

Mr Vastiampilla Stanislaus

Haven Care - Hounslow Branch

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Haven Care – Hounslow Branch is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by their local authority. They also provided short term care and support, alongside the treatment provided by the health authority, to people moving back home after an accident, hospital admission or operation. This type of support is known as reablement and is designed to help people to regain skills and confidence so that they can return to the lifestyle they had previously. At the time of the inspection the service provided support for approximately 147 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not ensure people were always supported appropriately with their prescribed medicines to help protect them from the risk of harm.

Risk management plans were not always in place where an assessment of a person's health and wellbeing had identified a specific issue and adequate information was not always provided for care workers to reduce possible risks. Improvements had been made in the recording and investigation of incidents and accidents.

Care workers had not always completed training the provider had identified as mandatory to support them in providing care to meet people's specific care needs in a safe manner.

The outcomes of complaints and the actions to be taken to reduce the risk of reoccurrence were not always communicated clearly to the person who raised the concern, so they knew their complaints had been appropriately addressed.

We have made a recommendation about the management of safeguarding concerns as the provider had records relating to reported safeguarding concerns but they did not always follow the Multi-Agency Safeguarding Adult's Policy and Procedures to ensure safeguarding concerns are responded to appropriately.

In the main 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 did not support this practice. We have made a recommendation about ensuring the principles of the Mental Capacity Act were followed.

While people's feedback suggest that they were getting the care they needed, care plans relating to people

using the service were not always up to date and did not always reflect people's care needs. This meant care workers were not always provided with all the information they needed to care for people. We have made a recommendation about the recording of contemporaneous records

People told us they felt safe when they received care in their home. An assessment of a person's care and support needs was completed before any care visits started so the provider could ensure they could meet the person's support needs.

The provider had made improvements to the processes for recruitment which helped them identify new care workers had the appropriate skills to provide care.

People told us they felt the care workers were kind, caring and treated them with respect. People's religious and cultural beliefs were identified in the care plan.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 January 2020). The service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the 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.

Enforcement

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

We have identified breaches in relation to safe care and treatment, management of complaints, good governance and staffing 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 for the provider to understand what they will do to improve the standards of quality and safety and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Haven Care - Hounslow Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience carried out telephone interviews with people receiving care 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.

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

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 21 January 2021 and ended on 29 January 2021. We visited the office location on 21 January 2021 and 22 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the managing director and deputy manager. Following the inspection, we spoke with 16 people using the service or their relatives. We reviewed a range of records. This included the care records for five people and the medicine records for seven people. We looked at the recruitment records for four care workers and staff supervision records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, financial transaction records and audits.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to ensure the risks relating to the health, safety and welfare of people were always assessed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 2 March 2020.

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

- The provider had not ensured they had effective arrangements for the management of risks because a comprehensive risk management system was not in place. Where a person had been identified as living with a specific risk, we saw a risk management plan was not always in place to provide guidance on reducing risk to the person and care workers.
- For example, risk management plans were not in place to help manage risks associated with people's health conditions, such as asthma, fibromyalgia, visual impairment and ME. Therefore care workers were not provided with clear guidance on how they can support a person to manage the risks.
- We saw where a person was supported to access the community a risk management plan had not been developed to ensure the person received appropriate support.
- The provider had not developed COVID-19 risk assessments or risk management plans for people receiving care and care workers. This meant possible factors which could increase the level of risks to a person if they developed COVID-19 such as existing medical conditions and ethnic background had not been considered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments were completed during the initial care needs assessment process.
- The provider confirmed the service had access to appropriate levels of Personal Protective Equipment (PPE) for care workers. PPE was available from the office and was distributed to care workers in the community during the pandemic.
- The registered manager confirmed care workers were signposted to online information on infection control and use of PPE and a copy of the infection control policy and procedure was sent to care workers to refresh

their knowledge.

- Care workers were provided with postal COVID-19 test kits which were carried out weekly.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were always administered and recorded appropriately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 2 March 2020.

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

- There was a procedure in place for the administration and recording of medicines by care workers which had been developed by the provider, but this was not always followed.
- At the time of the inspection seven people had their medicines administered as part of their care plan. The medicines administration record (MAR) for one person indicated a laxative, a nutritional supplement and an inhaler should be administered. On the MAR chart for November and December 2020 no directions were given for how these medicines should be administered. The record for the nutritional supplement had "PRN as and when required" written but it was not clear who had written this and there was no guidance for staff when and how to support people with their medicines to be given as and when required. These medicines had not been administered.
- The MAR chart for November and December 2020 for this person also indicated there was a new medicine on the chart. The registered manager confirmed this additional medicine was not required by the person and had been added to the MAR chart in error by the pharmacy. The registered manager explained that following a change of pharmacy they had experienced historic prescribed items appearing on the MAR charts. This had been raised with the pharmacy but this medicine on the MAR chart had not been identified as an error.
- The MAR charts for another person indicated they required two different eye drops to be administered in the morning and in the evening. The person had a morning and lunch time visit but no evening visit from care workers. The eye drops had been administered in the morning and at lunchtime but there had been no confirmation from the GP or pharmacy that it was appropriate to administer these eye drops at a time that had not been directed when prescribed. Following the inspection, the registered manager confirmed they had contacted the pharmacy to seek further clarification about how to support the person with these medicines.

We found no evidence that people had been harmed however, the provider had not ensured that medicines were recorded and administered as prescribed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers confirmed they had completed administration of medicines training and their competency had been assessed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not always ensure they had processes in place to reduce the risk of financial abuse to people using the service. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment).

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had recorded information relating to reported safeguarding concerns, but we identified in one case that concerns were not always reported to the local authority safeguarding team as per the Multi-Agency Safeguarding Adult's Policy and Procedures.
- Following our review of the care plan folders for people receiving support we identified a concern had been raised by a care worker in relation to an incident when providing care. The registered manager confirmed they had informed the social services team but had not informed the local safeguarding adults team as per the Multi-Agency Safeguarding Adult's Policy and Procedures. There had been no follow up to the information shared with the social services team and, there was no information to show whether appropriate actions had been identified and implemented to keep the person safe.

We recommend the provider refers to the Multi-Agency Safeguarding Adult's Policy and Procedures to ensure safeguarding concerns are responded to appropriately.

- During the inspection we saw that the safeguarding folder contained information where safeguarding concerns had been appropriately dealt with. These included statements from care workers, additional information and the outcome from the local authority safeguarding investigation.
- People told us they felt safe when they received care in their home. One person said "They're mainly kind and I feel safe." Relatives also confirmed they felt their family member was safe when they had support. One relative commented "Yes, [my family member] is safe. They get on with them, they get on with [family member], I can safely leave [family member] with them."
- At this inspection the registered manager confirmed they were supporting one person with shopping which involved financial transactions. We saw the records of these transactions were detailed and regularly checked.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure incidents and accidents were investigated to identify the cause and any actions which could be taken to reduce the risk of reoccurrence. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation learning lessons when things go wrong.

- During the previous inspection in October 2019 we identified that the provider did not record and investigate when an incident and accident occurred involving a person receiving care and support. At this inspection we saw the provider had introduced forms to record and monitor accidents and incidents.
- We saw three incident and accident records which included detailed information on what had happened, immediate action taken, possible cause and any further action taken to reduce future risks. The records included copies of any correspondence with other organisations such as the rehabilitation service.

Staffing and recruitment

At our last inspection the recruitment procedure was not always followed it meant the provider could not ensure applicants were suitable to provide support. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- The provider's recruitment procedure was now being followed. During the inspection we reviewed the recruitment records for four care workers. We saw that that two references had been obtained from a previous employer and a character reference.
- Criminal record checks had been carried out and new care workers had completed their induction.
- The provider attempted to ensure care workers arrived at the planned time for a visit and people were informed if their visit would be late. Several of the people we spoke with told us they had experienced issues with the time of their visits. One person commented that the care workers arrived late for the breakfast visit and then returned quickly for the lunch visit. Other people told us the care workers were often running late and they were not informed. The registered manager explained it had been difficult to keep people informed if their care worker was going to be late as they had to adjust rotas quickly if care workers had to take sick leave or self-isolate. Also each visit could start up to 30 minutes before or after the agreed start time.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured care workers had received appropriate training and support to meet people's specific care needs. This was a breach of regulation 18 (Staffing) 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 18.

- We reviewed the training records for 44 care workers and office staff. The registered manager confirmed that care workers were required to complete 12 mandatory training courses with annual refreshers. These mandatory training courses included safeguarding, health and safety, infection prevention and control, moving and handling and pressure ulcer management. We saw the training records provided by the registered manager indicated that 11 staff had not completed the initial infection control training and 10 care workers had not completed their initial safeguarding training. We also found 10 care workers had not completed their health and safety training and 10 care workers had not had training in pressure ulcer management. Eight care workers had not completed moving and handling training.
- When additional training, learning and supervision were identified for care workers in cases where shortfalls were identified such as during a complaint investigation, these did not always take place. Therefore, the care workers were not always supported in identifying and receiving any additional knowledge or skills that were required following a complaint.

The provider had not ensured care workers always received appropriate training and support to meet people's specific care needs. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care workers' training records indicated they had shadowed other more experienced care workers as part of their induction and their skills and knowledge had been assessed before they started to work on their own.
- Care workers completed competency assessments in relation to the administration of medicines and moving and handling to ensure they could care for people safely.
- Regular supervision meetings and spot checks were carried out with care workers so they were appropriately supported in their role.

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.

At our last inspection the provider could not ensure people's care was provided within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider had a process in place to assess a person's ability to consent to aspects of their care. During the inspection the registered manager told us that the majority of people receiving care were able to consent to their care.
- We saw that one person had been identified as requiring assessment to their ability to consent to their care. The registered manager explained the person's ability to consent could vary. From looking at the person's records we found that where a person had variable capacity to make decisions, this had not been appropriately assessed in the mental capacity assessment. The care records did not address the support the person needed to help them understand information so they were able to give consent to aspects of their care. There was also no information about best interests assessments where the person might not have capacity to make decisions.

We recommend the provider review their mental capacity assessment processes to ensure they were within the principles of the MCA.

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

- People's care needs were assessed before their care visits started. Information relating to a person's care needs was provided by the local authority when the provider accepted the care package. A further assessment of the person's support needs was carried out by staff when the person started to use the service to ensure the care needs could be met and identify any other issues that had not been identified previously.

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

- Care plans indicated if the person required support from the care worker to prepare meals. People we spoke with confirmed that if they needed help their care worker assisted with meals. People told us care workers supported them to choose which meal they wanted.
- The care plans also identified who helped the person with food shopping or if that was part of the care plan.

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

- The provider ensured people were supported to access healthcare and other services to receive the support they needed. The care plans included information on the person's GP and any other healthcare professional involved in their care.
- If a person had a change in their support needs the relevant healthcare professional was involved. For example, the care workers worked closely with the reablement teams which included occupational therapists and physiotherapists to ensure people received appropriate care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People we spoke with told us they were generally happy with the care they received, and they found the care workers kind and caring. A relative told us that their family member who received care got on well with the care workers who visited, they had formed a good relationship with them, but the person did initially find it difficult to understand the care workers accents. One person commented "They are kind, do what is required and I've built a relationship. I get the same people on Monday to Friday and different at the weekend."
- However, we noted that the service was still not always caring as we had identified a number of shortfalls in the way the service was provided during the previous inspection in October 2019 and we found the same issues during this inspection because the provider had not addressed these. Therefore, people may not be receiving have received the support they required to meet all their care needs. For example, people may have been placed at risk of poor care as risk management plans were still not always in place, medicines were not always recorded or administered as prescribed and care plans were not always accurate.
- People's care plans included information on their religious and cultural preferences and if there was any impact on how their care was provided.
- During the interview process applicants for care worker posts were asked questions in relation to equality and diversity. Care workers also completed equality and diversity training every year as part of the mandatory training programme.
- The care plans included background information on the person including where they were born, where they have lived and their employment experience.

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

- During the pandemic the service identified voluntary organisations which could provide additional support for people with day to day tasks or additional information. For example, they referred a person to a charity which provided a handyman service when they had a blocked sink and if the person needed support with shopping, they contacted the NHS volunteers to provide support.
- Where a person had capacity to consent to their care they had signed their care plan to demonstrate they had agreed to the planned support. A relative told us "I have discussed the care plan and we have reviewed it."

Respecting and promoting people's privacy, dignity and independence

- In general, people we spoke with felt the care workers respected their privacy, maintained their dignity when they provided care, and supported them to be independent.

- One person commented "Generally, they are very kind and caring and help me with extra things, they will put cream on my legs or make me a drink. That extra help helps me along and I am getting better, it helps my independence" and a relative told us "They are very kind and caring without a shadow of doubt. It helps her independence to be maintained."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection the provider did not ensure complaints were responded to in line with their policy. Actions to reduce reoccurrence and outcomes were not always identified to ensure they were effective. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities)

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 16

- The provider had made some improvements in their response to complaints, but they were not communicating the outcome of the complaint and the actions taken to help resolve the complaint appropriately to complainant. Records of all complaints, both ones received directly, and ones referred by the local authority, were now being recorded.
- We saw the records for the local authority completed included a detailed response and the outcome of the complaint. For complaints made directly to the provider, they had recorded a brief list of actions but there was no record of any investigation that had been carried out or confirmation that the identified actions from the outcome had been completed.
- The provider was now sending a letter to the person who had raised the complaint once the process had been completed but these letters did not provide clear information on the outcome of the complaint and what actions would be taken to reduce the risk of reoccurrence.
- For example, a letter from the provider following one complaint stated the provider would closely monitor their systems and try to identify all failures relating to this complaint. There was no information on what had been found during the investigation into the complaint and how the provider would be ensuring that the person would not experience the issue again.
- People we spoke with told us they knew how to raise a complaint or concern. Some people confirmed they had raised complaints in the past and one person commented "I made a complaint, but I feel I'm treated as a bit of a nuisance."

The provider did not ensure information of the handling of complaints was always recorded appropriately and responses to complainants did not always fully address their complaints and the resolution of these. This was a continued breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers knew how to respond to and escalate any complaints or concerns raised by people or their relatives. One care worker told us "I would try to deal with complain myself from the service user or relative

but if I was not able to then I would get option from the Haven Care manager or office staff."

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

At our last inspection we found the care plans did not always provide accurate and up to date information on how people's care was to be provided. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had made some improvements to the information recorded relating a person's care but some information was still not accurate.
- We reviewed the care plans for five people. These were mostly comprehensive and addressed people's needs appropriately. However, we saw the care plan for one person indicated they should receive their care in bed. When we reviewed the daily records of the care provided which had been completed by the care workers, we saw that the person had been moved from their bed to a commode using a hoist. This aspect of care was not reflected in the care plan. We asked the registered manager if there had been a change to the person's support needs and they confirmed an assessment had been completed by the reablement team indicating the person could now be moved from their bed using a sling. The registered manager showed us an email confirming the change to the way care should be provided and directions on what type of hoist sling to use. This information had not been transferred into the care plan to provide the care workers with up to date guidance on how to provide the person's care.

We recommend the provider reviews good practice in relation to the recording of people's support needs and the daily records of care provided during visits.

End of life care and support

At our last inspection we found the provider did not ensure people's wishes in relation to how they wanted their care provided at the end of their life to be provided. This was a breach of regulation 9 (person centred care) 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 19.

- Care plans identified if a discussion had occurred with the person receiving care in relation to if they had had specific wishes to how their care should be provided at the end of their life. The record forms we saw stated that the person did not wish to discuss their wishes at the time of the discussion.
- At the time of the inspection the service was not providing any specific support for people nearing the end of their life.

Meeting people's communication needs

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

- Care plans included information on the person's communications needs. The electronic care plans, which

were being introduced included information if the person had any visual impairments, used a hearing aid or if they used sign language to communicate.

- Care plans could be provided in different formats to meet people's communication needs, if this was required.

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's care plans identified if the person took part in activities in the community and if they required support to access these activities.
- The care plans included a range of information which included if the person lived with anyone, who was important to them and who they have regular contact with.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At our last inspection the provider did not ensure appropriate information was provided by their quality assurance processes to identify issues requiring action. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 2 March 2020.

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

- During this inspection we found improvements in a number of areas, but we also found a number of issues which were identified during the previous inspection in October 2019 that had still not been fully rectified. These included shortfalls with the management of risks, the management of medicines and the provision of training.
- The provider had a range of audits and checks in place to monitor and improve the quality of the service, but we found not all of the audits were robust enough to identify issues requiring action.
- We saw all the MAR chart audits were audited monthly, but the audit forms did not always identify where there was an issue with the management of medicines. For example, we saw that the audit form had a question about missed entries on the MAR chart, but there were a number of forms which stated there were no missed entries for the administration of medicines when the MAR chart showed there were.
- We saw that care records were not always maintained contemporaneously and accurately. People's daily records did not always accurately describe the care they received and the entries at times included the same sentence with little details. Care records were also not amended promptly when there were changes in people's needs or when there were changes in their care packages and the times they were visited. The daily records of care were audited but we saw that these audits did not always identify issues with the record keeping. Therefore, the audit process was not robust enough to identify issues with the daily records of the care provided.
- People's identified risks in relation to their health and wellbeing were not always being managed and mitigated by the provider. We found there were still a range of issues in relation to risks including a lack of risk management plans which was identified at the previous inspection.

- Two people commented that they found there were some poor communication within the office and messages did not consistently get passed on. One person said "Communication between team members is poor, messages don't get passed on."
- Improvements had been made in responding to complaints but there were still issues with how the outcome and actions following a complaint were communicated with the person who raised the concern.

The above shows that the provider still did not effective quality assurance processes to monitor, assess and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained that following the previous inspection the structure of the organisation had been reviewed so they had a better understanding of who was responsible for which quality assurance tasks. A new auditing system was introduced and activities can be allocated to a specific person to deal with.
- A new electronic care planning and visit monitoring system was being introduced to the service which provided instant access to records for both care workers and office staff. The registered manager explained it would enable the closer monitoring of visits and information being recorded.
- Most of the people and relatives we spoke with told us it was easy to contact the office if they had any questions or concerns. Relatives commented "They are very approachable, I can get in touch easily, if I leave a message, they will get back to me" and "I've never had a problem getting through to the office. It does seem well run, though I'm not sure of the name of the person. All the information is okay."
- The provider had a range of policies in place which were regularly reviewed.

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

- People were experiencing person-centred care. The provider still had not ensured care plans or risk assessments represented the person's support needs and had not checked the staff were always following planned care.
- People we spoke with told us they felt the service was well led with their comments including "It is well run, I get a phone call to check I'm happy with care" and "It seems well run, I've no complaints." Relatives told us "They are very approachable, I can get in touch easily, if I leave a message they will get back to me" and "I see [family member] primary carer when I visit each week, she acts as the liaison person. The agency is better than the previous one, I completely trust them."
- Care workers confirmed they regularly read the person's care plan and if they felt the person's support needs had changed they would contact the office. A care worker told us "[I would] review the care plan, assess the service user and inform the office so that care plan is updated."
- Care workers told us they felt the service was well led. Their comments included "The service has been managing very well because they all work with good team leadership" and "Very much so, I have had absolutely no issues with regards to how this service is managed. I can speak to [office] staff if I need to, issues regarding clients are actioned straight away and I am given enough hours I can also get time off as and when I need."

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

- The registered manager explained a regular telephone survey had been completed with all the people who were receiving support to obtain their feedback on their experience of the care they received. Questions had been updated to include ones specific to the pandemic for example how care workers communicated, training levels, use of PPE and infection control and contacting the office. The survey form also identified if the person was more at risk in relation to COVID-19.

- A regular telephone survey was also carried out with care workers which included questions covering if they felt supported, use of PPE, their understanding of what to do if they experience COVID-19 symptoms and infection control.
- We saw the results of both surveys from people receiving support and care workers had been analysed and actions had been identified to address any areas identified for improvement.

Working in partnership with others

- The registered manager explained they had worked closely with the local authorities for which they provided care for and the clinical commissioning groups during the pandemic. They attended regular meetings and were in contact with other local care providers to share good practice and experiences of providing care during the pandemic.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not ensure any complaints received were recorded, investigated and proportionate action taken in response to any failures identified.</p> <p>Regulation 16 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate</p>

the risks relating health, safety and welfare of services.

Regulation 17 (1)(2)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure staff had received appropriate training to enable them to carry out the duties they were employed to perform.

Regulation 18 (2)