

Immaculate Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Immaculate Care Limited is a domiciliary care agency which provides care and support for people in their home. At the time of the inspection the service were providing support for 13 people from which 12 people were receiving the regulated activity of personal care. 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

People's medicines were not always managed in way to ensure they were administered as prescribed. Risks were not always identified. The provider had not always developed risk management plans to provide staff with guidance on how to mitigate risks. We made a recommendation in relation to the recruitment processes as they were not robust. This meant they could not demonstrate new staff had the required skills and knowledge for the role.

People were not 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 did not support this practice. Staff had not completed training to meet people's specific care needs.

Care plans did not always provide information on the person's current support needs. People's communication support needs were not always identified. The provider's quality assurance processes were not robust enough to identify where improvements could be made to the way the service was provided.

The provider had made improvements to the staffing of the service with adequate travel time provided between visits and enough staff to provide the care. There had been no incidents and accidents, safeguarding concerns or complaints raised since the previous inspection.

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 inadequate (published 15 December 2022).

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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed the nutritional and hydration needs of people to ensure their needs were properly supported. At this inspection we found the provider had not reviewed this information to ensure people's needs could be met.

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 key questions of Safe, Effective, Responsive 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 inspection reports and timeline' link for Immaculate Care Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, need for consent, safe care and treatment 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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Immaculate Care 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 carried out by 1 inspector and an Expert by Experience carried out telephone interviews with people receiving support and relatives. 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 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 12 December 2023 and ended on 3 January 2024. We visited the location's office/service on 14 December 2023 and 15 December 2023.

What we did before the 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 nominated individual who was also a director of the company. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records which included the care plans for 7 people, 4 staff member files and records relating to the quality assurance processes the provider had in place. Following the inspection, we spoke with 4 people who received support from the service and 3 relatives of people who received care. We spoke with 3 staff members and received feedback via email from 4 staff members.

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 inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed ensure medicines were managed in a safe manner. This was a breach of regulation 12(1) 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 19 December 2022.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 in relation to the management of medicines.

- The provider had developed guidance for staff when a medicine had been prescribed to be administered as and when required (PRN) but the information did not always reflect what was recorded on the medicines administration record (MAR). The reason why a PRN medicine had been administered was not recorded to ensure it was given appropriately and as prescribed.
- The MAR indicated the person had been prescribed a medicine for anxiety and it showed that it had been administered on 8 occasions in November 2023. The PRN guidance states that this medicine should be administered when the person was confused and agitated. The records of the care provided which were completed by the staff member did not indicate if the person was confused and agitated during the visit when the PRN medicine was administered. In addition, the record of care did not indicate the person was anxious.
- The MAR for two people had recently prescribed PRN medicines which had been added to the MAR but there was no indication which staff member had added this information and if it had been checked to ensure the information had been accurately recorded.
- Another person had been prescribed a statin for high cholesterol which was to be administered once a day but on 4 days it had been recorded on the MAR as administered twice which had not been identified in the MAR audit.
- One person had been prescribed medicines which needed to be administered at specific times. The times the medicines were administered were not recorded on the MAR they just stated morning, lunch or bed. This meant the provider could not ensure the medicines were administered as prescribed.
- This person had also been prescribed a pain relief patch which needed to be changed weekly. Staff were not provided with guidance on how to apply the patch as they had to be located on a different part of the body when they were changed over a 4 week period. A body map had not been completed to indicate where each patch had been placed to ensure the location was not repeated within the 4 week period. Staff had not been provided with guidance on how to safely dispose of the used patches. This meant the provider

could not ensure the staff were applying the patches as required and removing them in a safe manner.

The provider had not ensured that medicines were always administered as prescribed and in a safe manner. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The MAR information included the name of the prescribed medicine, the dosage, if it was tablet or liquid, how often it should be administered and when.
- Staff had completed a competency assessment for the management of medicines to assess their skills and knowledge.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed ensure risks were identified and managed in a safe manner. This was a breach of regulation 12 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 19 December 2022.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 in relation to the management of risks.

- The provider had a risk assessment document completed for each person but there was limited information for staff on how to mitigate any identified risks. For example, the moving and handling risk assessment for a person with an identified mobility issue, required a 'care worker to assist' the person to transfer between their bed and a chair. It also indicated the person was unable to balance with the same guidance. There was no information for staff on how to assist the person and if any mobility equipment was used.
- The risk assessment for 1 person stated they lived with arthritis and dementia. The risk reduction measures for both conditions was to take medication regularly. There was no other guidance for staff on how to support the person with their specific needs.
- The provider had developed a risk assessment and information sheet for people living with diabetes. The information sheet provided standard information on the symptoms if the person's blood sugar was either too high or low but this was not specific to the person's experience of diabetes.
- There was a diabetes risk management plan, but the wording of the plan was the same for each person apart from identifying what type of diabetes they had and if they received insulin. The risk assessments did not include information on what each person's usual blood sugar level should be so they could identify if the reading was outside of their usual range. Therefore, staff were not provided with person specific information on how to recognise and manage possible risks with diabetes or how to escalate concerns .
- Staff did not always record if they had acted when a risk was identified to ensure the person was safe. The daily records of care completed by staff for 1 person on 4 different days indicated there was a concern with the person's blood sugar levels which were outside of their normal range. The staff member advised the person to check their blood sugar after 2 hours but there was no record if they had advised the office or the person's relatives of their concern so that the person could be checked later.
- The provider had not developed a risk management plan for support provided outside of the person's home. This meant staff did not have guidance on how to recognise or mitigate any possible risks involved.
- A person had been prescribed a blood thinner, but a risk management plan had not been developed to provide staff with guidance on how to monitor for any possible issues or if there could be an impact on the

care provided due to increased risk of bruising and bleeding.

- Staff did not always complete training to meet the specific support needs of people. Staff were providing support for people living with diabetes and Parkinson's Disease but there was no record of the staff members completing training in relation to these conditions.
- The provider informed us that a nurse had provided training to 2 staff members who supported to 1 person to check their blood sugar levels and monitor the dosage of insulin a person self administered. However, they could not demonstrate what the training consisted of and when it took place.
- The provider confirmed there were 3 other staff members who supported people living with diabetes who had not completed any training.
- Staff did not complete a competency assessment in relation to moving and handling to ensure they understood best practices and provided support in a safe manner. The lack of training did not demonstrate staff knew about and were competent to provide safe care to meet people's assessed needs and minimise risks.

The provider had not always ensured that detailed risk assessments and management plans had been developed to provide staff with guidance on how to minimise risks. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection we found the provider did not identify any actions which could be taken following incident and accidents to reduce the risk of reoccurrence. During this inspection the provider confirmed there had been no incidents and accidents reported during the last year. Therefore, we were unable to check to see if actions were being recorded to reduce further risk.
- Each person has a personal emergency evacuation plan (PEEP) which provided staff with information on how to help the person leave their home in case of an emergency. This included where the smoke alarms were located, if the person should stay in a specific area and wait for help and who is usually in the home during a care visit.

Staffing and recruitment

At our last inspection the provider had failed to undertake robust recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had made improvements in relation to obtaining references for job applicants but the references we reviewed were not always clear if they were from an employer or a character reference and who had completed them.
- We reviewed the employment records for 4 staff members who started working for the provider since the previous inspection. Issues were identified with the references for all 4 staff members.
- The employment records for 1 staff member showed they had provided the contact details for 3 previous employers, but one reference was from a person the applicant worked with and was not from the employer which means it was a character reference. The reference only asked the person a question on the applicant's honesty and integrity so did not provide adequate information on the applicant's suitability for the role.
- References obtained for other new staff members did not clearly indicate who was providing the reference and if it was a character or employer references.
- Therefore, the provider had not reviewed their system to ensure that references for job applicants provided them with adequate information on their suitability for the role. This was discussed with the provider, and they confirmed they would review the recruitment procedure.

We recommend the provider reviews current guidance on obtaining references and take action on updating their practice accordingly.

- The application forms for new staff members included their full employment history. The provider had undertaken Disclosure and Barring Service (DBS) for new staff who did not start providing care until the results of the checks were received. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection the provider had failed to deploy staff to ensure that all calls were attended at the agreed time and with the required number of staff to provide care in a safe manner. This was a breach of regulation 18 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 13 February 2023.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives we spoke with told us their experience was that staff often arrived late for visits.
- People commented, "Sometimes [the carers] are quite late and I have to start getting myself washed and dressed. I don't want to be sitting around in that state in case friends or family turn up" and "The times are always a bit fluid, and I'm not sure if it's written down, but they're sometimes a bit late. The lunch visit could be 11.00 in the morning or as late as 1.00pm. They were once very late because of roadworks."
- People and relatives informed us they were rarely, if ever, informed if the staff member was running late for a visit. Their comments included, "We are never notified if the carers are going to be late, no", "I know the carers are coming, so I just sit and wait until they turn up. Traffic can hold them up. Nobody lets me know but it doesn't matter" and "Nobody tells you if they're running behind, you just have to wait."
- Notwithstanding the comments above, the records of the visits carried out showed that staff were usually on time and stayed for the agreed time of the visit.
- At the previous inspection it was identified that where 2 staff were required to provide support during a visit the second staff member did not always attend. During this inspection we reviewed the visit rota which recorded the actual time the staff arrived and left a visit. We saw the visit records for one person, who required the support of 2 staff members, showed that each visit was attended by 2 staff members.
- The visit rotas demonstrated that staff had adequate travel time between visits which was confirmed by staff members.
- The provider explained that staff used an electronic call monitoring system (ECMS) to record the time they arrived and left a person's home. This meant they could check to ensure the staff arrived at the agreed time and stayed for the length of the visit. The provider said that they monitored the ECMS in real time and they showed us 2 records related to late visits and the action taken to resolve the issue.
- The provider confirmed they and the registered manager no longer carried out care visits as they had enough staff to meet the current needs of the people they supported.
- Where staff were providing live in care support the rotas demonstrated that additional staff provided the live in staff with a 2 hour break each day.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider ensured staff were provided with appropriate safeguarding information in the event the staff member needed to report any concerns. The provider had

made improvements.

- People we spoke with told us they felt safe when they received support in their own home. Their comments included, "Good heavens no [I don't feel unsafe]; I look upon the carers as my friends – they're great" and "I'm fine. When I'm moving about, the carers stand ready because I can sometimes feel a bit dizzy." One person did say that they were sometimes confused as the staff members who visited them did not wear a uniform and did not have an ID so they could not always tell if they were there to provide care.
- Staff demonstrated an understanding of safeguarding and how it impacts the care being provided. They also explained how they would raise concerns both inside the organisation and with external bodies. The staff members said they would inform the senior staff at the service and the local authority if there was a safeguarding concern identified.
- The provider confirmed there had been no safeguarding concerns identified since the previous inspection, so we were unable to review concerns were reported appropriately. The provider had a process in place and demonstrated they understood what they had to do when an issue was identified.

Preventing and controlling infection

- The provider has procedures for staff to follow current best practice for infection control.
- People and relatives told us staff wore personal protective equipment (PPE) when they provided care. Their comments included, "The carers put the blue gloves on when they're doing anything like personal care" and "[The carers] wear aprons and gloves, and I see them wash their hands."
- Staff confirmed they had access to enough PPE and they had completed infection control training which was demonstrated by the training records.
- The provider explained that the PPE was distributed to people's homes, it could be collected during staff meeting and staff members can request addition PPE when required.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. 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 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 had not always followed the requirements of the MCA to ensure people were supported to consent to their care. This was a breach of regulation 11 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 11.

- The provider had a process to ensure care was provided within the principles of the MCA and in the least restrictive way possible but this was not always followed.
- Mental capacity assessments had been completed but these did not consider the specific aspects of the care provided to identify if the person could consent to any of the care being provided.
- Best interest decisions had been completed but these did not indicate why the specific aspect of care should be provided, the possible risks if this was not to happen and who was involved in the decision. The best interest decision for one person did not indicate the possible risks which could occur if the care was not provided in the person's best interest. The best interest decision did not identify who was consulted in the decision making as the person was supported by a relative.

The provider had not always ensured the principles of the MCA were being followed. This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider identified in the care plan when a person had a Lasting Power of Attorney in place. A Lasting Power of Attorney gives a relative or representative of a person to make legal decisions on their behalf if they were no longer to make decisions about their own care.

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

At our last inspection we recommended the provider reviewed the nutritional and hydration needs of people to ensure they were supported appropriately. The provider has made some improvements to the information about nutrition in people's care plans but there was still a lack of information about some people's choices and dietary needs.

- People's care plans indicated if the staff member was required to assist with the preparation of meals but did not provide information of people's specific dietary needs for example diabetes. Care plans stated people should be supported to make a choice about their food and drink, but what they liked and disliked was not identified.
- Staff confirmed they heated pre-prepared meals for people during the visits.
- We asked people if staff helped them with preparing meals and we received mix of comments. Two relatives commented, "I can't let [the carers] cook for my family member because they don't know how to cook even an egg. Also once, they left the frying pan on a low heat and left. The next call, the carer switched it off. The carer did tell me [they had] done it because I asked. I could smell the burning when I went in. I didn't tell the company, and it hasn't happened again" and "The carers have very, very basic knowledge about cooking, even for a bacon sandwich for example. They seem to have issues regarding using the cooker; the owner told me they hadn't been risk assessed. They do ready meals, in the microwave, which aren't as healthy I don't think."
- A relative and a person receiving support commented that they felt the staff provided appropriate support with preparing meals. Their comments included "The carers have no time to do cooking so I have ready meals that they warm up for me. They bring a selection in to show me and I tell them which I would like" and "The carers make [my family member's] breakfast for us, because they have to eat before taking tablets. [My family member] definitely has different things such as cereals, and sometimes egg on toast. You'll know they've done it because you can smell it when you walk in. They also make a sandwich or snack to leave for [my family member's] lunch. [My family member] isn't losing weight, so we know they are eating okay."

We recommend the provider reviews the nutritional and hydration needs information in people's care plans to ensure they are supported appropriately.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured that staff had appropriate training to meet the specific needs of people receiving care. This was a breach of regulation 18 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 13 February 2023.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff members completed the Care Certificate as part of their mandatory training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the

health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Training records showed staff completed a range of training identified as mandatory by the provider. The training courses included first aid, dementia, administration of medicines and end of life care. We also identified there were gaps in training linked to specific conditions and tasks including diabetes, Parkinsons and medication.
- The provider carried out regular supervision meetings and spot checks with the staff members. There were records for supervision meetings with reviewed the staff members experience of their role. Spot checks were carried out by senior staff which included reviews on the appearance of the staff member, if they treated the person with respect and was polite and if they carried out the planned care.
- Observed practice checks on staff were also recorded which covered health and safety, the administration of medicines, infection control and food hygiene.
- We asked people if they felt staff had the appropriate training and skills to provide their care and we received mixed feedback. Some people felt the staff had appropriate training and their comments included, "Yes, I do [think the carers have the right training and skills]. There are no problems with that" and "Yes, and one of the things that impresses me is when the carers help me to roll over, how strong they are. I say, "are you trained to do this?" and they say yes." Two people told us they felt some of the staff members do not appear to be able to anticipate or recognise when a person might need additional support during a visit.

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

At our last inspection the provider had failed to ensure an appropriate assessment of people's needs had been completed to identify their care needs. 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 in relation to the assessment of needs.

- The provider confirmed that there had been no new care packages taken on by the service since the last inspection. Therefore, there were no new assessments of needs to be reviewed.
- Care plans and risk assessments were reviewed in line with the provider's procedure.
- The provider explained they had developed a new care needs assessment form which included sections on the person's medical history, the type of care required, their mobility and a medicines administration risk assessment.

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

- People were supported to have access to other agencies and healthcare professionals when required. Risk assessments included the contact details of any healthcare professionals and social workers involved in the person's care.
- Relatives told us the provider informed them of any concerns about their family member's health, when necessary, so they could arrange appropriate support. They told us, "The manager rang us to tell us the [my family member] had changed in their behaviour, and they wondered if it was an infection. We were able to follow up on it then", and "If there are any problems, any bleeding anywhere [from ulcerated legs], the carers will ask me to ring the district nurse. If the carers see something isn't right with [my family member's] health, they're all over it. They ring the management for advice, they'll tell me, and I ring the doctor. For me, that's reassuring."
- A person told us, "Once, the care company stepped in to ensure that an urgent prescription was collected."

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

- People felt the staff were kind and caring when providing support. One person said "With no exceptions, all of the carers are kind and caring. When one of my children is visiting, the carers might come while they're there and they all get on. The carers ask me about my family when they're here. I couldn't wish for better people."
- Relatives also confirmed they felt most of the staff were kind and caring towards their family member with comments including "Some [carers] come in and say "Hello [name of person], how are you today?" and that's lovely. [Others] come in, do their job, ask if [my family member] wants anything, nothing else. Most of them don't even take their coats and hats off" and "There's a tenderness there, I feel. I found a note recently that [my family member] had written saying "thank you to everyone who looks after me". The carer had written underneath "no problem [name]; we love you." I thought that was lovely."
- People's religious beliefs, preferred language and nationality were identified in the risk assessment. The provider told us that when they speak to a person before their care starts they ask them if they have any specific cultural needs but none of the people they are currently supporting have requested this type of support.

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

- People were involved in the identification of their care needs and the development of their care plans. People and relatives confirmed there had been discussions with social workers about their care needs and there had been reviews with the provider and social services. A person who received support commented, "The care plan was pretty much done by the social worker and the company. [The owner] came round and asked me questions and wrote things down; I can't remember the questions he asked."
- Relatives said, "We were involved in the care plan, which was set up by Social Services, and the care plan is kept in the front of the folder. It tells us what should be done. We were asked if [my family member] would mind a male carer and we said no; they have never been sent a male carer".
- The care plans did not include the date they were signed by the person or their representative to indicate the plans had been agreed and it reflected the person's support needs. Therefore, the provider could not demonstrate that the care plan had been agreed.
- The provider explained they regularly contacted people and relatives about the quality of the care being provided. One relative told us, "I got some paperwork about a week ago to fill in, about how happy we are with [my family member's] care, what we think needs changing and so on."

Respecting and promoting people's privacy, dignity and independence

- People told us that the staff helped them with tasks when necessary and also supported them to be as independent as possible. Their comments included, "Once a week the carers change my bed for me but I put it in the washer, all of that. They do what I can't do, if I ask them. I keep myself as independent as possible and they don't impose anything" and "I accept the needs I have and I do what I can for myself which isn't much; the carers are encouraging."
- A relative told us, "When the carers get [my family member] their breakfast or make a drink, they don't attempt to 'feed' them, they don't take over or push them because of time. I think they give [my family member] the independence they are capable of."
- People said, that in general, the staff provided care in a respectful manner and ensured their dignity was maintained. They told us, "They don't say 'we're going to do this, we're going to do that'; we have a laugh together" and "We have a laugh and at the same time the relationship stays as it should; the distance is maintained as it should be. You're polite to people and they're polite back; you've got to have a line that's not to be overstepped. There's mutual respect between myself and the carers, I feel. I did need to speak to one young [female carer] who spoke to me in 'orders'; I told her she needed to say please, and she does do."
- Relatives said, "They're pretty good, although I've had to tell the carers to shut the door when [my family member] is on the toilet" and "I'm not quite sure, but I've got the impression that the carers have been trained about discretion when they're giving people support."

Staff told us how they ensured the person's dignity and privacy was maintained when they provided care. A staff member commented, "I always discuss the Care and support plan in low voice and give personal care in closed door. Look away if they are changing their clothes if not helping them."

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 for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had not always ensured care and treatment was provided to meet the person's current care needs. This was a breach of regulation 9 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 9.

- Where a person's care needs had changed this was not reflected in their care plan to ensure staff were providing the support to meet the person's current needs.
- The care plan for 1 person had not been updated to reflect a possible change in the person's needs that had been observed and provide guidance for staff on how to support the person had not been developed.
- The 3 monthly care plan review carried out for 1 person stated that they no longer wanted a strip wash everyday and they wanted the staff member to ask them how they wanted their personal care provided. The daily task section of the person's care plan still indicated that they should have a strip wash and there was no guidance on supporting the person to make a choice. The daily records of the care provided indicated that the person was still having a strip wash and there was no record of the person making this choice.
- People's care plans indicated where a staff member was required to assist with oral care but did not provide any information on how the person wanted their care provided and if they needed any additional support for example if they had dentures.
- The care plans for some people were still focused on the care tasks and did not always provide information on how the person wanted their care provided.
- The 3 monthly care plan review for 1 person carried out in August 2023 stated the staff member needed to monitor and record the person's blood sugar levels in their diabetic log book but this had not been updated in the person's care plan. Therefore, the staff did not have the appropriate information to ensure they provided the support the person required.
- Care plans did not include information to show if the person's end of life care wishes had been discussed and identified. At the time of the inspection the provider was not supporting anyone with their end of life care.
- People told use care visits did not always happen at the agreed time which meant their support was not provided as agreed. A relative provided an example of a late visit where they had gone out and then they arrived home they found the staff member had not arrived for a visit an hour after the planned time. The family member had not been supported with personal care, their breakfast and medicines had not been

administered as planned.

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 did not always include information on the person's communication support needs and how staff could assist them.
- The care plan for a person living with a visual impairment did not mention this and staff were not given any guidance in relation to how to support the person. The risk assessment section on sensory impairment for this person stated they had no risks. There was no indication of how the finalised care plan was agreed with the person, for example if the care plan was read through and verbally agreed.
- The provider had not identified the preferred method of communication for each person. We asked people if the information they received was easy to understand. One person told us, "When [the manager] comes, every now and again, she brings a form for me to fill in and I hate it. I hate having to put my thoughts into words and find it very hard. I can understand the form all right, I just don't like doing it."

The provider had not always ensured care plans reflected people's care needs and their communication needs. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a procedure for the reporting and investigation of complaints but people and relatives we spoke with told us they were not aware of the complaints process, but they had not felt to need to raise a concern in writing.
- People's comments included, "I don't know how to complain but in the first instance, I would ring [the manager], then if I wasn't satisfied, I'd look for the complaints procedure. I haven't had to complain so far" and "No complaints whatsoever. I think if I did, I'd ring them, I wouldn't suffer in silence."
- Staff told us what they would do if a person raised a concern or complaint, and they understood the complaints process.
- The provider confirmed they had not received any complaints from people receiving support or relatives since the previous inspection.

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 for this key question has remained inadequate. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had not ensure they had an effective quality assurance and governance system to monitor and improve the care being provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a range of quality assurance processes in place, but these were not robust enough to identify the issues highlighted during this inspection.
- The provider's quality assurance systems were not operated effectively as they were still in breach of the regulation and Warning Notice. Not enough improvements had been made in most of the areas we identified at the last inspection.
- The audits of the Medicine Administration Records (MAR) were not robust enough as they did not always identify there were gaps in the recording and that records were not maintained in relation to the use of PRN medicines. This meant the provider could not always demonstrate medicines were administered as prescribed.
- Care records did not include enough detail about people's care needs and associated risks and were not always up to date. Checks carried out on the records completed by staff did not always clearly show important information had been escalated to senior staff or the person's relatives for monitoring. The provider therefore missed opportunities to identify when staff might need additional support and training to fully recognise risks and raise possible concerns.
- The provider did not always ensure that risks were identified, and risk management plans developed to provide staff with information on how they could reduce possible risks when they were meeting the person's care needs.
- The provider had undertaken a survey of people receiving support in December 2022 following the previous inspection. The provider had not carried out an analysis of the feedback from people and relatives. We reviewed the survey forms, and the feedback was mainly positive regarding the care provided. A survey for staff member had also been completed in December 2022 but the results had not been analysed to inform areas for development and improvement. The responses we saw from staff were positive.
- Although improvements had been made in recruitment practices, the provider did not have systems in

place to demonstrate induction and ongoing training for staff was effective. Records were not completed to demonstrate new staff had finished an induction when they started their role to enable them to understand the processes and procedures of the organisation. Of the 4 records for new staff recruited since the last inspection, we found that 3 did not have any records of an induction being completed before they commenced providing care and support.

The provider did not have a robust system developed for supporting new staff members before they worked alone. The provider could not demonstrate the care tasks the new staff member had seen and carried out during the shadowing visits to check their understanding and skills.

The provider had not developed an effective quality assurance process to monitor and identify where improvements could be made in record keeping and to the care being provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were, in general, happy with the care provided but they have identified some issues. One person told us, "Yes, and I love [the carers] dearly. I try to help them, if anything, I get the bath towels ready, for example, because they're pushed for time."
- Relatives commented "[My family member] did used to like the female carers; now they have to have 2 people, they sometimes send men. I think they find them intimidating" and "One of the carers interacts very well [with my family member], the other sits with his headphones on, and no interaction. [But] he seems safe, and to feel safe; seems happy in himself."
- The provider confirmed they and the registered manager no longer carried out care visits as they had enough staff to meet people's needs.
- People and relatives told us they felt the service was well run. Their comments included,
 - "Yes, it's working for [my family member's] needs and for us, taking a huge stress off us. We know that every day they see two people. We're comfortable with them and feel they're a good company", "I think as a rule they're pretty good. I think maybe not enough training; some of the younger carers lack caring, empathy with older people, and they have no initiative, such as cleaning the bedside table when they can see it needs it" and "I think [the service is well run]; they give me what I've asked for and there's nothing wrong [with the company] I don't think."
- People confirmed they knew the name of the registered manager and said "I have phoned [the registered manager] a couple of times about small things; she is helpful, and listens to what I have to say" and "[Name of registered manager]; we text each other as well as phone calls. The other day, she rang to tell me something that [my family member] had said."
- Staff told us they had regular meetings with the registered manager, they felt supported, and the service was well run. Their comments included, "It is open culture and they are receptive if there is an issue with an open culture. You can reach the manager any time of the day", "The registered manager responds when we notice something, and we can call her and get an answer" and "I get support from the office."

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; Working in partnership with others

- The provider explained their understanding of the term duty of candour and how it impacts of the provision of home care service. They told us, "We have to be transparent and if the news is good or bad you need to tell the service user. You need to report everything that happened."
- The provider confirmed they worked with another home care provider to ensure their staff had enough work hours.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure the care plans always provided information in a person centred way on how person wanted their care provided.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure the principles of the Mental Capacity Act 2005 were followed.</p> <p>Regulation 11</p>
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 assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.

Regulation 17 (1)(2)