

Everyday Recruitment Agency Limited

Everyday Recruitment

Agency Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Everyday Recruitment Agency Limited is a service that provides care to people living in their own homes and is based in Selsey, West Sussex. It is one of two services owned by the provider. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 64 people receiving personal care. Care was provided to younger adults who were living with epilepsy and physical disabilities as well as older adults who had a range of conditions which included those living with dementia, diabetes, learning and physical disabilities.

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

There was a lack of oversight to assure the registered manager and the provider that people were receiving appropriate care to meet their needs. Shortfalls found at the inspection had not been identified by the registered manager or provider. Quality assurance processes were not always effective in identifying areas that required improvement. The registered manager and provider had not notified us of incidents relating to people's care or that they were no longer providing a regulated activity they were registered to provide. This did not enable us to have oversight and ensure people were receiving appropriate care.

There was a lack of oversight of staff's training and some staff had not undertaken training to ensure they had appropriate skills, knowledge and competence to meet people's specific needs.

People were not supported to plan for care at the end of their lives. 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.

Risks to people's care had not always been assessed, considered or mitigated. Lessons had not always been learned to ensure known risks were lessened. One person had not always received safe care and support, we made a safeguarding referral to the local authority for them to consider as part of their safeguarding duties.

People's needs had not always been assessed or planned for. When reviews of people's care had taken place, these had not always identified changes in people's conditions and appropriate actions were not always taken to ensure staff were provided with current guidance to meet people's changing needs.

People were involved in their care and the registered manager and staff worked in partnership with external health and social care professionals to ensure people received coordinated care. Feedback about people's care and experiences was welcomed and people told us they felt comfortable raising issues with staff and the registered manager.

There were enough staff to meet people's needs and ensure care visits were covered. People were protected

from the spread of infection. When people required assistance to prepare food and drinks they were provided with choice and visits were scheduled to ensure people received support at mealtimes.

People were supported to retain their skills, interests and hobbies to reduce the risk of social isolation. People and relatives told us staff were kind and caring and our observations of staff's interactions with people confirmed this. Privacy and dignity were maintained, and people were treated with respect.

Rating at last inspection

The last rating for this service was Good (Published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified six breaches in relation to oversight of risks and safety, person-centred care, consent, staff skills and competence, failure to notify CQC of incidents and the leadership and management of the service.

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

Follow-up

We will continue to monitor the intelligence we receive about this service. We will request an action plan from the provider to understand what they will do to improve the standards. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Everyday Recruitment Agency Limited on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Everyday Recruitment Agency 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 Care Act 2014.

Inspection team

The inspection was undertaken by one Inspector and two Assistant Inspectors who contacted people, relatives and staff by telephone.

Service and service type

Everyday Recruitment Agency Limited is a service which provides care to people in their own homes. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure that the registered manager was in the office to support the inspection and so that people and their relatives were informed of our inspection and asked if they would like to receive our calls. Inspection activity started on 3 March 2020 and ended on 5 March 2020. We visited the office location on 3 March 2020. On 4 March 2020, we visited the provider's other office location to look at staff training records that were stored there.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the provider to submit a provider information return (PIR). A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. A discussion about

this took place with the registered manager. We took this into account when making our judgements in this report. We contacted four health and social care professionals for their feedback about the service.

During the inspection

We spoke with eight people, four relatives, eight members of staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for eight people. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the provider in relation to the care people received and staffs' skills. We made a safeguarding adults at risk referral to the local authority for them to consider as part of their safeguarding responsibilities.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risk to people's safety had not always been identified, assessed or managed. One person had been assessed by a speech and language therapist (SALT) and required a modified diet and fluids. The registered manager did not know the outcome of the SALT's assessment and was unaware of the type of modified diet the person should be provided with. There was no guidance to advise staff the person had a modified diet and fluids and staff were not informed of what food types should be avoided to reduce the risk of harm. International Dysphagia Diet Standardisation Initiative (IDDSI) is a framework which provides terminology to describe food textures and drink thickness. They advise on different levels of modified diets and fluids as well as foods that should be avoided as these can increase the risk of aspiration for those on a modified diet or fluids. Aspiration means breathing foreign objects into your airways. The person had frequently been provided with foods that IDDSI classify as being high-risk and should be avoided. When supporting the person to eat, staff had documented the person was coughing when swallowing their food. Neither the registered manager or staff had identified the person was being provided with inappropriate foods nor had they acted when the person's condition had changed, and they were coughing whilst being supported to eat and drink. The person's risk of aspiration had not been considered to ensure that appropriate actions were taken to minimise risk and ensure the person received safe care. Following the inspection, we made a safeguarding referral to the local authority for them to consider as part of their safeguarding duties.
- Risks in relation to people's specific health conditions and needs were not always identified, assessed or mitigated. Two people had experienced falls which required hospital treatment or admission. One person had sustained a fracture as a result of their fall. The risk of falls had not been considered either before or following both people's falls and staff were not provided with guidance as to how people should be supported to minimise the risk of further falls.
- Systems to monitor the volume of accidents or incidents that occurred to people were not always used to their best effect. Information about people's care had not always been accurately transferred to electronic systems to provide oversight of the number of incidents or accidents people had experienced. The registered manager did not have a way of identifying patterns or trends and to establish if lessons needed to be learned and practice changed.
- Environmental risk assessments had been undertaken when people first started to use the service to ensure their home was safe. When people required equipment to support them to change position, assessments had been undertaken to ensure the equipment was safe to use. Risks in relation to both the environment and equipment were not always frequently reviewed to ensure they remained safe. For example, a risk assessment for one piece of equipment had been conducted in 2018, this showed that the next maintenance service for the equipment was due in 2019. As the risk assessment had not been reviewed, there was no system to provide assurances that the equipment had been serviced and remained safe to use.

Medicines management

- The registered manager had not always ensured staff responsible for dispensing and administering medicines had received training according to the provider's policy. Staff responsible for delivering training told us staff received medicines training every two years and had their competence assessed in relation to administering medicines in-between this time. Records for two staff who were responsible for administering medicines showed they had not received medicines training since 2018, this was also confirmed by the member of staff responsible for staff training. This had not been identified by the registered manager and people were being supported to have their medicines by staff who had not been supported in accordance with the provider's policy.
- Some people required medicines 'as and when required'. Staff had not always been provided with guidance for two people advising them of when to offer these types of medicines, how many doses could be given in a 24-hour period or where to apply topical creams. This increased the risk that they would not always be offered their medicines in a consistent way by staff.
- The registered manager was not assuring themselves that people were being supported to have their medicines according to best practice guidance. The National Institute for Health and Clinical Excellence (NICE); Managing medicines for adults receiving social care in the community, state care workers should use a medicines administration record (MAR) to record any medicines support they give to a person. They advise this should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider. Staff were not always adhering to this guidance. One member of staff had entered details about the person's prescribed medicines onto a MAR. NICE guidance advises there should be robust processes to ensure medicines administration records are accurate and up-to-date. For example, specific instructions for giving a medicine as well as any known allergies. MARs showed that staff had not always complied with this guidance. There was no reference about any known medicine allergies and staff had not always been provided with clear instructions. One person was prescribed eye drops. Staff had not always been provided with guidance as to which eye this needed to be administered to. The same person was prescribed a trans-dermal patch. Patient advice states to ensure that patches are applied to a different area of the body each day and that patches should not be applied to the same area within 14 days. Staff had not been advised of this and daily records for the person showed that one member of staff had noted that the patch applied the previous day had fallen off. As staff were not always documenting where patches had been administered there was a risk staff would apply the patch to the same area.

The registered manager was not doing all that was reasonably practicable to ensure care and treatment was provided in a safe way. Risks were not effectively managed and medicines were not always administered safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff demonstrated an understanding of the signs and symptoms that might indicate a person was at risk of abuse and told us what they would do if they had concerns about people's safety and well-being.
- People told us they felt safe and comfortable with staff and they knew who to speak to if they were ever worried about their care.
- When incidents and accidents had occurred, the registered manager had considered these as part of their safeguarding policy to ensure that if required, referrals were made to the local authority for them to consider as part of their safeguarding duties.

Preventing and controlling infection;

- Infection prevention and control was considered and maintained. Staff had been provided with personal

protective equipment and people confirmed that staff wore this whilst supporting them. One person told us, "They always wear gloves and aprons and have good hygiene."

- Staff were reminded to ensure they had enough personal protective equipment and to collect this when they visited the office.

Staffing and recruitment

- People and relatives told us there were enough staff to cover their calls and they received these on time. Staff were provided with travel time in-between their care calls and this was considered when devising staff's rotas. People told us if staff were running late, they would be contacted by staff to advise them and our observations confirmed this.

- Safe and effective recruitment processes helped to ensure staff were suitable to support people. The provider had assured themselves that staff were of good character and suitable for the role before they started work.

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 Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was a lack of oversight to ensure staff who were allocated to support people with specific needs had the appropriate skills and knowledge to support people safely. Staff were allocated to work with younger adults and older people with specific health needs. Records showed and the registered manager confirmed, four staff had been allocated to support two people who were living with epilepsy which sometimes required the administration of medicines designed to manage any seizures they might experience. Both people were also supported to have their food and medicines through a percutaneous endoscopic gastrostomy (PEG). Two staff had not undertaken training or had their competence assessed when supporting people who had a PEG. Two staff had not undertaken training or had their competence assessed when supporting people who were living with epilepsy and who required specialist medicines to be administered. Two staff had received this training, yet there was a lack of oversight to ensure their competence was current and up-to-date according to the provider's policy and requirements. The registered manager could not be assured that staff were competent to administer specialist medicines and this increased the risk that people would receive inappropriate care by staff who were not trained.
- Before the inspection, concerns had been raised with us by an external professional in relation to staff's skills and levels of experience. At the inspection, we asked the registered manager and staff responsible for providing training, what training staff were required to do as part of the provider's policy. They told us staff were required to undertake an induction as well as courses that the provider considered essential for staff's roles. They advised staff would also undertake specific courses dependent on the needs of the people they were supporting. We found there was a lack of oversight of staff's training and development and staff had not always been supported to work in accordance with the provider's policy. The provider was registered to provide support to children, younger adults and older people who had a wide-range of specific needs, they had not assured themselves that staff had received training which they considered essential for their roles or to ensure they held appropriate skills and knowledge to support people's specific needs. For example, the provider was registered to provide support for children and younger adults. Despite this, three staff who were allocated to support one person had not received training on safeguarding children and young people. Some people were living with a learning disability. Staff providing support had not always undertaken training to provide them with the skills and understanding to support people in an appropriate way.
- There was a lack of oversight of the training staff had undertaken and those which they were required to do according to the provider's policy. When the registered manager and staff responsible for providing training were asked for evidence of staff's training, they were unable to provide immediate assurances. They had not identified that some staff had not received training or had their competence assessed to assure themselves they held appropriate skills to support people in a safe and effective way. Two staff had not been

supported to undertake the update for safer people moving according to the provider's policy. Two staff had not been supported to undertake the update for medicines management according to the provider's policy and records showed they had last received training in 2018. One person told us, "Training, that's my biggest concern. They mean well but don't always have capacity."

The registered manager and provider had not ensured staff were suitably qualified, competent, skilled and experienced. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff were allocated to work alongside existing staff to help provide guidance and enable them to learn about people's needs and the provider's policies and procedures.
- Staff had sometimes been observed supporting people to ensure they followed the provider's policies and procedures and supported people in accordance with their needs.
- Staff had access to supervision and appraisal meetings and told us they felt supported and could contact the registered manager and office staff for advice and guidance at any time.
- Most people and relatives told us they had confidence in staff's skills and abilities and people were well-cared for.

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 make 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff had not always received training on MCA and they demonstrated a limited understanding of how people should be supported to make decisions, as well as how a person's capacity should be assessed before others made decisions on their behalf. Staff told us when people had a condition that had the potential to affect their decision-making, they would involve the person's relatives in decisions that related to people's care. Neither the registered manager nor the staff providing care, had assessed people's capacity to consent to specific-decisions relating to their care before asking others to make decisions on their behalves. For example, one person used bed rails and two people had their medicine locked away, so they were unable to have access to them. Whilst these measures were implemented to help ensure people's safety, they are restrictive practices. MCA assessments had not been undertaken to assess if people had capacity to consent to these decisions. It was not evident that others involved in people's lives had been consulted or if decisions had been made in people's best interests.
- The registered manager was unaware if some people making decisions on people's behalves had Lasting Power of Attorneys for Health and Welfare. They had not requested or seen a copy to assure themselves that those making decisions on people's behalves had the legal authority to do so.
- It was not apparent that discussions and agreements had taken place with a person who had a Lasting Power of Attorney (LPA) to legally make decisions on the person's behalf, or if an application to the Court of Protection had been considered to ensure any restrictive practices were in people's best interests.

The registered manager had not ensured care and treatment was provided to people with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us how they supported and encouraged people to make decisions about their day-to-day care such as what clothes they wanted to wear or what they wanted to eat and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's oral hygiene needs had not been assessed and staff had not been provided with guidance which informed them of the type of support people required. Records for one person did not provide assurances they had been supported according to their needs. The person was living with dementia and required support from staff with all aspects of their care. Records showed the person had been supported with their oral hygiene once in one month. Due to the lack of guidance provided to staff, it was not evident if staff knew they had to support the person or if they had failed to document their actions when providing support.

When these concerns were raised with the registered manager, they told us the provider was in the process of changing electronic systems to assess and plan for people's needs and this would provide better oversight and management to ensure all needs were identified, assessed and planned for.

People had not always received care and treatment that was appropriate or met their needs. This contributed to a breach of Regulation 9 (Person-centred care) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs had been assessed and considered and staff were provided with guidance to advise them how to support people in accordance with their needs. For example, one person was living with diabetes and required medicines that could rapidly affect their blood sugar levels. Staff were provided with information about the signs and symptoms they could look for that might indicate the person was experiencing high or low blood sugar levels. Another person was living with Epilepsy which would require staff to administer medicines to help manage any seizures the person might experience. Staff had been provided with guidance which advised them of the signs and symptoms that would indicate the person was experiencing a seizure.

- People and relatives told us and records confirmed, if there were ever concerns about people's health, staff contacted external health care professionals in a prompt way to ensure people received timely support and intervention to maintain their health. This helped to provide a coordinated service and approach to people's care.

- Technology was used so that people were able to call for assistance. Some people had carelines which could be used to contact external services 24-hours a day. Records showed staff ensured people were wearing their careline pendants before leaving people's homes so they would be able to call for assistance if they needed this in-between care visits.

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

- People told us they were supported to choose food and drinks and enjoyed those which were provided. One person told us, "Yes, they give me choice when they ask what I want for breakfast. I had a fry-up yesterday."

- Call times were scheduled so people who required assistance to prepare food were supported by staff.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- People were treated with dignity and respect. When people contacted the office to ask staff about their planned visits, staff communicated with them in a respectful and dignified way. Staff told us one person who was living with dementia, frequently contacted the office to seek reassurance about which member of staff would be supporting them and when they would visit. The registered manager told us the person was provided with information advising them of this each week, yet due to their health condition would often not remember. When the person contacted the office, staff were patient and understanding, they interacted with them as if hearing their requests for the first time, they reminded the person which staff would be visiting them and reassured them they would receive a visit.
- The nature of the service people received enabled them to remain in their own homes. This helped respect people's right to privacy. People told us their privacy and dignity were maintained when staff supported them with their personal hygiene needs. Staff demonstrated a good understanding about how to support people in a sensitive and discreet way.
- People told us staff were kind and caring and they were fond of the staff that supported them. One person told us, "They're helpful and all very kind." Another person told us, "I know all the carers and they're all lovely." A relative told us, "I can't speak highly enough of them. They genuinely care about my relative, they don't seem to rush them and lets them do things for themselves." Another relative told us, "We are definitely happy with them, the way they talk to my relative and talk about their families."
- Staff told us about how they cared about people's experiences and the different ways they showed people they cared. People's birthdays were documented so staff knew when these were. Cards were sent to wish people a happy birthday. Staff told us it was lovely to see people's faces when they opened their cards as this was sometimes the only one people received. People who would otherwise spend time alone and who did not have relatives to share a Christmas meal with, were supported by staff. The registered manager told us they, and another member of staff, had cooked Christmas dinners for people and had delivered these for them to enjoy. A photograph was seen which showed a person smiling before enjoying their meal. These practices demonstrated that staff cared about people's experiences and well-being.
- Staff were mindful of the importance of enabling people to retain their skills. Staff told us they encouraged people to do as much as they could for themselves to promote their independence and people and relatives confirmed this.
- Staff respected people's right to privacy and information that was held about people was securely stored on password protected computers or in secure cabinets.
- People were supported to maintain contact with their family and friends and staff knew which people

were important to the person, they had an understanding about the person's social network.

- People were asked if they had any preferences with regards to the gender of staff. When people had a preference, we were able to see that this had been respected. One person told us they had requested male staff and this was always respected and provided.

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

- People told us they were involved in day-to-day decisions such as what they would like to wear or what they wanted to eat and drink.
- Records showed that people or their relatives, if appropriate, had been involved in initial and ongoing discussions about people's care to ensure staff provided support that continued to meet people's current needs and preferences.

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 Good. At this inspection, this key question has deteriorated to 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; Meeting people's communication needs; End of life care and support

- People's physical and mental health needs had not always been identified, assessed or considered. Staff had not always been provided with current guidance about people's needs when they had experienced changes in their condition. For example, when one person had been assessed by a Speech and Language Therapist (SALT) as requiring a modified diet and fluids.
- Reviews of people's care had not always been completed and when changes in their health had occurred, the registered manager had not ensured their needs were assessed and staff were provided with clear, accurate and up-to-date guidance so they could support people safely and according to their needs. For example, if they had experienced falls.
- People had not been encouraged or supported to plan for care at the end of their lives so that staff knew the person's wishes and were aware of how they wanted to be supported.

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.

- One person was living with a learning disability, was unable to verbally communicate with staff and had impaired hearing. When the registered manager was asked how staff communicated with the person, they explained staff used hand gestures and objects of reference. It was not evident what consideration had been made to ensure information was provided or obtained from the person in a way they could understand. For example, when the registered manager was asked if the person was able to read, so they would be able to share their feedback about the service they received or be provided with information about their care, the registered manager said they were unsure. They had not considered how information could be adapted and provided to meet the person's communication needs and the requirements of the AIS.

People had not always received care and treatment that was appropriate or met their needs. This contributed to a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When these concerns were raised with the registered manager, they told us the provider was in the process of changing electronic systems to assess and plan for people's needs and this would provide better oversight and management to ensure all needs were identified, assessed, planned for and effectively reviewed.

- The provider's website showed they had developed a large print service user guide for people who had impaired vision, enabling them to have access to information about the care that could be provided.

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 told us they were able to continue with their interests and hobbies. One person had been supported by staff to rediscover their love of baking. A photograph showed the person smiling whilst they baked a cake with staff. Another person told us, "There are two carers in particular, we dance and sing together."
- One person was currently residing in a care home for respite care. Staff knew the person preferred being in their own home and had invited the person to spend time with them in their office to enjoy a cup of tea and a chat.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. The registered manager told us they welcomed feedback and encouraged people to raise any concerns or issues about people's care.
- Concerns and complaints had been dealt with effectively. People and relatives told us they felt comfortable raising issues of concern to the staff that supported people as well as to the registered manager, whom they could contact when needed. One person told us, "I would be very happy to complain but I've not needed to. I'm very happy with whatever they do."

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 Good. At this inspection this key question has deteriorated 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.

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

- The provider had produced a service user guide, informing people about the service and the care they could expect. This stated, 'We have embodied quality in our way of life and in everything we do. We define quality as delivering a service of care appropriate to each individual service user's needs. Each carer undergoes continuous training that ensures we deliver the highest quality services to you.' The provider also had policies and procedures to inform their own as well as staff's practices. We found the provider was not always implementing the assurances provided within the service user guide or within their own policies. There was a lack of oversight of people's care and staff's practices. Systems and processes were not operated or implemented to provide the registered manager or the provider with assurances that people were receiving care according to their needs. Shortfalls that were found at this inspection had not been identified by the registered manager or the provider, who were first made aware of the issues as a result of our inspection.
- Neither the registered manager or the provider had identified that the auditing systems used were not always effective in identifying when people were not receiving appropriate support to meet their needs. The registered manager told us the audits that were undertaken looked at the way staff were completing MARs and daily records to check for issues such as missed signatures. Care records and MARs were collected and sent to the office to be audited each month. Staff responsible for conducting the audits had identified when staff had failed to sign or complete paperwork, yet it had not been identified that people were not always being supported according to their needs. One person required a modified diet and fluids. Records in relation to their care had been audited and had found that staff had not updated a record appropriately or signed for a medicine. Staff had failed to recognise that the person had been provided with high-risk foods that increased the risk of aspiration or that they were frequently coughing when staff were assisting them to eat and drink. These ineffective auditing systems increased the risk that people were exposed to significant risk of harm.
- Processes were not always effective when managing and having oversight of staff's learning and development. It had not been recognised that some staff had not undertaken training that was required to meet people's specific needs before being deployed to support people with complex health needs.
- It had not been identified that risks in relation to people's health conditions and needs were not identified, assessed or managed. People had not always received safe care in relation to falls management. Neither

had it been identified that processes for medicines management were not always in accordance with best practice guidance or that staff were not complying with MCA.

- Ineffective systems were operated to monitor accidents and incidents. Staff recorded these within people's daily records. The registered manager was asked for information about the number of falls one person had experienced. They told us all accidents would be documented on people's electronic care plans as the information was taken from people's daily care records. We found this was not always implemented in practice. The electronic care plan had identified that one person had experienced two falls. A review of the person's daily records showed they had experienced two further falls. There was a risk accidents and incidents would become lost in the main body of people's daily records. As auditing systems were not effective in identifying changes in people's care needs this increased the risk that people would be exposed to harm. As the registered manager had no system to monitor the amount of accidents or incidents, they lacked oversight and there was a risk they would be unable to identify patterns and trends to ensure appropriate measures were put in place to identify and mitigate further risks.
- The registered manager was asked about any safeguarding concerns that had occurred since the last inspection. They had no system to provide oversight and information about safeguarding concerns and this could only be provided by looking through the registered manager's past emails and people's daily records. This did not provide enough oversight to enable the registered manager to identify patterns or trends or assure themselves that appropriate action had been taken to ensure people's safety. After the inspection, the provider sent us a copy of the system that enabled them to have an overview of the safeguarding concerns that had occurred. However, this was not effective as it did not contain all the safeguarding enquiries that had been found in the registered manager's emails or in people's daily records. Therefore, although there was a system in place which could be accessed by the provider, this was not effective as it did not contain accurate and complete information.
- When we raised our concerns with the registered manager about the lack of oral hygiene assessments or concerns that staff were not supporting people in accordance with MCA, they told us these issues had been raised and discussed at the last inspection of the provider's other service three months previously. It was not evident how this had been learned from and used to improve practice within the service.

Neither the registered manager or the provider had ensured that systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. They had not ensured that risks were mitigated, and people were provided with safe care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager had recognised that the system currently used to monitor late or missed calls was not always effective. Although people and relatives told us this rarely occurred, the registered manager told us they were in the process of implementing a new system where staff would be required to log in and out of people's homes. This would enable the management team to be aware of staff's actions in real time. They would have better oversight to ensure staff's safety as well as being able to identify if staff were running late or if a person had gone without a visit.
- Staff told us they felt well-supported by the registered manager. They told us they could seek support and receive advice from the registered manager and office staff at any time.

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;

- Neither the registered manager or provider had notified us of incidents that had occurred to people using the service. For example, they had not informed us when people had serious injuries such as fractures, when safeguarding concerns had been raised with the local authority or when people who used the service had

died. This did not enable us to have oversight of the care people were receiving to ensure appropriate actions were being taken and people were receiving safe and appropriate care.

- The provider was registered to provide personal care to people in their own homes as well as within supported living services. When the registered manager was asked about the care provided to people within supported living services, they told us they no longer provided this and the contract for this had ended. Neither the provider or registered manager had notified us they were no longer providing this regulated activity.

The registered manager and provider had not notified us of incidents relating to people's care or changes to the regulated activities they were registered to provide. This was a breach of Regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

Once our concerns were made known to the registered manager, they submitted retrospective notifications to enable us to have oversight of the care people had received.

- People and relatives told us they were kept informed if there were any changes to people's care and were happy with the service they received. A relative told us, "They've taken away the burden and made a difference." Another relative told us, "Very good communication, they're very quick to come back to you if there is a query." A third relative told us, "The service is amazing, we can't fault them. My relative doesn't want to go in a home and carers can give them the support they need at home."

- Staff told us they worked in partnership with external healthcare professionals such as GPs and community nurses, to ensure people's healthcare needs were met.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Regulation 18 Care Quality Commission (Registration) Regulations 2009. Notification of other incidents</p> <p>The registered person had not notified the Commission of incidents that had occurred whilst services were being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p>
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.</p> <p>The registered person had not ensured that care and treatment was provided to service users appropriately, in a way that met their needs and reflected their preferences.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.</p> <p>The registered person had not ensured that</p>

suitable arrangements were in place for obtaining and acting in accordance with the consent of service users or establishing and acting in accordance with the best interests of the service user in line with Section 4 of the Mental Capacity Act 2005.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.

Medicines were not always administered safely.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The registered person had not ensured that systems and processes were established and operated effectively to:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The registered person had not ensured that there were:

Sufficient numbers of suitably qualified, competent, skilled and experienced people

That staff had received appropriate support, training professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.