

## Learning and Development Bureau Ltd

# Carer House

### Inspection report

Unit 15, 105 Hopewell Business Centre  
Hopewell Drive  
Chatham  
Kent  
ME5 7DX

Tel: 01634786263

Website: [www.carerhouse.com](http://www.carerhouse.com)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Carer House is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. The service was providing personal care to two people at the time of the inspection.

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

Risks had not always been managed effectively. People's risk assessments contained conflicting information. Risks were identified during assessment visits. Actions had not been added to reduce or remove the risks to keep people and staff safe from harm.

Medicines were not always managed safely. The provider's medicines policy did not relate to the domiciliary care service. The policy related to nursing and residential homes. This meant that staff did not have adequate guidance to carry out their roles safely. Training records showed that new staff had not completed medicines training. New staff told us they were applying creams and lotions.

Staff had not always been recruited safely to ensure they were suitable to work with people. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm.

Relatives told us that their loved ones had regular staff who they knew well. Their regular staff mostly arrived on time. However, sometimes they were late or they tried to leave early. We made a recommendation about this.

Staff told us they have been supervised and had spot checks of their practice when supporting people with their care needs. Staff supervision records did not evidence that issues identified during spot checks had been discussed and whether there was any further actions or training required as a result of this. We made a recommendation about this.

People were not always treated with dignity and respect. After our inspection a relative contacted us to explain that the lunchtime care staff booked to attend to their loved ones had not arrived. The provider's call monitoring system had not alerted them to this issue. The provider was unaware of the concerns until the relative rang them. Although a replacement member of staff eventually attended this failure meant that staff did not always treat people with respect as people were left waiting for their care. This is an area for improvement.

The management team were responsible for creating and developing care plans and risk assessments. The provider was not fully aware of AIS. We referred them to information to help them create documents which

met people's communication needs. Care plans were not provided to people in a format which made it easy to read. This is an area for improvement.

At the last inspection we raised that the provider had not appropriately recorded informal complaints which meant that the provider did not have oversight of these and was not analysing trends. This had not improved at this inspection. We made a recommendation about this.

Quality monitoring processes were poor and did not provide the information the provider would need to be assured of the quality and safety of the service provided. The provider did not have sufficient oversight of service. The provider had not taken timely and sufficient action to address the shortfalls identified at the last inspection, which has led to continued breaches of regulations and new breach of regulation relating to risk management, medicines management and recruitment of staff. Records were not always accurate, complete or contemporaneous. There had been no robust audits or checks of the service completed since our last inspection by the provider.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. This is an area for improvement.

A relative gave us positive feedback about the staff who provide care and support to their loved ones. They said, "[Staff member] is very good she is the jewel in their crown, she is helpful, sweet, friendly and engaging. The staff and the service are well intentioned. They are amenable. [staff member] is new she is kind and personable."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The service was rated requires improvement at the last inspection on 04 February 2019 (the report was published on 26 March 2019) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches of regulations in relation to risk and medicines management, monitoring and oversight of the service, record keeping and recruitment processes. The provider has failed to assess and mitigate risks to people and had failed to manage medicines in a safe way. The provider has failed to ensure systems to operate and monitor the quality and safety of the service were robust. The provider has failed to ensure systems and processes to seek and act on feedback from relevant people were in place. The provider has failed to make accurate and complete records. The provider has failed to operate effective recruitment procedures.

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

Since the last inspection we recognised that the provider had failed to display their rating on their website. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

#### Special Measures

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

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

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Carer House

## 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 was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Inspection activity started on 23 September 2019 and ended on 03 October 2019. We visited the office location on 23 September 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service including previous inspection reports.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. The local authority commissioners told us they had not commissioned any care and support packages from the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. People were unable to provide feedback about their experiences.

We spoke with four staff including; care workers, senior care workers and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

# 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 inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Risks had not always been managed effectively. People's risk assessments contained conflicting information.
- One person's continence risk assessment stated that they were supported to access the toilet. The risk assessment had been amended on page two to show that the person was no longer able to use the toilet and was supported to use continence products instead. Staff did not have clear information about the person's risks which put the person and staff member at risk of harm. This had not impacted on the person's safety as staff were not supporting the person to mobilise to the toilet.
- One person's falls assessment records that the person mobilised with equipment. However, the provider told us the person was no longer mobilising. Falls risk assessments were undated. One person's falls risk assessment stated the person had fallen three times within the last year. This meant anyone reading the assessments were unable to know if this was a recent assessment or an old assessment which no longer met the person needs. This had not impacted on people as staff were not supporting the person to mobilise.
- When the service took on a new care package an assessment visit took place. During this visit a risk assessment was completed of moving and handling, environmental risks, food safety, infection control and medicines. Risks were identified during the visit and these were assessed as low, medium and high. However, actions had not been added to reduce or remove the risks. This meant that staff did not have all the information they needed to keep people and staff safe from harm.

We found no evidence that people had been harmed however, systems to assess individual risks relating to the health, safety and welfare of people were not robust. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of Regulation



12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12

- Medicines were not always managed safely. The provider's medicines policy did not relate to the domiciliary care service. The policy related to nursing and residential homes. This meant that staff did not have adequate guidance to carry out their roles safely.
- At the start of the inspection, the provider told us that people did not have any support with medicines. However, we found from reading people's daily contact records that staff were applying prescribed creams and lotions. A relative told us, "They don't do medicines; we had lots of issues with errors." They went on to tell us that another care agency who provides live in care staff to their loved ones administers medicines. Carer House staff only apply barrier creams to keep skin moisturised and in good condition.
- Medicines records showed that staff had ticked off that creams had been applied on the medicines administration records (MAR). The provider's medicines policy stated, 'Clear and accurate signed records should be kept of all medication administered, withheld or declined.' Signed records had not been completed to confirm the topical medicines that had been administered.
- Audits of the medicines records had been carried out on a monthly basis by a member of the management team. The audits had not been robust enough to identify that the medicines policy was not being followed.
- The provider told us that a medicines competency assessment had been put in place for staff since the last inspection. The provider confirmed that new staff had not yet completed their competency assessments. Training records showed that new staff had not completed medicines training. New staff told us they were applying creams and lotions.

We found no evidence that people had been harmed however, the provider had failed to manage medicines in a safe way. This is a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

#### Staffing and recruitment

- Staff were not always recruited safely. New staff application forms did not always provide a complete employment record. Many gaps were not accounted for by the applicant and had not been followed up with the applicant by the provider.
- Application forms had not been checked to ensure applicants gave a full employment history as required in the regulations. One staff member had an unexplained gap of 14 years in employment from 1998 to 10 November 2012. Another staff member had an unexplained gap in employment from July 2017 to August 18 and another unexplained gap between 2003 and August 2007. Interview notes had been kept but any discussions that had taken place about gaps in employment had not been recorded.
- We spoke with the provider about this. They told us both staff members had previously lived in Africa. However, the provider's recruitment policy clearly detailed that a full employment history and reasons for gaps since leaving secondary education will be requested. It also stated, 'For overseas applicants, a Disclosure and Barring Service (DBS) check and equivalent from their originating country will be obtained.' No such check had been carried out.

A robust approach was not taken to recruitment to make sure only suitable staff were employed to provide care. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Staffing rotas showed that enough staff were deployed to meet people's needs. However, feedback received from a relative was that staff were sometimes late which has an impact on their loved ones and the other care provider who provides the bulk of the care and support.
- The provider had put in place an electronic call monitoring system in place since the last inspection. They explained that this alerts the management team if staff have not logged in at their care visit.
- A relative said, "They sort of arrive on time. Sometimes they try to leave early but the live in carer stops them and engages them in tasks, I do get a copy of the rota and know who is coming."

We recommend that the provider reviews staff deployment to ensure that it meets people's assessed needs.

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

- The provider's safeguarding policy was not comprehensive and had not directed staff to the local authority's policy, procedure and protocol on safeguarding adults which all care providers and health and social care workers should follow. This meant staff did not have all the information they needed to recognise all forms of abuse and what they should do.

We recommend that the provider reviews and amends their policy and procedure to ensure that staff have all the information required to keep people safe from abuse.

- People were protected from the risk of abuse. All staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident about their roles in keeping people safe.
- Staff told us the registered manager was approachable and always listened and took action where necessary, so they had no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew where they could go outside of the organisation to raise concerns if necessary.

#### Preventing and controlling infection

- Measures were in place to minimise the spread of any infection.
- Training records showed that all staff had completed infection control training.
- Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of personal protective equipment (PPE) kept in the office. A staff member told us, "We have gloves and aprons."
- A relative told us, "All carers have gloves and aprons."

#### Learning lessons when things go wrong

- The provider told us there had not been any accidents relating to people using the service at the time of the site visit to Carer House office. However, records showed that staff had attended the home of one person who had been referred to them. On the day of the assessment visit, the staff found the person on the floor following a fall. An ambulance was called and the person was transported to hospital. The person's relative was also contacted.
- The provider had not recorded this in an accident incident form as the person was not a person who was receiving a service.
- The provider told us that in the event of an accident or incident, "I would review the form and check for lessons learnt."

# 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 inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- One person's care capacity and consent records conflicted. In one section it stated the person had been assessed to lack mental capacity. This capacity assessment was not decision specific. This meant it was not clear what decision the person lacked capacity to make. In another section it stated, 'I have consented to Carer House providing care for me and supporting me with my personal care needs as well as ensuring my safety and security.' The provider had not reviewed and reassessed the person involving relatives and healthcare professionals (where appropriate) as part of the best interest's decision making process when the person's physical health and cognition had deteriorated. This is an area for improvement.
- Another person's care records clearly showed that they were no longer able to communicate and make decisions but were supported to do so by a relative based on choices and preferences made in the past.
- Staff provided clear information about how they ensured people were supported to make day to day choices. For example, they showed people choices of clothing to help them make a decision on what to wear.

Staff support: induction, training, skills and experience

- Staff told us they have been supervised and had spot checks of their practice when supporting people with their care needs. Records confirmed this.
- Staff supervision records did not evidence that issues identified during spot checks had been discussed and whether there was any further actions or training required as a result of this. This made it difficult to identify if issues had been dealt with effectively.
- Training records showed that most staff had received sufficient training to enable them to meet people's needs.

- Staff told us they felt well supported. One staff member told us, "I can pop in to the office and gain updates and get advice when needed. I get lots of support and guidance and how to guides." Another staff member said, "I have done lots of training, some online."

We recommend that the provider reviews records relating to supervisions, spot checks and training to ensure staff are receiving appropriate support to undertake their roles.

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

- Initial assessments were undertaken with people before they received a service, the information gathered was used to develop a care plan where needed. The provider had not taken on any new packages of care since the last inspection.
- The assessment checked people's details such as marital status, gender, nationality or ethnicity and religion and checked their preferences and support needs.
- The assessment listed people's health and medical conditions and information was put in their care plan about how their conditions affected their everyday life.
- People received their care and support based on their assessed needs.

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

- People needed assistance from staff to eat their meals safely. Relatives purchased foods for people based on their likes and preferences.
- The live-in staff provided by another care agency prepared and cooked meals for people. Carer House staff assisted people to eat. The live-in carer monitored fluid intake for the whole day which included reviewing records from Carer House, relatives records and their own records to ensure they had clear oversight.
- A relative detailed that there had been recent issues with recording fluid intake at night. This had occurred in August 2019. Their loved one needed support to rehydrate which meant when they were awake staff needed to be syringing fluid into their mouth. Records showed that their loved one was having 900ml of fluid at night which seemed very high compared to their daily intake. On investigation the staff member had been incorrectly recording the fluid intake as they had mistaken the syringe size. The person had only been having 90ml of fluid. The relative told us this had improved since they had spoken with staff about it.

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

- People did not require staff to support them to access healthcare services and support. This was because they had another care agency providing care as live in carers. The other agency were responsible for coordinating healthcare with people's relatives.
- Staff we spoke with knew they needed to report any changes to health and concerns to people's relatives and the main live in care staff.

# 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 this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. The provider told us, "There have been two instances of late calls" since the last inspection. After our inspection a relative contacted us to explain that the lunchtime care staff booked to attend to their loved ones had not arrived. The provider's call monitoring system had not alerted them to this issue. The provider was unaware of the concerns until the relative rang them. Although a replacement member of staff eventually attended, this failure meant that staff did not always treat people with respect because people were left waiting for their care. This is an area for improvement.
- People's privacy was respected. A relative told us, "They do respect privacy, they close doors and curtains. Sometimes they have needed reminding to close the curtains."
- Staff described the steps they took to ensure people were treated with dignity and respect. One staff said, "We close doors, windows and curtains and ensure the lights are on when doing personal care make sure we maintain privacy. [Person] knows what is happening, we talk with her and we can tell from her facial expressions as she cannot talk."
- Another staff member told us, "I treat them as I would treat my own. It is all about compassion. I greet them on arrival, speak with them, although [person] is not able to talk she can comprehend. I introduce myself every time I go."
- People were sometimes supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support. One staff member told us, "I do not do things for them I include them. I talk to and reassure [person] when interacting. I check their expressions and smiles." A relative told us that one of their loved ones was able to stand and transfer and use a commode or the toilet. Staff we spoke with were not aware of this. This meant the person was not supported to be as independent as they could be. This is an area for improvement.
- Information held at the provider's office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure. People also had a copy of their care plan within their home.

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

- A relative told us their loved ones had regular staff supporting them. This meant that staff got to know people well.
- A relative told us, "Staff are friendly, nice enough, genuinely kind and are sensitive. [Staff member] is very cheery and always greets my parents with a smile and kind words. [Staff member] also greets them when she arrives."

- Staff we spoke with knew the people they were supporting, their likes and preferences. Staff described people's previous occupations and information matched the information we had read in people's care records.

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

- A relative told us that staff did not engage with their loved one during personal care. They told us there was a, "Lack of communication (other than instruction) with my parents during personal care is an on-going issue with all carers not just Carer House. [Staff member] makes the effort to reassure my mother as mum finds personal care frightening." This is an area for improvement.
- People and their relatives were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them.
- Staff described how they enabled people to direct their care as much as possible. One member of staff said, "[Person] can sometimes talk, sometimes we have to anticipate her needs. We show her clothing; she likes flowery blouses, but we show her a plain one and a flowery one. Sometimes she is able to tell us the flowery one, sometimes we have to follow her eyes. We listen to her."
- Staff worked closely with people's relatives and live in carers (from another care agency), as appropriate, to make sure people got the support they needed as live in carers and relatives were often providing their loved one's care most of the day.

# 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 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.

- The management team were responsible for creating and developing care plans and risk assessments. The provider was not fully aware of AIS. We referred them to information to help them create documents which met people's communication needs. This is an area for improvement.
- Care plans were not provided to people in a format which made it easy to read. The provider told us that any written communication is delivered through relatives.
- The provider told us that if new referrals were taken in that spoke in different languages they would try and match the staff to the person and would engage with translation services where possible.

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

- Relatives knew how to complain and raise concerns should they need to. A relative said, "I contact the manager [name] when I feel it's an issue I cannot resolve directly with the carer in my parents' house."
- There had been no formal complaints about the service since our last inspection. However, there had been concerns and issues raised by relatives, which had not been logged. A relative said, "The manager does tend to react quickly to issue when alerted." The provider told us these had been dealt with informally and dealt with outside of the complaints process.
- At the last inspection we raised that the provider had not appropriately recorded informal complaints which meant that the provider did not have oversight of these and was not analysing trends. This had not improved at this inspection.

We recommend that the provider reviews their complaints processes to ensure they have complete oversight of the quality of the service being provided.

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

- People's care plans were person centred to each person. Care plans gave staff detailed information about their care and support needs. However, these were not always updated and clear when people's needs had deteriorated. This is an area for improvement.
- Staff told us, "We have folders in [people's] house and we write in these each day, so the next person knows what you have done and what they need to do"; "Care plans are in place" and "The care plan is good everything is in there."

- Relatives confirmed they were fully involved with developing care plans and reviewing these when people's needs changed.
- Each person had a document which detailed key information about them. Such as jobs the person had held, where they had lived, important people in their lives, what routines and choices were important to them. This helped staff know and understand people and build a rapport.
- Staff completed daily records of the care and support they had provided and this was kept in the person's care file within their home.

#### End of life care and support

- The service was not supporting anyone who was needing end of life care at the time of inspection.
- The provider told us that they liaised with people and their relatives when people's health needs deteriorated. They said they would discuss people's wishes and choices around their end of life care.
- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and district nurses.



# 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 last inspection 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.

### Continuous learning and improving care

At our last inspection the provider had failed to ensure that systems were in place to assess, monitor and improve the quality and safety of the services provided. Complete and contemporaneous records were not kept. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17

- The provider had not continuously improved the service to ensure it was meeting people's needs. They had failed to improve the rating and had failed to act on concerns raised at the previous inspection. Robust systems had not been put in place to ensure regulations were met.
- The provider had not taken timely and sufficient action to address the shortfalls identified at the last inspection, which has led to continued breaches of regulations and new breaches of regulations relating to risk management, medicines management and recruitment of staff. The provider had submitted an action plan after the last inspection detailing they planned to meet Regulation 12 and Regulation 17 by 31 May 2019. The audit system in place had not alerted the provider that the planned changes had not been made.
- Quality monitoring processes were substandard and did not provide the information the provider would need to be assured of the quality and safety of the service provided.
- The provider did not have sufficient oversight of service. The provider did not have a system in place to check the quality of the care plans in place, to make sure they were up to date, fit for purpose, complete with the correct information, and ensured the safety of people using the service
- The medicines audit was not adequate to pick up areas of practice that were not safe and take action to address the issues quickly. No checks had been made by the provider of the audits carried out by staff.
- The provider's policies and procedures were not always relevant to the service and provided incorrect information to staff. For example, the medicines policy related to nursing care within a care home environment.
- People's records were not always accurate or complete.

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

- Since the last inspection the provider had put in place an electronic call monitoring system. This system

had not always worked as it should do to alert the provider within 15 minutes when a staff member had not logged into a care visit. During the inspection process a relative told us that they had called the provider after one hour when a staff member had not arrived for their care visit.

- We asked people's relative whether they would recommend the service to others. They told us, "I would not recommend this service for a person without capacity unless a family member is able to manage the care package closely." They went on to say, "I would recommend [staff member] as a carer as she's friendly, respectful, helpful, and has good care knowledge and skills."

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

- The provider's quality monitoring policy detailed that the provider will complete telephone monitoring, surveys and telephone surveys. None of these had been carried out.
- People and their relatives had not been asked to complete feedback surveys about the care and support they receive from the service. A relative said, "We have not had any surveys. We do give plenty of feedback though."

Systems to operate and monitor the quality and safety of the service were not robust. Systems to seek and act on feedback from relevant people were not in place. Records were not accurate or complete. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A relative told us that the provider does listen and make changes. They also said, "[Provider] does respond to requests and will accept meetings to discuss."
- Staff meetings were held between the staff and the provider on a regular basis. The service sent out communication through private group chats on staff mobile phones.
- Communication between staff, the provider and the relative of people receiving care and support was also facilitated through a group chat messaging service. The relative and staff felt that this worked well.
- A staff member said, "I get good support from the manager I have no concerns." Another staff member told us, "Communication is good we have group chat, [provider] sends meeting times and dates. We are very caring, staff are caring, communication is good and we all get along well, we are a multicultural team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider knew they needed to inform the Care Quality Commission (CQC) of significant events that happen within the service, as required. There had not been any incidents reported to CQC since the last inspection. The provider sent a notification to CQC after the site visit to change the name of the service to Carer House.
- Since the last inspection we recognised that the provider had failed to display their rating on their website. This was a breach of Regulation 20a (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a fixed penalty notice. The provider accepted the fixed penalty and paid this in full.
- The provider has now added their rating to their website and it was on display in the provider's office. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- Relatives were involved in people's care. A relative told us, "Care plans were sent out to us when we suggested updates were required, and we've had meetings with the manager to discuss any issues."
- The provider told us if things went wrong or there were incidents, relatives would be informed as appropriate.
- We viewed a thank you message received from a relative of someone who was looking to start receiving a service. The person was found by staff on the floor following a fall on the day of their assessment visit. The message read, 'I would like to thank the carer for what she has done this morning. It was very much appreciated. I do apologise for what has happened. You have been very helpful, with how quick you have got this going.'

#### Working in partnership with others

- The provider continued to work with health professionals such as nurses to ensure people received joined up care.
- Two people received support from another care agency. Staff communicated regularly with the staff from the other agency.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess and mitigate risks to people and had failed to manage medicines in a safe way. Regulation 12 (1)(2)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate effective recruitment procedures. Regulation 19 (1)(2)(3)

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems to operate and monitor the quality and safety of the service were robust. The provider had failed to ensure systems and processes to seek and act on feedback from relevant people were in place. The provider had failed to make accurate and complete records.</p> <p>Regulation 17 (1)(2)</p>

### **The enforcement action we took:**

We served the provider a warning notice and asked them to meet the regulation by 27 December 2019