

Goldcrest Healthcare Service Limited

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Inspection report

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Tel: 02085714402

Date of inspection visit:
14 February 2022

Date of publication:
05 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Goldcrest Healthcare Services Limited is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection the service provided support for 27 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider had made some improvement in relation to the management of risk since our last inspection in May 2021, but further action was required to ensure care workers were provided with appropriate information to mitigate possible risks.

Some improvements had been made to the quality assurance procedures, but the provider needed to review their monitoring systems in relation to the management of risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe when care workers supported them. The provider had made improvements to the management of people's medicines. There was a robust recruitment procedure and care workers were appropriately deployed to ensure visits happened as planned. The provider had made improvements in the recording and investigation following an incident.

Care workers completed training identified by the provider as mandatory and received supervision from senior staff which ensured they had the knowledge and skills to provide care in a safe and effective way. An assessment of a person's support needs was completed before the care visits started. People and relatives were happy with the care they received, and they felt the care workers who visited them were kind and caring.

The provider had made improvements in relation to the care plans to ensure they described the care and support the person required and how they wanted it to be provided. The provider had a complaints procedure and complaints were responded to in a timely manner. People told us they knew what to do if they wished to raise any concerns.

People using the service, relatives and care workers felt the service was well-led. Care workers felt they were supported in their role. The provider worked in partnership with a range of organisations.

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

Rating at last inspection and update

The last rating for this service was requires improvement with the rating of inadequate for the key question of well Led (published 23 July 2021) and there were breaches of regulation. We issued Warning Notices to the provider in relation to safe care and treatment and good governance requiring them to comply with the regulation by 20 August 2021.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider was still in breach of regulation in relation to safe care and treatment and good governance.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to management of risk and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Goldcrest Healthcare Service Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience carried out telephone interviews with people receiving support and relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 14 February 2022 and ended on 24 February 2022. We visited the location's office on 14 February 2022.

What we did before the inspection

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

During the inspection

We spoke with the registered manager and an improvement consultant. We received feedback from four care workers. Following the inspection, we spoke with three people who used the service and six relatives about their experience of the care provided. We reviewed a range of records which included the care plans for five people. We looked at the records for four care workers in relation to recruitment and 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 visit records, training matrix and other documents sent by the registered manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for 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 in May 2021 the provider did not always ensure information was provided to enable risks to be managed and mitigated. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 20 August 2021. Even though some improvements had been made, issues were still identified and the provider was still in breach of regulation 12.

- The registered manager had developed risk management plans for some health issues and aspects of care to be provided but we identified that risk management plans had not been put in place for all identified risks. For example, we saw that a risk management plan for the use of a catheter had not been developed and there was no guidance for care workers as part of the care plan.
- We also saw that a risk assessment in relation to choking had not been reviewed since May 2020. The person's care plan indicated they required thickener to be added to fluids and food. When we asked the registered manager if a thickener was used, they confirmed this was no longer prescribed and care workers did not use thickener when providing drinks. Therefore, the provider had not ensured information was up to date and that staff were following the correct guidance.
- The falls risk assessments for two people had not been updated following them experiencing a fall. One person had a fall in November 2021 and in July 2021, but their falls risk assessment was last updated in June 2021. The falls risk assessment for another person was last updated in June 2021 stating their last fall was in January 2021 but they had experienced a fall in December 2021. Therefore, the provider could not ensure the actions to mitigate the falls risks in the assessments for these two people reflected their support needs.

We found no evidence that people had been harmed however, the provider did not always ensure information was provided and up to date to support care workers in managing and mitigating risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised these issues with the registered manager, and they confirmed they would review the documents following the inspection.
- A range of risk assessments had been completed which included an assessment of the person's home environment, skin integrity and moving and handling.
- A personal emergency evacuation plan (PEEP) had been completed for each person identifying how best to

support the person to leave their home in case of an emergency.

Using medicines safely

At our last inspection the provider did not always ensure information was provided and recorded to ensure people received their medicines as intended. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 20 August 2021.

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

- We saw the records of one person who had their medicines administered by care workers. The medicines administration record (MAR) for this person indicated a medicine to provide support with their mood should be administered in the evening but the records showed it was being administered mid-afternoon. The care plan section identifying the care tasks for the mid-afternoon visit that all evening medicines should be administered during this visit. There was no information as part of the care plan to indicate that the GP who had prescribed the medicine had been contacted to check that changing the time the medicine was administered would not impact its effectiveness.
- This was discussed with the registered manager who amended the MAR and the care plan the same day as the inspection.
- Medicines risk assessments had been completed to identify if the person was able to manage their own medicines or if they required support from the care workers.
- Care workers confirmed they had completed training for medicines management and records confirmed this as well as having their competency assessed.

Learning lessons when things go wrong

At our last inspection the provider did not ensure the system they had in place for reviewing incidents and accidents had been followed to ensure learning took place and to identify actions to reduce risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 20 August 2021.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The provider's procedure for the recording and investigation of incidents and accidents was now being followed. If an incident and accident occurred information was recorded, an investigation was carried out and the records identified what actions were taken to reduce the risk of reoccurrence.
- We reviewed seven incident records and saw there was detailed information on the incident with the actions which were taken immediately as well as guidance on longer term actions to provide additional monitoring to reduce further risks. Following a fall, care workers carried out a post fall protocol with checks carried out on the person for the following 24 hours to monitor for any deterioration or reduced mobility.

Preventing and controlling infection

At our last inspection the provider did not ensure risks in relation to infection control had been identified and information provided to mitigate those risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 20 August 2021.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to infection control.

- The provider had a process to ensure infection control risks were identified and care workers had access to appropriate personal protective equipment (PPE).
- COVID-19 risk assessments for both people receiving support and staff members had been developed. The risk assessment identified any potential increased risks in relation to health, ethnicity and age. A home risk assessment in relation to COVID-19 was also completed.
- Care workers confirmed they had completed additional infection control training during the pandemic and received PPE supplies. One care worker commented, "I completed two training courses in infection control, one general and one in COVID-19 infection control so I feel confident in donning and doffing PPE. There is always enough PPE for me to collect in the office whenever I need it."

Systems and processes to safeguard people from the risk of abuse

- The provider had a process to report and investigate any concerns raised about the care being provided.
- People and relatives we spoke with told us they felt safe when care workers visited their home to provide care. One relative told us, "They use the hoist to move [our family member] to the chair. Two of them do it carefully."
- A safeguarding log sheet was completed to record the concerns raised, outcomes of the investigation and any action taken. The provider had a copy of the local authority safeguarding procedure which could be accessed by staff recording safeguarding concerns. We reviewed three safeguarding concerns that had been received since the last inspection. The records included copies of any internal investigations that had been completed, correspondence with the person or their representatives, any statements provided by staff and the minutes from safeguarding meetings.

Staffing and recruitment

- The provider had a recruitment procedure which enabled them to identify if an applicant had suitable skills and knowledge for the role. The registered manager explained there had been no new recruitment carried out since the last inspection but confirmed that the recruitment process remains the same.
- People receiving support and relatives we spoke with confirmed care workers usually arrived on time but if the care worker was running late the person confirmed they were usually informed. They also told us they were usually visited by the same care workers with one person telling us, "You get different ones only if someone is on holiday."
- Care workers confirmed they had adequate travel time between visits and there was enough time during each visit to complete the required care tasks. One care worker commented, "Yes, the rota is planned in a way that allows us to get from call to call in time and safely." We reviewed the rotas for one week for 26 people receiving support. We saw the records indicated that care workers had usually arrived at the visit at the planned time and stayed for the agreed length of time.

Is the service effective?

Our findings

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

At our last inspection in May 2021 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection the provider could not ensure that the principles of the MCA were followed, and care was provided in the least restrictive manner. This was a breach of regulation 11 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 11.

- The provider had a procedure for assessing if the person had the capacity to consent to the aspects of the care they received. We reviewed the care plan for one person who had been identified as not having capacity to consent to the care they received. We saw that a mental capacity assessment had been completed in relation to the personal care aspect of the care they received. A best interests' decision was also in place for care workers to provide personal care. The care plan identified that the person had medicines administered and bed rails were in use. A mental capacity assessment and best interests' decision were not in place for these aspects of care to identify if the person could consent.
- We raised this with the registered manager who agreed to contact the person's relative and develop the best interests' decisions for these aspects of the care plan.
- Care plans identified if the person had a Lasting Power of Attorney (LPA) in place. A Lasting Power of Attorney is a legal document that can be issued in relation to either property and financial affairs or health and welfare and legally enables a relative or representative to make decisions in the person's best interests as well as sign documents in areas identified in the LPA. We saw consent to care forms had been signed by the person if they had capacity or by their representative.

- Care worker demonstrated a good understanding of the MCA with one care worker telling us, "Yes. MCA means that I should plan in advance for my clients if they are unable to make their own decisions, but I should also empower them to have as much freedom as possible."

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

- The provider reviewed the person's care needs before the care package started to ensure these could meet. The information obtained from the review of the care needs was used to develop the person's care plan and risk assessments.

Staff support: induction, training, skills and experience

- Care workers completed a range of training courses to ensure they had the skills and knowledge to provide care in a safe and appropriate manner.
- Most people and relative we spoke with felt the care workers had the appropriate skills to provide their care in a safe way and how they wanted. One person did not feel the care workers had the training required to meet their needs. Relatives of other people receiving support commented, "I think so. My [family member] can be very difficult, and they know how to work around them" and "Yes, they have. [Our family member] is mentally unwell and can be difficult. They talk to them calmly to settle [family member] before they carry out their tasks."
- The provider had a range of training courses available for care workers to complete. There were courses that had been identified as mandatory which included conflict resolution, dementia awareness, emergency first aid and fire safety. There were also additional training courses care workers could complete which included diabetes, epilepsy and dysphagia awareness. Records we saw indicated that the care workers were up to date with their mandatory training and the majority had also completed a range of additional courses.
- Care workers we contacted confirmed they had completed a range of training and regular supervision meetings. Records we saw in care worker files and the training records confirmed this.

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

- The provider identified if people receiving care required support with preparing a meal and/or with shopping to ensure their nutritional needs were met.
- We asked people receiving support and relatives and they confirmed that care workers offered support with preparing breakfast such as porridge and heating up pre prepared meals. Two relatives commented, "It's limited to warming up the food for [family member]" and "It depends on [our family member's] mood, but they are willing to do whatever they can."
- People's care plans included guidance for care workers in relation to who provided the person's food, their food preferences, if the person wanted snacks left for them and what they liked to drink.
- Care workers confirmed they had completed training on food hygiene, food safety, and nutrition.

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

- People's health and support needs were monitored, and referrals were made to healthcare professionals or other relevant organisations.
- Relatives told us, "The communications are good. They will let me know if [our family member] is not feeling well so that I can contact the doctor" and "They keep me informed about how my [family member] is doing."
- The registered manager confirmed that, if a person did not have family to support them, a referral would be made to the relevant organisation to meet their needs. If the person had family members who supported them, the registered manager explained they would ensure the family were aware of any changes in health or support needs so they could arrange required appointments and assessments.

- An oral care assessment and care plan was developed of each person identifying how care workers could support the person to maintain their oral health.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People confirmed they were happy with the support they received from the care workers. One person said, "On the whole they are good, very good." Relatives also commented, "Most of the time, but sometimes they have left early without completing their tasks" and "We have been with them for two years and we can't fault them." Two relatives said that it was sometimes difficult to provide care for their family member, but the care workers were able to respond to any situation.
- People felt the care workers promoted their independence and ensured when care was provided their privacy and dignity was respected. People who received support commented, "They are very helpful, nice, and thorough" and "They are very kind. They call me 'sister'." One relative told us, "The regular carers are great. They are patient and will stay the required time. They listen to you for example with requests to clean the commode."
- The care plans identified a person's cultural and religious preferences for example if the person attended religious services either in person or remotely.
- Care workers we contacted explained how they would provide care whilst maintaining a person's privacy and dignity. The care worker's responses included, "I maintain dignity and privacy by not discussing client information with others" and "I ask them what they want to eat, drink and choice of clothes, keep their information confidential, close the door and curtains, leave them alone safely when in toilet and talk to them nicely."

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

- People and relatives we spoke told us they could speak with the care workers and other staff about their care, but they said they were not aware they had care plans. The registered manager stated they involved people, and their representatives where appropriate, in the development and the review of the care plans.
- A care worker commented, "When giving them care, dignity is maintained by asking for their permission, letting them know what I am doing and giving them a voice."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had not ensured the care plans contained detailed and up to date information to reflect how people's care should be provided and the person's wishes. This was a breach of regulation 9 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 9.

- The provider had made improvements to the care plans following their previous inspection. We reviewed the care plans for five people and found these identified how the person wanted their care provided. The detailed information included what care the person wanted and how and where their care should be provided for example if they wanted to be supported with their medicines before or after food.
- Care plans identified people's wishes in relation to their care at the end of their life. At the time of the inspection the service was not supporting anyone with their end of life care. One care plan identified that the person did not want to be resuscitated and that their family was in the process of obtaining a do not attempt cardiopulmonary resuscitation (DNACPR) decision but until that was in place the policy of the service was to proceed with resuscitation.
- The records of the care provided during each visit which were completed by the care workers were not always person centred and were task focused. We discussed this with the registered manager and the improvement consultant. They prepared information which would be sent to the care workers to remind them how the records should be completed, and this included how they described the person's experience of the care provided and not just the care tasks completed. This information was sent to the care workers following the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information in relation to any communication needs. People we spoke with told us the information provided by the service was clear and easy to understand. A relative told us, "They

try and talk to [our family member] even though they speak different languages. They smile and have a laugh. They call her 'Mama'."

- The registered manager explained that as part of the initial needs assessment any accessible information requirements were identified. They also confirmed they had a policy in relation to ensuring people were communicated with in the most appropriate manner to meet their needs. We saw care plans identified if the person had a hearing or sight impairment and their preferred language.
- The registered manager also confirmed documents could be translated into any language required including documents for people with visual impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to continue relationships with family members and the community.
- Care plans identified any family and friends who were important to the person and any interests or activities they liked. For example, one care plan identified the person preferred specific television channels they wanted the care workers to leave on at the end of the visit.

Improving care quality in response to complaints or concerns

- The provider had a procedure to respond to complaints in a timely manner as well as identifying any ongoing issues and lessons learned.
- People and relatives told us they felt they could speak with staff or the registered manager if they had any concerns. Some relatives told us they had raised concerns with the provider when care workers that were not directly employed by the service visited their family member but confirmed that when they raised issues with the registered manager, they were responsive to their concerns .
- We reviewed the records for three complaints that had been received following the last inspection. Each record had the detail of the issue raised, how this had been investigated, the outcome and any actions taken. The records also indicated if the person had previously raised a similar complaint in the past, for example late visits, to identify why the action taken had not worked. As part of the complaint record there were details of any communication between the service and the person who raised the concern.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection in May 2021 the provider had not ensured the quality assurance processes were robust enough to provide information to identify where improvement action was required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 20 August 2021.

Even though the provider had made some improvements the provider was still in breach of regulation 17

- The provider had made some improvements in relation to managing risks, but we found that some people's identified risks did not have a management plan in place, or the information was not up to date. This meant the care workers had not always been provided with guidance on how possible risks could be mitigated.
- The provider's checks on care plans were not effective in relation to monitoring if a person's consent was received for the care being provided or if best interests decisions were made and recorded when the person was unable to consent to this aspect of their care.

The provider did not always ensure guidance was in place to identify how to mitigate risks and ensure care plans identified if the person could consent to aspects of their care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained they had developed a spreadsheet which was used to record information as part of their quality assurance process. The spreadsheet included section on complaints, incidents, any errors in the administration of medicines with any actions taken. This meant they could monitor this information to ensure to ensure their policies were followed and appropriate actions were taken.
- There was a system the provider used to monitor staff training, supervisions and appraisals to ensure staff were up to date with their training. The registered manager explained that if care workers were not up to date with their training, they would not be allocated any shifts.

- The provider used an electronic call monitoring system where care workers logged the time they arrived for a visit and when they left. The registered manager provided copies of a report which showed the planned time each visit should start, the time the care worker arrived and their departure time. This meant the provider could monitor if there were any visits for which started earlier or later than planned or if the care worker did not stay for the full time of the visit.
- The registered manager ensured their regulatory requirements were met by ensuring notifications were sent to the CQC when a safeguarding concern was identified. Providers are required to send the CQC a notification when a safeguarding concern is raised with the local authority in relation to a person receiving the regulated activity.
- The provider had identified people's cultural characteristics and ensured the care provided reflected their needs. The registered manager explained there were multiple languages spoken by the care workers, so they tried to match the care worker to the person to meet any language needs.
- Staff had clear roles and responsibilities. The registered manager told us when they recruited new staff it was based on the skills identified in the role description. There were specific staff handbooks for each role which provided guidance on the tasks they were required to complete.
- The registered manager also confirmed care workers were regularly contacted using various methods and care workers we received feedback from supported this. One care worker said, "We talk in staff meetings and constantly remain in communication through our online groups. During lock downs our management were guiding us through WhatsApp and Zoom."
- Feedback was regularly obtained from people on the quality of the care they received, and this information was reviewed to identify any issues which required action.
- Care workers informed us they felt the service was well led and they were supported by the senior staff. One care worker said, "The culture in this company is very open, I never feel scared to go to my managers for any help or with issues I am having. They have always treated me fairly and asked for my feedback, which they seem to care about. I feel this company is well led because there is always a manager available to help you, even for little questions, also they do not overburden me with lots of clients or too many hours."

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

- People and relatives felt the service was well run. Two relatives commented, "I think it's getting better. In the last four months it has got better" and "They never say 'No'. I can't see any faults, what they are doing is good."
- Care workers confirmed they regularly reviewed people's care plans to ensure they were providing appropriate support to meet people's needs. Care worker comments included, "I read the support plan and risk assessments for the clients in depth when I visited for the first time when I had my site induction and then I check it each day I visit to make sure there are no changes or updates, though usually the office calls me and lets me know I need to read if they have changed anything in the plan" and "I read it regularly, to see any changes to it and especially when a client's condition has changed or is under review."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the regulatory requirements of their role. They also demonstrated they understood the duty of candour. They said, "To be transparent and honest of any errors and mistakes and apologising." When asked about their responsibilities as registered manager they explained, "I have a responsibility to run the service in a safe way in line with the regulations and direction of the CQC. I am also responsible for safe and good practices in recruitment and development of staff."
- People we spoke with and relatives told us they felt the office staff were reachable and were responsive when they contacted them if they had any questions. One relative commented, "If you contact the office about anything, they do listen. I wasn't happy about a carer, and they did listen."

- The provider had a clear process to respond to complaints and concerns and we saw this was done in a timely manner including any outcomes and actions taken.
- The provider had a number of policies and procedures that were regularly reviewed and updated when required to reflect changes in good practice or legislation.

Working in partnership with others

- The provider worked in partnership with other organisations. The registered manager worked closely with support workers from other organisations who were also involved in people's support.
- They also worked with the local mental health team, occupational therapists, district nurses and other health professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not always assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>