Diversity Health and Social Care Limited

Diversity Health and Social Care Bow Branch

Inspection report

Unit G12 Bow House Business Centre
153-159 Bow Road
London
E3 2SE

Tel: 02089813031
Website: www.diversityhealthandsocialcare.co.uk

Date of inspection visit:
29 April 2019
01 May 2019
03 May 2019

Date of publication:
15 July 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Diversity Health and Social Care Bow Branch is a domiciliary care agency providing personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, the service was supporting 280 people and 240 of these people were receiving support with their personal care.

People's experience of using this service:
People were not always provided with care in line with their valid consent as appropriate procedures had not always been followed to ensure that the care provided was in people's best interests.

People and their relatives told us they felt safe using the service.

The provider conducted appropriate risk assessments in relation to people's physical healthcare needs, but we found there was not always enough information recorded on these in relation to people's mental healthcare needs. The provider made appropriate changes to care records we identified during our inspection.

People were supported by care workers who had received appropriate background checks prior to their employment.

People were supported to take their medicines in accordance with their needs.

People were provided with safe and hygienic care by their care workers.

The provider investigated and learned from accidents and incidents to ensure that appropriate lessons were learned and improvements were made to care.

People and their families were consulted as part of the initial assessment of their needs and their care was based on this.

People were supported by care workers who had received the appropriate induction, training and supervision to do their jobs.

People were supported appropriately with their nutritional and healthcare needs.

People's privacy and dignity was respected and people's diverse needs were supported.

The provider supported people to communicate their needs and involved people in their care.

The provider supported people to maintain their independent living skills.

People were given choices as part of their care in order to maintain control in their lives.

People were supported with their social needs where this formed part of their package of care.

People's complaints were responded to appropriately.

People's feedback was sought and acted on appropriately.

Rating at last inspection:
The service was registered on 7 December 2018 and this is our first inspection of the service.

Why we inspected:
This was a planned inspection based on our routine scheduling programme.

Follow up:
We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC 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 safe Details are in our Safe findings below.	**Good**
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.	**Good**

Diversity Health and Social Care Bow 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by a single inspector over the course of three days.

Service and service type:

Diversity Health and Social Care Bow Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older people, younger disabled adults and children. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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:

The site visit was unannounced.

Inspection activity started on 29 April 2019 and ended on 24 May 2019. We visited the office location on 29 April, 1 and 3 May 2019 to see the manager, office staff and to review care records.

What we did:

Before inspection:
We reviewed the information we held about the service since the previous inspection, which included notifications the provider sent of significant events that occurred during the course of providing a service.

During the inspection:
We spoke with 10 care workers, the registered manager, the newly appointed manager who assisted us throughout our inspection and other members of the senior management team within the service.

We looked at 21 people's care records, 10 staff records and records related to the management of the service.

Following the site visit we spoke with10 people using the service and 11 relatives of people using the service. We also asked the provider to send us a variety of policies and procedures developed and implemented by the provider, which we reviewed after our site visit.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• The provider ensured that risks regarding people's physical healthcare needs were assessed, but this did not always occur for people with mental health needs. We saw risk assessments were in place for matters such as people's risk of falls or risks of urinary tract infections (UTIs). We also saw there was clear guidance in place for care workers in mitigating these risks. For example, one person's risk assessment for their risk of falling stated that care workers were required to supervise them whilst they mobilised, ensure their environment was clear of any obstructions and ensure they reported any concerns to the office.
• We also saw some examples of people with mental health conditions, depression or low mood, who did not have enough information on their risk assessment for care workers. For example, one person's care plan stated that they had paranoid schizophrenia, but there was not enough information on their care record about how this manifested itself. Their care plan stated that they needed care workers to support their emotional wellbeing, but did not state how. We spoke with the provider about this and they ensured people's risk assessments were updated with this information during our inspection. The updated guidance was appropriate and clear.
•Care workers demonstrated a good understanding of the risks to the people they cared for and gave us examples of this. One care worker told us "I have one client who is at risk of falls. I make sure that I observe [them] when [they] are mobilising and make sure there is no clutter around."
• Care workers understood the importance of managing people's moods and the risks associated with their mental health. One care worker told us "I have clients who are at risk of self-neglect when they're feeling low. I make sure I am as encouraging as possible." Relatives confirmed that care workers were aware of the risks to people's emotional wellbeing. One relative told us "I've heard the carer [when I am] at the doorstep before going into the house. I can hear [them] engaging my [family member] in conversation and being upbeat and encouraging. My [family member] is always in a good mood after a visit."
•People's equipment was checked at their initial assessment and thereafter, by care workers to ensure it was safe for use prior to each individual usage. Care workers confirmed they would report any concerns about equipment to the office to ensure these were dealt with. One care worker told us "We always check equipment before we use it and if a service is due we make sure this happens."
•The provider conducted environmental risk assessments as part of their initial assessment process. This looked at the safety of the person's home environment to ensure it was safe. The manager of the service told us that where any risks were identified, these would be dealt with individually. The risk assessments we reviewed were appropriate.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us they felt safe using the service. People's comments included "They take good care of me. I am in good hands" and "I do feel safe with the carers. I think they're trustworthy."
•Care workers understood the procedure they were supposed to follow if they suspected someone was

being abused and had received training in safeguarding people from abuse. Care workers confirmed they would whistleblow their concerns and there was a whistleblowing procedure in place which set out the procedure to follow for staff. Whistleblowing is the act of reporting a concern about a risk, wrongdoing or illegality at work, in the public interest. One care worker told us "We have to report any concerns that we have. We might be wrong and there could be an explanation for what we've seen... but we need to be sure."
• The provider had a clear safeguarding policy and procedure in place. This stipulated the responsibilities for all staff members to help safeguard people against abuse, a detailed explanation of the different types of abuse and the procedure to follow when reporting any concerns.
• At the time of our inspection the provider had not had any safeguarding incidents..

Staffing and recruitment
•The provider ensured there were a sufficient number of suitable staff employed to support people.
•We reviewed a sample of care workers rotas for the week of our inspection and found that the appropriate number of care workers were sent to provide people with support and they were given appropriate travel time in between care calls in order to do so. Care workers told us they were given enough time to do their work when attending to people and they were given an appropriate amount of travel time in between care calls. One care worker told us "We get enough time, but if I needed more time, I would call the office and they would sort this out" and another care worker said "We get enough travel time, but if I was running late for some reason, I would let the office know and make sure they called the client."
•The provider conducted suitable checks to ensure that care staff were suitable to work with people. We reviewed 10 staff files and found appropriate checks were being conducted prior to candidates' employment with the service. These checks included a check of the candidate's right to work in the UK, a full employment history, two references and a criminal record check.

Using medicines safely
• The provider supported people to manage their medicines safely.
• Care records included details of whether people required support with their medicines and if so, what support they needed. Where people were provided with support to take their medicines we saw MAR charts were clearly filled in to indicate that people had taken these.
•Care workers understood their responsibilities to ensure that people had taken their medicines safely. One care worker told us "I make sure that people have actually taken their medicines before I record anything."
•People's relatives told us their family member was provided with appropriate support with their medicines. One relative told us "I've seen the carer helping my [family member] with [their] medication… everything seems in order… I know they keep a record of everything as I've seen it."
•Care workers had received training in medicines administration and the provider had a clear medicines administration policy and procedure in place. This gave details of care workers' responsibilities including the need to ensure people did not run out of medicines, that medicines were stored properly and that accurate records were kept of what people had taken.

Preventing and controlling infection
• People and their relatives told us care workers provided them with safe and hygienic care. One relative told us, "You see they wear gloves when they're doing their work and they're tidying as they go along" and another relative said, "They go above and beyond with the cleaning and tidying... I've seen them take the bins out and do other extra odd jobs. I don't ask them to do this, but it is a big help."
•Care workers understood their responsibility to provide clean and hygienic care and had received training in infection control. One care worker told us "We wash our hands thoroughly and wear aprons and gloves. We're given everything we need."
•The provider had a clear infection control policy and procedure in place. This gave details about the provider's responsibilities in relation to infection control, including the necessity to provide care workers

with adequate personal protective equipment (PPE), care workers responsibilities to maintain adequate food hygiene and the necessity to report any concerns.

Learning lessons when things go wrong
•The provider appropriately investigated and learned lessons when things went wrong.
•There was an effective procedure in place for learning from accidents and incidents. We saw these were logged with clear information about what investigations and further actions had been taken as a result. Accidents and incidents were investigated properly and records indicated that statements were taken as needed to determine what had happened and further actions that were taken were appropriate to the incident.
•Care workers understood their responsibilities to report any accidents and incidents to the provider. One care worker told us "We report anything that goes wrong so it can be investigated."
•The provider reviewed accidents and incidents on a monthly basis. A report was produced which identified incidents that had occurred and collated the learning points. We reviewed the report which had been produced for the month of May 2019 and found only one incident had taken place. The report identified the lessons learned as well as the action taken to prevent a reoccurrence.
• The provider had an appropriate accident and incident policy and procedure in place. This stipulated the procedure to be followed in the event of an accident or incident and the necessity for all accidents and incident to be reviewed on a monthly basis.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.
•We checked whether the service was working within the principles of the MCA and found the provider was not working within the principles of the MCA. We found that people who were able to consent to their care had signed their risk assessments, care plans and a consent form which confirmed their consent to receive care services by the agency as well as confirmation that they had received various documents. However, we identified three examples of people who did not have capacity to consent to their care and who had their documentation signed by their identified next of kin. In these instances their next of kin did not have legal authority to consent to their care and no associated best interests decision had been made. We spoke with the manager of the service and she confirmed that mental capacity assessments had not been completed for any service users at the time of our inspection. We saw that mental capacity assessments had been completed for two people by the end of our inspection and the manager assured us they were reviewing all people's capacity to consent to their care to ensure appropriate procedures would be followed going forward.

This was a breach of regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•Care workers understood the importance of obtaining people's consent before providing people with care. Care workers had received appropriate training and gave us examples of how they ensured their care was in line with people's valid consent. One care worker told us "I always ask for people's permission before I do anything and give them a chance to respond first."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider did not consistently deliver care in line with current standards and legislation as they were not following the requirements of the MCA 2005. However, we found the provider had up to date policies and procedures in place in other areas such as safeguarding, infection control and medicines management. The manager told us these were updated every year or sooner if needed.
• Care workers received annual training in mandatory subjects such as equality and diversity, moving and handling (which included a practical session) and medicines awareness among others to ensure they were providing care in line with current and up to date standards.

• The provider assessed people's needs and choices as part of the initial assessment before providing people with care. The process involved speaking to people and their relatives to determine what support people required and this was recorded into people's care plans. People's needs were routinely reassessed every 12 months but were reviewed sooner if there was a reported change to their needs. For example, we saw one person's care record included communications with their social worker about increasing their package of care due to an escalation in their needs which had been reported by their care worker. As a result, we read that a further assessment had been completed and the person's support had been increased in line with this request.
• Relatives confirmed they had been involved in the assessment process. One relative told us "They spoke to my [family member] and the whole family was there to help and answer questions."

Staff support: induction, training, skills and experience
• Records indicated and care workers confirmed they had received an induction before providing care to people which included completion of the Care Certificate as well as a period of shadowing other care workers. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
•Care workers commented positively on the induction they received and told us they felt ready to work once this had been completed. One care worker told us "It was very good and I felt ready to start work at the end" and another care worker told us "I didn't feel quite ready at the end, so I asked to extend the shadowing I did. They were happy to let me shadow for as long as I wanted and they made sure I was ready before I started working on my own."
•Records indicated and care workers confirmed they completed ongoing training in various subjects on an annual basis. Care workers comments included "You get a lot of training every year", "We get loads of training and we get reminded to do this as well" and "You can always ask for more training if you need. They wouldn't let you support a client if you didn't have the training to meet their needs."
•Care workers told us they were adequately supported through supervision sessions and appraisals. Records indicated and care workers confirmed they received supervision sessions every three months and appraisal meetings every year. Supervision sessions included a check of whether care workers were undertaking an appropriate amount of work, whether they had any specific issues and whether they had any training or development needs. Care workers told us they found these sessions useful. One care worker told us "They are useful. It's your time to sit away from the job and think about what you need from your managers."
•Records also indicated that appraisal meetings took place every year. Appraisals involved a self-evaluation of performance from the care worker, a determination of which areas required further improvement and subsequent targets in achieving these.
•The provider confirmed that spot checks took place on a quarterly basis. Spot checks involved a detailed check of the conduct of the care worker, their use of equipment and whether this was correct as well as whether they kept appropriate records. Care workers told us they found spot checks to be useful and welcomed these. One care worker told us, "The spot checks are good. They tell us if we're doing something wrong and we can all learn from this."

Supporting people to eat and drink enough to maintain a balanced diet
•People were given adequate support with their nutritional needs. People's records stated whether they had any particular dietary requirements, allergies or if they were at risk of malnutrition. We found that people's likes and dislikes in relation to food were recorded and people's daily notes indicated that they were being given their food and care workers saw whether people were eating well. However, we identified one example of a person at risk of malnutrition who was not being administered a dietary supplement as advised by their dietitian. We spoke with the manager and they confirmed that although the supplement had been recommended, it had not yet been prescribed by their GP. The manager agreed to contact the person's GP to follow up on this matter.

• Care workers understood their responsibilities in relation to people's nutritional needs. Each person had a different arrangement in place in relation to their food. Some people had family members preparing their meals, some people had daily deliveries from a 'meals on wheels' service and other people relied on their care workers to support them with their meals. Care workers explained that they prepared simple meals for people in accordance with their dietary needs. One care worker told us "We know what people's diets are. I have one client who is diabetic, so I've advised [them] to reduce [their] sugar and have given advice on what type of bread to eat."

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support
• People received appropriate support with their healthcare needs.
•People's care records included a detailed medical history which included the history of their conditions as well as people's current medical status. Where people had specific conditions, we found their care records detailed how this affected their current support needs.
•Care workers had a good understanding about people's medical conditions and how this affected their care needs. One care worker explained that one person had dementia and explained the effect that this had on their memory. They told us "I have to remind [the person] about things and make sure [they] understand what I'm doing and who I am."
•Records demonstrated that the provider worked with other healthcare professionals as needed, including Occupational Therapists, people's GPs and their social worker. We found some examples of joint working when needed. For example, we read communications between the provider and the person's GP as well as details from occupational therapists about people's moving and handling needs.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
•People and their relatives gave good feedback about their care workers and told us they were treated with kindness. People's comments included, "They are very kind and caring" and "They are very nice and treat me well." People's relatives also confirmed that their family members were treated kindly and given appropriate support. One relative told us, "They are very good and support my [family member] well. My [family member] actually looks forward to seeing them."
•Care workers had a good understanding about people's needs and explained what support they were required to give people. One care worker told us, "All my clients are different. I make sure that I read the care plan and get to know the person properly" and another care worker told us "I have learned what my clients want from me and always check this at each visit."
•People's care plans included details of people's cultural or religious needs and how care workers could support with these. For example, where a person had specific cultural needs and were unable to speak in English, the provider had ensured they were being supported by a care worker who spoke their language.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives told us they were involved in decisions about their care and their views were prioritised. One relative told us "They listen to what we have to say and do what we ask" and a person using the service told us "They ask me what I need at each visit and do what I say."
•People's risk assessments and care plans included direct quotes from people, thereby indicating that their views had been prioritised in the formulation of their care plans.
•The provider supported people with their communication needs as required. This included details of whether the person was able to communicate in English and whether they had any physical needs that impacted on their ability to communicate clearly. For example, we saw some records stated that people had hearing or sight impairments. Their records therefore stated that care workers were required to speak loudly and clearly to people in order to support their ability to process and communicate their needs clearly.
• The provider met the Accessible Information Standard for people using the service. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The manager told us they communicated information to people directly and their relatives. Where people required information in a different format, they were able to prepare and provide this to them. At the time of our inspection, the provider did not have any examples of having shared information in any other formats as they had not yet needed to.

Respecting and promoting people's privacy, dignity and independence
• People and their relatives told us they were treated with dignity and respect. People's comments included

"They do respect me" and "They have lovely manners."
•Care workers described how they supported people with areas such as their personal care in a dignified way. One care worker told us "I always make sure the door is closed and the curtains are shut when I'm giving personal care."
•People's care records included details of the level of support they required to maintain and develop their independence. For example, we read one care plan for a person who had low confidence as a result of a particular incident and care workers were supporting them to be more confident in accessing outside facilities. Their care plan was clear about the person's goal in socialising more and care workers were supporting the person initially to attend a day centre once a week, with the ultimate goal of increasing their independent living skills.
•Care workers told us that supporting people's independence was a fundamental part of their job. One care worker told us "We want people to stay living in their own houses, so it's really important that we encourage people to be more independent, so they can do that." Care workers gave us examples of how they encouraged people to be more independent. One care worker told us "We encourage people to do as much as they can for themselves- we don't just do things for people. Of course, you don't force people and sometimes they might be tired, but you try to be as encouraging and supportive as you can."

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans included personalised details of the support people wanted in relation to their physical and social needs. However, we found that information was lacking in respect of people's mental healthcare needs. We saw examples of records that stated people had mental health needs, but there was insufficient information on their care plans about how care workers should support people with those needs. We gave this feedback to the provider and we saw that people's care plans were updated during our inspection.
•People, their relatives and care workers confirmed that people had choice and control over their care. One relative told us their family member's care worker always gave them choices about what they wanted to eat or what they wanted to wear. Care workers confirmed this. One care worker told us "I always give people choices. It's not about me and what I want. I'm helping people to do what they want."
•People were given appropriate support with their social needs where this formed part of their package of care. We saw details of the support people required when accessing outside activities such as going to the park, a day centre or their place of worship where this formed part of their package of care. We also saw examples of what people liked to do within their homes when care workers were not required to provide specific support with their recreational needs. For example, we saw one person liked to watch detective programmes on television and liked to play board games. Where relevant, there were details about the people who were important to people using the service, so care workers were aware of visitors that people had.

End of life care and support
•At the time of our inspection the provider was not supporting anyone with their end of life care needs. However, we read one person's care record who previously used the service and had end of life care needs. We found their care plan did not include details about some aspects of the person's end of life care needs and how the provider may be required to support these. For example, there was no information about whether the person had any particular spiritual needs that required observance or whether they required resuscitation.
•We spoke with the provider about these concerns and they confirmed they would look into this area for any other person who might require end of life care in the future and ensure they had full details recorded about people's needs.
•Some care staff had received specific training in end of life care and the provider ensured that only those who had been trained would be sent to assist people with their end of life care needs.
• The provider had an appropriate end of life policy in place. This confirmed the provider 's responsibility to ensure that people's religious or cultural needs were met and that the provider worked with other healthcare professionals as needed.

Improving care quality in response to complaints or concerns

• The provider improved care quality in response to complaints or concerns. Complaints were logged appropriately with details of the investigations undertaken and consequent actions. Actions taken were to ensure an amicable resolution to the issue that had been identified. For example, we saw one example of a complaint that care workers were not arriving on time and not providing appropriate care. The provider investigated and upheld the allegation and all care staff involved had been suspended, retrained and monitored to ensure that there was no repeat of the conduct.
•The provider confirmed that any learning that was identified from complaints were relayed to care workers during team meetings which took place every quarter or during supervision sessions.
• The provider monitored all complaints received on a monthly basis in order to identify any trends. At the time of our inspection, the provider had not identified any trends in the complaints received.
• The provider had an appropriate complaints policy and procedure in place. This stated the procedure to followed in the event of a complaint. The provider ensured each person using the service was provided with a copy of the complaints policy before the commencement of care.
•People told us they knew who to complain to if they had any issues with the care being provided and would feel confident doing so. One person told us "I've never had any problems, but I would call the office if there was a problem."

Good

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

• Managers did not always understand their responsibilities as they were not aware of their obligation to ensure that care was provided in accordance with the Mental Capacity Act 2005 by ensuring that mental capacity assessments were conducted when needed. We spoke to the provider about this and were told that they were now ensuring that all staff were aware of this need and that all people using the service were being assessed.

• The provider had a clear internal staffing structure in place as well as job descriptions relating to personnel. We reviewed the provider's internal staffing structure as well as a copy of job descriptions for different roles within the organisation. We found there was a clear line of authority within the organisation and staff responsibilities were clear.

•Care workers gave good feedback about the management of the service. One care worker told us "I feel very supported. I am happy working here" and another care worker said "The managers and office staff are very good. I can ask questions whenever I want and they help me."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

•The provider worked to improve the quality of the service by conducting quality audits in areas such as care plans, risk assessments, people's daily notes and MAR charts and whether staff pre-employment checks had been conducted. We saw the most recent copy of these audits and saw actions had been identified and improvements were underway.

•The manager and care workers demonstrated a commitment to providing a person-centred and high quality service. Care workers comments included "We try to get to know people when we go around, so we can understand what they really want" and a relative told us "the carers really have become part of the family..I don't know what we'd do without them."

• The provider was meeting their obligations to send notifications of incidents and other serious events to the CQC as required.

•The provider had transparent investigation procedures in place and the manager demonstrated an understanding of their duty of candour responsibilities.

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

• The provider engaged and involved people using the service by obtaining their feedback when conducting spot checks of care worker's performance and by obtaining their feedback as part of annual surveys conducted. Where issues were identified these were dealt with directly with the people involved. The

provider also reviewed the results of feedback to determine whether there were any trends to feedback received. The provider confirmed that at the time of our inspection, this had not occurred.
• The provider had oversight of people's equality characteristics as this was identified during the assessment process and considered thereafter. The provider considered whether they met people's needs during the review process. For example, we identified one person whose regular care worker had left the service and as a result the provider communicated that they were no longer able to provide the person with a care worker who spoke their native language.

Continuous learning and improving care
• The management of the service was open to making changes to improve the service. At the time of our inspection the provider had conducted internal management changes to make best use of staff members specific skills to improve the quality of the service. The provider had also started taking immediate action in relation to feedback about people's mental capacity assessments and were in the process of reviewing all people's care records by the end of our inspection.

Working in partnership with others
• The provider worked in partnership with other professionals as and when necessary. We saw evidence of correspondence within care records with people's GPs, local authority commissioners and professionals such as occupational therapists requesting support for people in response to changes to their needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided in accordance with the consent of people because the provider did not always determine people's capacity to consent to their care in accordance with the Mental Capacity Act 2005. Regulation (11)(1) and (3).