Bluefield Care Services Limited

Bluefield Care Services

Inspection report

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Bluefield Care Services is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. 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. At the time of our inspection, 64 people were receiving personal care and support.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: 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's care individual needs and preferences were assessed and met.

Right Care: People were protected from the risk of avoidable harm. One person told us, "Yes, I feel safe." Staff understood their responsibility to protect people from harm and abuse and knew when to whistle blow concerns. Risk assessments were undertaken and support plans put in place. This ensured staff had guidance to provide care safely.

Right Culture: People did not always receive care when expected. Staff were sometimes delayed for long periods in arriving to provide care, which left people distressed, without care or medication. People did not always receive care from a regular team of staff which made it difficult for them to develop meaningful relationships. The registered manager told us they had an ongoing recruitment exercise as they experienced a massive staff turnover due to the COVID-19 pandemic.

We found three breaches of regulation relating to safe care and treatment, staffing, good governance and notifications. Quality assurances systems were not effectively used to monitor the quality of care. Supervisions and appraisals were not consistently undertaken or recorded to reflect some of the issues we found.

The provider did not ensure records of care provided to people, staff meetings, supervisions, appraisals, training were maintained consistently and that follow up actions were undertaken. In addition, quality

assurance records were not consistently kept and missed key information such as dates or names of staff involved when incidents happened.

The provider had not submitted notification to CQC or the local authority safeguarding teams on significant events as required by law. The provider failed to monitor out of date or required learning/training. They could not always demonstrate staff had the right knowledge and skills to meet people's needs. Systems were not used robustly to encourage staff to learn lessons when things went wrong.

People using the service and their relatives had mixed feelings about the running of the service. Views ranged from complaints not being resolved on time and persistent lateness by staff. The provider did not consistently promote a culture of learning when things went wrong to minimise the risk of incidents happening again. The provider had not always understood their responsibility to report concerns as required to relevant agencies including the CQC.

People received care from staff who were recruited safely. Staff underwent probationary training and received an induction before they started providing care. People were supported to take their medicines. Staff received training in infection control and prevention and knew to practice good hygiene when delivering care.

People's dignity and privacy were upheld. Staff sought people's consent before they delivered care to them. People received the support they required to maintain their independence and to make decisions and choices about their day to day living.

People were supported to access health services when needed to maintain their well-being. People had an assessment and regular review of their needs. Care and support plans were in place and reflected each person's needs. People and their relatives knew how to make a complaint when they were not happy with the care provided.

The registered manager worked in partnership with other agencies to ensure people received the support they required to meet their needs.

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 rating for this service was good (published 24 April 2018) at this inspection, the rating has deteriorated to requires improvement.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
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 always well-led. Details are in our well-led findings below.	**Requires Improvement**

Bluefield Care Services

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post. However, there seemed to be minimal input by one of the registered managers to the running of the service.

Notice of inspection
The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since they registered with CQC. 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 10 people using the service, 22 of their relatives, 1 registered manager, care manager, intern human resources manager and 12 care staff.

We reviewed a range of records. This included 16 people's care records. We looked at staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found. We reviewed further risk assessment, care plans and information relating to the management of the service.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● People had not always received care when needed. Some people had experienced delays because staff did not turn up on time which caused them distress. This also meant medications were delayed which could cause them harm.

● People and their relatives provided mostly negative feedback about staffing levels and the consistency of care staff allocated to them. Comments included, "There are times when [care staff] are very, very late. 9am and they get here at 11am"; "Multiple carers. In 2 to 3 days, we get 3 or 5 different carers" and "Different carers. They come at different times."

● The registered manager told us they had experienced staffing shortages due to the COVID-19 pandemic. They said the provider had an ongoing recruitment exercise and staffing levels were now sufficient. It was too early for us to review the impact of this. We will continue to monitor staff punctuality and any concerns about delays to care delivery. The registered manager explained that due to the widespread geographic setting of the boroughs they worked in, care staff faced challenges in moving around particularly over the weekend when bus service was reduced. The provider had made arrangements to transport care staff but this had been stopped due to the cost.

● Staff told us they had sufficient time to support people and enough travel time in between care calls. However, they said the large coverage of the boroughs made it difficult to be on time if they were delayed at one person's home, roadworks or the buses were late.

● Some people told us some care staff did not stay the full duration of their call. One relative commented, "[Care staff] will do things in a hurry and leave for the next job" and "[Care staff] do not have time for a chat. They leave as soon as they have done the basics." We discussed this issue with the registered manager who told us sometimes people told staff to leave when they had finished the tasks. The registered manager said they continued to monitor staff punctuality and time spent on calls and this has improved over a period.

Using medicines safely

● People were not always supported to receive their medicines safely and when needed. Some Medicine Administration Records (MAR) did not have complete information. MAR records included details of what medicines they were taking, in what dose and when they were required to take it. However, this was not the case with medicines that were time sensitive. Staff did not always have sufficient information about the level of support each person required when taking their medicines. For example, MAR charts and daily observation records of 1 person showed they received their medicines within 2 minutes of each other. One of the medicines is required to be given half an hour before any other medicines and on an empty stomach. Records indicated staff served them with breakfast immediately after that. We reviewed records of another person who took similar medication and found the same thing happened in their medicine administration.

The care workers did not have sufficient information about how to give this medicine correctly.

Learning lessons when things go wrong
● The provider did not always ensure staff were encouraged to learn lessons when things went wrong. The provider had an accident and incident policy and procedure in place which provided details on how to record, report and investigate all accidents and incidents.
● Staff understood their responsibilities in relation to accidents and incidents. However, the provider's systems were not always used appropriately to support staff to learn from incidents. For example, messages were sent to care staff via an electronic chat platform. Some of the staff we spoke with did not always read the messages. In addition, team minutes and individual staff supervision notes did not show that conversations around incidents always took place. We discussed with the registered manager the use of group messages to disseminate lessons learnt. They said follow ups were made, but this was not documented.
● We were not assured the provider understood their responsibility fully in ensuring staff learnt lessons when things went wrong and their duty to conduct further learning through auditing all accidents and incidents.
● Incidents were not always escalated in a timely manner to ensure risks to people were managed appropriately. For example, the registered manager did not share concerns about a person at risk of financial abuse to the local authority that had been highlighted by care staff.

These issues identified were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk from abuse
● People were protected from the risk of abuse and avoidable harm.
● Staff were trained in safeguarding adults and knew how to identify and report abuse. Staff knew how to whistle blow to internal and external agencies any concerns not resolved.
● A safeguarding policy and procedure in place provided guidance to staff with the details of the process they were required to follow in reporting allegations of abuse.

Assessing risk, safety monitoring and management
● Risk assessments were undertaken on people's health and safety and measures were put in place to mitigate these.
● Staff received and followed guidance on how to manage and minimise the risk of these occurring. For example, how they should support a person to walk safely.
● Staff knew the risks to people's care such as self-neglect, choking and developing skin sores.
● Support plans detailed what each person could safely do for themselves and what they needed support for. For example, one person's care plan contained a risk assessment on how they needed support from one member of staff to access the community safely.

● People were cared for by staff who were recruited safely. This included obtaining details of staff's employment history, two references, evidence of their right to work in the UK as well as criminal record checks through the Disclosure and Barring Service [DBS]. DBS provide information including details about and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Staff received training in medicine administration and had their competency checked to ensure they were safe to administer medicines.

● The provider ensured the medicines policy and procedures were up to date and available to staff for guidance.

Infection control

● People were supported by staff who minimised the risk of infection through good hygiene practices. Staff wore protective clothing when providing personal care and washed hands before and after providing care.
● Staff received training in infection control and followed the provider's procedures in place to minimise and control the spread of infection.
● The provider had an up to date infection control policy and procedure which staff accessed for guidance.

Requires Improvement

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was int.

Staff support: induction, training, skills and experience

- The provider did not ensure staff received adequate and regular support through supervisions and refresher courses to enable them to keep their skills and knowledge up to date to enable them to consistently deliver effective care and support.
- We received mixed feedback about the staff skills and experience in doing the job. Comments included, "Can't comment on carers training or skills really, the Supervisor was good, others could be debatable"; "Not all staff are sufficiently trained or up to speed 100%" and "Well trained good [staff]."
- Staff told us they had catch up calls with their managers, 1:1 sessions and staff meetings. We requested from the provider supervisions records during and after the inspection. Supervision records where sometimes very brief and follow up actions were not consistently followed through.
- Some of the people using the service told us they found it difficult to communicate with some care staff for whom English was a second language. Supervision notes referred to a language barrier being a problem for some people using the service. However, there were no action plans recorded indicating the support for staff to bring their speaking skills to acceptable standards.
- Records showed training was discussed in supervisions but there was no robust training matrix to enable managers to have an overview. Staff meeting notes indicated the management were aware that online training was not being completed. We requested the training matrix from the registered manager and received various information which did not show systematic recording of the courses staff were required to attend.
- Staff underwent an induction programme when they started work. Records showed new staff had a three-day induction off site where they received the provider's mandatory training in a wide range of topics followed by shadowing experienced colleagues where they learned to put their theoretical learning into practice. However, there was no evidence of training on topics specific to people's individual needs such as Parkinsons, disease, dementia , diabetes, or catheter care. We requested this information from the provider whose records did not clearly state when the training had been delivered to all staff.
- The provider's records on appraisals were not clear. A manager told us very few staff had had appraisals as most staff were new. They gave one example of one member of staff which was clearly documented. However, following receiving a list of care staff, there were other long serving staff. Not all staff received an appraisal of their performance. This meant the provider had not provided them with an opportunity to discuss their roles, career development, progress at work and share their ideas for improvements.
- We spoke to the registered manager about these concerns. They told us they would look into addressing some of the issues we identified.

These issues identified were a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed and met. One relative told us, "[Staff] involve us in planning of [person's] care."
● Support plans detailed people's preferences and the support they required. People and their relatives where appropriate took part in planning for their care. Support plans showed information provided by health and social care professionals who worked with people and understood their needs. Staff followed guidance which enabled them to deliver care effectively in line with current standards, guidance and best practice.
● The provider had policies and procedures which highlighted specific legislation and guidance that staff needed to be aware of and follow when delivering care.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink to maintain a balanced diet. Care records showed staff were aware of people's dietary needs, including their preferences and supported them appropriately.
● Healthcare professionals were involved to ensure people maintained a balanced diet suited to their nutrition and hydration needs.
● Some people required prompting to eat and drink. Records showed staff supported people as needed.

Staff working with other agencies to provide consistent, effective, timely care
Supporting people to live healthier lives, access healthcare services and support
● People received the support they required to access healthcare services for their well-being.
● Staff worked closely with people's GPs and other professionals which ensured people received care when needed. Staff worked closely with people's relatives where appropriate about their health and involved them in reviewing and managing each person's needs.
● Staff followed guidance provided by healthcare professionals, for example by encouraging a person to eat healthily.
● Care records included information relating to each person's health conditions and how these affected them.
● Staff supported people to attend hospital appointments such as dental check-ups and health reviews with their doctor when needed.

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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA.
- People were asked for their consent before staff provided care.
- Staff were trained and understood their responsibilities in relation to the MCA. The provider ensured staff had access to the MCA policy to inform the way they provided care.
- The provider knew their responsibility to carry out mental capacity assessments and best interests' meetings when needed. Support plans were clear about what decisions people could make for themselves and where they may require more support, for example to manage or make decisions about their personal care or medicines administration.

Good

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 good. The rating for this key question has remained 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

- The majority of people were happy with their care and felt well supported. Their comments included, "Staff are very caring, friendly and jovial which is what we need"; "Most of the carers are kind and caring" and "They do seem kind, do their job but minimal chat or conversation, she is amazing and brilliant, the odd one is disrespectful."
- People did not always receive care from a regular team of staff. This limited people's ability to develop meaningful relationships with the staff who provided their care. However, staffing issues were being addressed and a permanent staff team was being established. This would help staff to understand people's needs and to develop positive relationships with them.
- Staff provided care in a manner that upheld people's equality and diversity. Care records showed staff respected people's individuality that related to disability, gender, ethnicity and faith.

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

- People were supported to express their views and make decisions about their care.
- Relatives told us where appropriate they were involved in planning people's care. Their comments included, "She had an initial care plan" and "I think she has a care plan."
- Records showed people and their relatives where appropriate were involved in making decisions about their care. For example, planning outings and support to go to medical appointments.
- People's records showed their life history, preferences, routines, spiritual and cultural needs. Staff told us this enabled them to deliver appropriate care.
- People told us staff provided care in line with their choices and preferences about how they wanted their care provided. Records confirmed people received their care as planned.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a manner that respected and promoted their privacy, dignity and independence. Relatives' comments included, "[Care staff] always treat him with dignity and respect" and "On the whole [person] is treated with respect and dignity."
- Staff respected people's confidentiality and told us they would only share information on a need to know basis.
- People were happy in the manner staff supported them to live independent lives as possible.
- Staff had information about what people were able to do independently and the areas they required support such as meal preparation or finishing off personal care tasks such as dressing themselves.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People using the service and their relatives provided mixed feedback in the manner their concerns and complaints were dealt with. Comments included, "I have complained yes. [Issue] handled slowly, no quick reply, matters were eventually dealt with"; "The Agency have responded mostly" and "No communication unless we contact them. No never complained, I would phone the office if needed."
- People and their relatives told us they knew how to make a complaint about any aspect of their care that did not meet expectations. They felt the provider did not always listen and respond to their concerns in a timely manner to improve the quality of care. Comments included, "They are sometimes slow to respond to emails" and "I have complained twice, phoned them 12 times in 10 months about the timing of visits."
- The registered manager explained that most of the complaints were as a result of the lateness of staff to deliver care. The issue was under constant review. The care manager explained they follow their procedures and keep people updated on the progress of resolving the issues if they received a complaint.
- The provider ensured people and their relatives were provided with the complaints policy and procedure which detailed how to raise concerns about any aspect of their care and to understand how the complaint would be dealt with.

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

- People received support that met their individual needs and preferences. Comments included, "I am involved in care planning" and "[Care staff] have been around to plan my care." However, the delays experienced by some people using the service impacted on their experiences.
- People and their relatives where appropriate were involved in planning for their care and support. Care records detailed people's care needs and preferences.
- Care plans were detailed and individualised showing each person's specific needs and their support requirements. People were supported to attend reviews with health and social care professionals to help them manage their health needs such as dietary and mental health conditions.
- Care plans were reviewed regularly, and people's views were recorded to include any changes they wanted to the way their care was delivered.

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 communication needs were assessed and met. These were recorded in their care plans.
● People and their relatives told us information was presented in a format they understood.
● The provider understood their responsibility to ensure people were provided with information in a format they understood, for example, support plans were in larger print or pictures.

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 received the support they required to maintain relationships, follow their interests and take part in activities that were appropriate to them. This included going shopping, walks and attend places of religious worship which ensured their social contact and wellbeing needs were met.
● People's records contained details about people's hobbies, interests, likes and dislikes.

End of life care and support
● People were asked about their end of life wishes and their plans recorded. At the time of the inspection no-one was receiving end of life care from the service. Care records included people's plans when they chose to share their preferences.
● The registered manager understood their responsibility to undertake assessments of people's needs when a person required end of life care.
● The provider had systems in place to record people's advance wishes and knew the process of involving healthcare professionals to support people who required end of life care.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People and their relatives did not always feel that the provider promoted a positive culture that achieved good outcomes for them. We received mixed feedback about the running of the service. Comments included, "Service is not run well and I don't feel confident with the management" and "I am happy with the service."
- There was mixed feedback about how people found staff's responsiveness to their requests for support. Comments included, "I don't know the [Registered Manager]" and "[Registered Manager] is approachable and friendly." People said some care staff were abrupt and did not engage people in conversations while others were responsive and helpful.
- Care staff provided positive feedback about the service and said they enjoyed working there. Their comments included, "The management are supportive" and "Communication is good. The office staff are approachable and helpful."
- Staff told us they had catch ups and team meetings which they found enjoyable as well as informative. However, they were not always aware of the concerns about the service.

Continuous learning and improving care

- The provider had a range of audits but these were not always robust enough to identify where actions were required to make improvements.
- Audits were carried out for Medicine Administration Records (MAR) to ensure the information reflecting the person's care needs and how staff were to administer their medication. However, these audits had not identified the shortfalls raised in this report. This meant the provider did not observe the errors in the time management of administering medication were identified to inform staff.
- The provider did not always ensure records were contemporaneous to reflect the care being provided. For example, some relatives did not agree with the information completed by staff on their daily visits. Some care records were not dated or signed for. This meant the provider could not ensure the records completed by staff about the care provided were accurate and followed people's care needs.
- The provider did not have process to monitor aspects of the care provided relating to specific care needs to ensure they were happening as required or that they were recorded accurately. We saw that where medicines required to be administered 30 minutes before mealtimes the records of care provided did not show that the person was supported in line with best practice. Monitoring was not in place to ensure staff administered medicines in line with the prescriber's guidance.

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

● The provider did not effectively use the systems and processes in place to identify and or address the shortfalls highlighted in the report about the quality and safety of the service delivery.

● Audits failed to identify learning and development needs of staff. Resultantly there was a failure to ensure staff requiring additional support were identified, planned for and supported.

● In addition, the provider's quality assurance systems were not robust and failed to highlight that information about the service should be up to date, accurate and reviewed. Record keeping of staff supervisions and audits of care delivery were not comprehensive and some missed key information such as dates or names of staff involved in significant incidents at the service. We received records of staff which was inconsistent to the list of those employed at the service. The provider's website was out of date and did not reflect current practice.

● The forms Bluefield Care Services were using were not really designed for a DCA, more for a care home. For example, there were questions on the medication checklist that mentioned unlocking drug cupboard and they referred to MAR charts with no reference to the electronic MAR chart that care staff used.

● Some care staff did not understand their roles and responsibilities towards people in their care. Although staff had job descriptions which were clear about their expectations of the role, some did not work in line with these. For example, some were not working according to the rota or making private arrangements with people using the service on when they could deliver care.

● Care workers told us that most communications from management were by an electronic group chat sent to their phones. Not all staff read messages daily. For example, of the 4 staff we reached by telephone, only one said they had seen the messages the coordinator had issued.

● The registered manager did not always show understanding about quality performance and risks. For example, audits were undertaken. However, not every audit had a signature, name, and role of auditor. A few of the records written by care staff were hard to read. This was not picked up for improvement. There were also some pre-signed audit forms in the folder.

The provider did not have robust processes to monitor the records relating to care. The provider did not have a process to identify lessons which could be learned following safeguarding, incidents and accidents to reduce possible risks. The provider did not ensure that their audit and governance systems remained effective.

These issues were a breach of regulation 17(2) (a) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider did not fully understand their legal responsibility to be open and transparent when things went wrong. They had not always submitted notifications to the CQC or the local authority when things went wrong.

● A number of incidents reported on the incident forms had elements of safeguarding concerns. However, the service was not reporting any safeguarding concerns to CQC and seemed unaware that this was legally required for providers to notify CQC of all incidents that affect the health, safety and welfare of people who use services.

The provider failed to not notify CQC of all incidents that affect the health, safety and welfare of people who use services.

This is a breach of Regulation 18: Notification of other incidents. Care Quality Commission (Registration)

Regulations 2009 (Part 4)

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

● The provider engaged and involved people using the service and staff, while considering their equality characteristics.

● People and their relatives told us the provider conducted monitoring calls to ensure they were happy with their care.

● The provider also conducted care worker meetings where they discussed staffing, training, and people's needs. Staff told us they used the meetings to share their views about the service and to discuss any concerns. However, the record keeping had been inconsistent which meant we were not assured any follow up actions that were required took place.

Working in partnership with others

● The provider worked closely with healthcare professionals and other professional who were involved in people's care. Care records showed the involvement of other healthcare professionals where needed, including physiotherapists and the GP to help staff get a better understanding of people's complex conditions.

● People told us the provider worked closely with them which ensured they received effective care that met their needs.

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify CQC of all incidents that affect the health, safety and welfare of people who use services. Regulation 18: Notification of other incidents Care Quality Commission (Registration) Regulations 2009 (Part 4)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure people were provided care and treatment in a safe way consistently. Regulation 12(1),2(b) (g) HSCA RA Regulations 2014 Good governance

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems or processes were not established and operated effectively to monitor and improve the quality and safety of the service and maintain records as are necessary in relation to the management of the service. Regulation 17 HSCA RA Regulations 2014 Good governance

Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not always receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 HSCA RA Regulations 2014 Staffing