of medicines, but this was without any additional knowledge or attending the medicines training herself.
- Best practice guidance states assessment must cover both knowledge and ability, as both are required for competence. The medicines competency assessment used by the registered person was basic, covering practical tasks only, and did not include an assessment of the staff members' medicines knowledge.
- Skills for Care guidance sets out the best practice frequency of training in the different expected topics. Most subjects have an expectation providers will provide learning and development opportunities at least every three years. However, there is also an expectation, in all topics, that staff knowledge and competence is assessed at least annually. This is not the current practise at People Matter Support Services Limited.

The registered person had not ensured staff received appropriate training as was necessary to enable them to carry out the duties they were employed to perform. This placed people at risk of harm or receiving unsafe care and treatment. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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.

- Care plans contained evidence people had been involved in the planning of their care. No people were subject to a deprivation of liberty order in their home. People and relatives told us staff asked consent before carrying out any care.
- However, no staff had been provided with training in the MCA or deprivation of liberty. The registered person told us MCA training was "covered in equality and diversity training" but was not able to evidence this. We contacted the training company that provided the Equality and Diversity training pack to check and they replied stating, "the Equality and Diversity Staff Training pack would not be enough to cover the criteria for Mental Capacity training... It does not cover DoLS [Deprivation of Liberty Safeguards]."
- The Skills for Care guidance on ongoing learning and development for social care staff states, "Social care staff will often find themselves having to assess someone's capacity to make a decision. The staff involved in making those assessments must recognise their roles and responsibilities under the Code of Practice and any assessment must be completed under the principles of the Mental Capacity Act 2005. Workers will also need to be aware of the Deprivation of Liberty Safeguards and how these affect the care and support they provide." When we discussed staff training in this subject with the registered person she told us any mental capacity assessments would need to be carried out by professionals.

We explained this was not the case and staff needed to be provided with appropriate training.

- The Skills for Care guidance sets out staff should receive training in the MCA and DoLS three yearly with an annual assessment of competency. The Mental Capacity Act Code of Conduct explains the different people the code applies to, "The categories of people that are required to have regard to the Code of Practice include anyone who is being paid for acts for or in relation to a person who lacks capacity... [Including] care workers providing domiciliary care services." The registered person did not ensure staff had MCA training to understand their roles and responsibilities under the Act or the MCA Code of Practice. The registered person could not be sure consent to care and treatment was obtained in line with current law and guidance or the fundamental standards.

The registered person had not ensured staff received appropriate training as was necessary to enable them to carry out the duties they were employed to perform and to ensure they were competent and following the law in relation to the Mental Capacity Act Code of Practice. This was also a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We asked health and social care professionals if they felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional told us the service was working closely with a pharmacy to gain new medication administration records to record service users' medicines. However, they also mentioned they had needed to ask the service to update risk assessments to ensure people's needs were being met.
- Care plans included information for staff on people's food and drink preferences. Staff recorded what people had eaten or been given where meals were part of the care package. One professional felt issues relating to someone losing weight could have been dealt with at an earlier stage. Recording of the food and fluid intake was carried out where needed. However, in the records we saw it was not always clear whether the food and fluid documented on the record had actually been eaten or had just been left with the person.
- Concerns related to the matters above have been addressed earlier in this report.

Assessing people's needs and choices

- People received care and support from staff who knew how they liked things done. People and two of the relatives said staff provided the care and support they needed and wanted. A third relative said they did not know as they were not present when the care staff called.
- Each care plan included individual preferences and choices and demonstrated the person had been involved in drawing up their plan. We saw one person had been provided with male carers. This was after indicating this preference when asked for their feedback on the service they received.
- The registered person told us the care plans were amended when changes occurred or if new information came to light.

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 comprehensive inspection in August 2018 this key question was rated as Good. At this inspection this key question has gone down to requires improvement. This meant people felt they were supported and treated with dignity and respect by the staff. However, as detailed within other areas of this report, we found the registered person did not ensure people's care was always provided by staff who had been suitably recruited or trained. Until these issues are fully addressed, and consistent robust governance is in place, we are unable to apply a 'good' rating to the domain of caring.

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

- People's views on the support they received was sought. People confirmed they were asked their opinion on how things were run at the service.
- The care plans were drawn up with people, using input from their relatives and health and social care professionals where available.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. People told us staff treated them with respect and dignity.
- People's care plans focused on what they could do and how staff could help them to maintain their independence wherever possible. People and their relatives felt the care and support they received helped them to be as independent as possible.
- People's right to confidentiality was protected. All personal records were kept locked away in the office, on a password protected computer and in a place of people's choice in their homes.

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

- People and their relatives said they were treated with care and kindness. They said they were happy with the care and support they received from the service. One person said, "Oh yes", another said, "Definitely. I feel relaxed with them, I just think they are brilliant. I am the happiest I have been with any agency."
- People's equality and diversity needs were identified and set out in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. We saw where people expressed a preference, for example regarding care staff gender, this was met wherever possible.
- We saw a compliment written to a member of staff when someone's care package had ended in June 2019. The relative said, "A huge thank you for not only being a carer but a friend to Mum. We have appreciated your very personal touch throughout which has made Mum feel comfortable and well cared for. We will miss you but please do call in to [name of care home] to see Mum, she would love to see you."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last comprehensive inspection in August 2018 this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last comprehensive inspection in August 2018 we found the registered person was not aware of the AIS. We passed information to the registered person on the AIS and recommended the communication needs of people be documented in a way that meets the criteria of the Accessible Information Standard.

- At this inspection we found the work had not been done. People's individual information and communication needs were not documented in a way that met the standard. The registered person had not applied the five points of the Accessible Information Standard. Those points are: identifying; recording; flagging; sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

The registered person had not enabled and supported people to understand the care or treatment choices available to them. The registered person had not ensured the communication needs of people were documented in their care plans in a way that met the criteria of the Accessible Information Standard. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns; End of life care and support

- People received support that was individualised to their personal needs. People and their relatives said staff knew how they liked things done.
- We asked health and social care professionals if they thought the service provided personalised care that was responsive to people's needs. One professional answered, "Some care plans appeared to be very person centred and recently reviewed." Another told us, "The care has improved over the last few months following several phone calls."
- Following concerns raised relating to missed calls in 2018 the registered person purchased an electronic call tracking/monitoring system. The system had improved the reliability of the service. The registered person told us there had been no missed calls since the call monitoring system had become fully operational and people and their relatives told us the same.
- People and their relatives knew how to complain and most felt the service responded well when they raised concerns. One relative said the service responded well but improvement

was not always maintained, requiring them to raise the same concern again. With permission, this was passed to the registered person so a long-term solution could be reached.

- At the time of this inspection the service was not supporting anyone with end of life care. Although people's preferences were sought as part of the assessment process, end of life care preferences and choices were not routinely sought or included in the care plans we saw.

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 the focused inspection in December 2018 this key question was rated as inadequate. At this inspection this key question has remained the same. 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; Continuous learning and improving care; Working in partnership with others

At our last comprehensive inspection in August 2018 the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the fundamental standards. The registered person had also failed to establish an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They were not aware of, and not addressing, areas that needed improvement to ensure the quality and safety of their service and the people who use the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On 12 September 2018 we served a warning notice for the breach of regulation 17. We gave the registered person until 10 December 2018 to become compliant with that regulation. The registered person sent us an action plan, dated 18 October 2018, showing how they would meet the breaches of regulations. In the action plan they stated, "We have employed someone ... to manage and monitor our quality assurance and good governance procedures."

We carried out a focussed inspection on 12 December 2018 to check the registered person had carried out the work they said they would to meet the warning notice we had served. At that inspection we found the work had not been carried out and the service remained in breach of the regulations. As a result, we followed our methodology and imposed two conditions on the provider's registration. One condition required the registered person to seek written agreement from the Care Quality Commission (CQC) before admitting or re-admitting any people, the second condition required the registered person to send CQC a monthly report showing how they were meeting their legal obligations and the fundamental standards.

At this inspection we found not enough improvement had been made and the registered person was still in breach of regulation 17.

- The Quality Assurance Responsible Person (QARP) employed prior to our focussed inspection in December 2018 was no longer working at the service. A new QARP had been employed and visited the office approximately once every four to six weeks. The registered person told us the new QARP was suitably qualified for the role as they had previously been a care home manager. However, the information supplied to us after this inspection to evidence this, contradicted what we had been told by the registered person.

- This meant there was no evidence the QARP had any suitable experience, skills or training in quality assurance or governance in an adult social care regulated service.
- After the last inspection in December 2018 we required the registered person to send us a monthly report on how they were meeting the regulations. The monthly report received on 1 July 2019 for the month of June had a number of statements that appeared to evidence compliance with the regulations. However, the registered person was not able to provide evidence the work detailed in the report had been carried out. For example, at the beginning of the report the registered person had stated, "Quality assurance forms are checked against all regulations." We asked the registered person to show us the forms to demonstrate how all regulations were being checked. Unfortunately, the registered person was not able to provide the evidence to support this statement. .
- Although there were quality assurance systems in place they were not effective in checking and ensuring the provider was meeting their legal obligations and the fundamental standards of care.
- The registered person used quality assurance forms which did not go into the level of detail that would provide the information needed for them to be sure the service was meeting their legal obligations or nationally recognised best practice guidance. We were shown a number of forms, some we had seen at previous inspections and some new forms but, together, they did not cover all the regulations and were more of a check of quantity of information and that paperwork had been completed, rather than quality. For example, one "Quality Monitoring" form we saw covered a number of areas of the service provision but each in minimal detail. Section three of this form was entitled "Medication" there were two questions for the auditor to answer. To the first question, "Is the medication recorded", the staff member completing the form had answered, "Yes". To the second question, "In what format is the meds recorded", the staff member completing the form had written, "MAR sheet and daily record". There were no other questions relating to medicines. Completion of this form as a quality audit tool for the registered person to identify if they were compliant with the regulation regarding medicines was not sufficient. The answers did not give enough evidence for the registered person to be sure of "the proper and safe management of medicines" at the service. In addition, the information did not give enough evidence that the staff and service practices were in line with the latest best practice guidance for the safe and proper management of medicines.
- During this inspection we identified areas, that the registered person failed to identify using their quality assurance, where regulations were not being met and where action was needed to make sure people were protected and safe. Failure to identify and act on these issues potentially continued to place people at risk of harm or abuse.
For example:
 - Not doing all that was reasonably possible to identify and mitigate risks to people who use the service.
 - Not ensuring staff recruitment was carried out to ensure staff employed were of good character.
 - Not ensuring staff had the training and skills they needed to meet individual people's needs.
 - Not ensuring staff providing training to other staff or assessing their competence, had the suitable experience and competence to do so.
 - Not ensuring the communication needs of people were documented in their care plans in a way that met the criteria of the Accessible Information Standard.
- The continued lack of robust quality assurance systems meant people were still at risk of harm and potential abuse, and of receiving poor quality care. The registered person could not

evidence that their governance would enable them to identify issues and take prompt and effective action to keep people safe and ensure compliance with the fundamental standards.

The registered person had not established an effective system to enable them to ensure compliance with the fundamental standards (regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided to people who use the service. This was a continued 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

- Staff said the registered person was accessible and approachable and dealt effectively with any concerns they raised. One staff member commented, "I can call my manager at any time and they would also call to check how things are with me and the clients."
- The three people we spoke with and two of the three relatives said they would recommend the service to someone else and that they felt it was well managed.

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

- There had been no incidents that had fallen under the definition of those that should be dealt with under the duty of candour regulation. The provider had a policy setting out the actions that should be taken in situations where the duty of candour would apply.

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

- People were positive about the care they received from the service and the staff. There were a number of different ways the views of people and staff were sought and used in the monitoring and development of the service. For example, the registered person carried out face to face surveys with people three to four times a year. The survey responses we saw were positive. We saw one comment on a survey form completed in December 2018. The person said, "I like the fact that you send only one carer all the time. I have got to know her, and she provides a very good service."
- The registered person told us they carried out an annual quality assurance survey, which was due to be carried out soon after our inspection. There were no results available from any previous annual surveys. Staff said their views were sought during their three to four monthly supervision meetings and in the annual team meetings. They felt their views were listened to.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met</p> <p>The registered person was not enabling and supporting service users to understand the care or treatment choices available to them. The registered person had not ensured the communication needs of people were documented in their care plans in a way that met the criteria of the Accessible Information Standard.</p> <p>Regulation 9(3)(d)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to ensure safe care and treatment by: assessing the risks to the health and safety of service users; doing all that is reasonably practicable to mitigate any such risks and ensuring the persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Regulation 12 (1) (2) (a)(b)</p>

The enforcement action we took:

We imposed a condition on the provider's registration.

The two conditions imposed on the provider's registration on 24 April 2019 will remain in place.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>This is a continued breach of this regulation. The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A (the fundamental standards) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Regulation 17(1)(2) (a) to (f)</p>

The enforcement action we took:

We imposed a condition on the provider's registration.

The two conditions imposed on the provider's registration on 24 April 2019 will remain in place.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>This is a continued breach of this regulation. The registered person had failed to ensure persons employed for the purposes of providing personal care were of good character and failed to ensure information specified in Schedule 3 was available for each person employed.</p> <p>Regulation 19(1)(a)(3)(a) Schedule 3</p>

The enforcement action we took:

We imposed a condition on the provider's registration.

The two conditions imposed on the provider's registration on 24 April 2019 will remain in place.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met</p> <p>This is a continued breach of this regulation. The registered person had not ensured staff received appropriate training as was necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1)(2)(a)</p>

The enforcement action we took:

We imposed a condition on the provider's registration.

The two conditions imposed on the provider's registration on 24 April 2019 will remain in place.