

Olut Services Ltd

Bognor Regis

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Olut Care is a domiciliary care agency which provides support for adults in the community, including those living with dementia. At the time of the inspection 15 people were receiving personal care services supported by seven care staff.

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

Systems in place to assess and monitor the quality of the service were not sufficiently robust to identify that improvements were needed in relation to staff recruitment and person-centred support plans.

Risk assessments did not always provide sufficient details, so staff could support people safely. People told us they felt safe using the service. Accidents and incidents were recorded and acted upon. People received their medicines safely. Staff followed infection control procedures.

People were supported by trained staff. Assessments were carried out prior to people joining the service to ensure their needs could be met. People were supported to maintain good health and had access to a range of health and social care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by caring and compassionate staff who provided dignified care and respected people's privacy. Staff knew people well which ensured they provided support in line with their wishes. People were involved in the planning and review of their care.

Staff spoke positively about working for the provider and felt well supported. Staff were able to raise ideas for service improvement and these were listened to. There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

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 5 February 2019) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the

provider was still in breach of two regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to governance and the safe recruitment of staff at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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. We will work alongside the provider and 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bognor Regis

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.

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 two managers registered with the Care Quality Commission. Like the provider a registered manager is 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 we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 27 January and ended on 31 January. We visited the office location on 30 January 2020.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care worker and 3 care worker and one administrator.

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

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 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff employed were suitable to work in the care sector. The provider had failed to follow their own recruitment procedures. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

At this inspection not enough improvement had been made, and the provider remained in breach of regulation 19.

- Staff employed were not always recruited safely. We viewed the recruitment files of three staff who had started their employment since the last inspection. The provider had failed to follow their own procedure in the recruitment of each person. References had not been obtained in line with the providers own requirements. People's employment histories were incomplete, gaps in employment had not been explored and some records relating to their interview were incomplete.
- The provider had failed to undertake suitable pre-employment checks in line with their own policy. The providers recruitment policy requires at least two satisfactory written employer references. One must be from the last employer and followed up verbally to confirm the persons employment. This had not been completed. For example, references for a person who had been in their previous employment for 6 weeks had been provided by two support workers of that company and not the employer. Another person's references had been obtained over the telephone and checks had not been made to confirm the authenticity of these. This meant that people may be receiving care and support from staff who were not fully vetted to ensure they were suitable for the position for which they were employed into.
- Safe recruitment practices were not being followed. For example, one staff members file contained a letter offering them the position of support worker and confirming their start date. Time sheets showed the person had been working full time for the provider for two weeks prior to their official start date and some pre-employment checks had not been received. The registered manager told us the person would have been shadowing staff during this time and would not have worked alone until all recruitment checks had been completed. We were unable to verify this as rota's for 2019 were not made available to us. The manager told us that these had been lost during an electronic data transfer in December 2019 and hard copies had not been taken. The lack of robust recruitment practices meant the provider could not be assured about the fitness of the staff they had employed to support people.
- Following the inspection, the registered managers told us they would undertake a full review of recruitment practices. They told us they were committed to ensuring the safe recruitment of staff and would implement necessary measures to ensure they were compliant with their own policy.

Safe recruitment practices were not always followed. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

- Since the last inspection the provider had implemented a process to verify the details of people working on a visa. Checks were undertaken with the Home Office to ensure photographs of the person and their visa details matched those held by the Home Office. We viewed the recruitment files of three staff and saw these checks had taken place.
- Appropriate checks with the Disclosure and Barring Service (DBS) were undertaken to ensure people were safe to work with vulnerable people.
- There were enough staff to meet people's needs. People told us they received their support as planned. The provider ensured that any gaps in the rota were covered by the registered managers who also provided out of hours support.

Assessing risk, safety monitoring and management

- Risk assessments did not always provide sufficient details so staff could support people safely. For example, they did not always include what equipment and support people needed to keep them safe. People had not experienced avoidable harm because of this lack of information. The provider told us they would take immediate action to update people's risk management plans.
- Feedback received from a health and social care professional was some people had been placed at risk of harm by the actions of those providing support. For example on more than one occasion staff had left a gas hob on with a naked flame and a person's back door had been left unlocked. The person's family addressed these concerns directly with the provider and measures were taken to resolve the concerns raised.
- Risks associated with the person's care and wellbeing were identified. There was a positive approach to risk taking which supported people's independence. For example, one person's mobility care plan reflected the need for the person's independence to be encouraged when using their Zimmer frame.
- Action was taken promptly when risks were identified. For example, staff had sought appropriate support for one person when they noticed a sudden decline in their mobility. This ensured the person received support from trained health professionals in a timely manner and mitigated any further risks occurring.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not robust to ensure concerns were reported in a timely way. For example, one staff told us about a time they raised a concern about a person's wellbeing. Feedback received from a health and social care professional was the provider had not reported this concern in a timely way to the local authority for consideration under their safeguarding guidance. This meant people may have been placed at risk of further potential harm as appropriate measures to mitigate any further risk to people during this time were not taken. This concern is currently being considered by the local authority in line with their safeguarding procedures.
- People did not receive consistently safe care. Feedback received from two health and social care professionals informed us some people had expressed concerns to them about not always receiving safe care. The local authority were addressing these concerns with the provider at the time of inspection. People we spoke with told us they felt safe with the care they received. One person said, "the staff know what they are doing, and it makes me feel safe knowing that", another said "I feel quite safe with the staff coming into my home."
- Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred. Staff were aware of safeguarding procedures and how to report a concern

Learning lessons when things go wrong

- The provider had not always learnt lessons from when things had gone wrong. For example, following the

last inspection the provider had failed to act to ensure they were following their own processes in the recruitment of staff.

- The provider had a process to review and learn from incidents and prevent a reoccurrence. Outcomes were shared with staff so appropriate action could be taken to ensure people's safety and mitigate further risks.
- The provider had acted upon concerns raised by staff about sharing information about new clients in a timely way. An electronic care planning system had been recently introduced to enable pre-assessments information to be transferred into care plans in advance of people receiving support. This had recently been implemented and needed time to embed itself into the culture of the service before its true effectiveness could be known.

Using medicines safely

- People received their medicines safely. Some people required staff to prompt them to take their medicines and some needed staff to administer them. Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer medicine.
- Systems and processes were in place to identify omissions and errors and appropriate action taken. Medicine Assessment Records (MAR) were reviewed and analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks.
- People received their medicines on time. Where people had time specific medicines such as those prescribed to treat Parkinson's, these were administered in line with prescribed requirements. One staff told us of a time when a person who was self-administering their medicines had become unwell. The staff member saw that the person had not taken their medicines and called 111 for advice. The information provided by staff to 111 prompted an ambulance to be sent to the persons home. As a result of this the person's medicines were administered to them by staff to ensure they were taken in line with prescribed requirements.

Preventing and controlling infection

- People were protected from cross infection because infection control procedures were in place.
- Staff understood their responsibilities for maintaining standards of infection control. They had access to protective equipment such as disposable gloves and aprons when they were supporting people with personal care needs and with preparing meals.
- Staff received training in food hygiene and used this knowledge when preparing food for people. They also supported people to ensure that their food was in date and correctly stored.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured that staff were suitably qualified and skilled to undertake their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Staffing.

At this inspection enough, improvement had been made and the provider was no longer in breach of this regulation.

- People received care and support from trained staff. There was a programme of training for new staff to provide them with the skills and knowledge to undertake their role. Staff told us they received a good induction which included shadowing more experienced staff. One staff member told us the dementia training they received during induction had a positive impact on the way they supported people living with dementia. They said, "I learnt how to give people the confidence and reassurance they need to get through each day", and "people can be very frightened and confused, when you see confusion turn into a smile, it's the best feeling."
- People were supported by staff who had received up to date training to make sure they were practicing in accordance with current best practice guidelines. Refresher training was provided to ensure staff kept up to date with their knowledge and skills. The provider undertook regular assessments of staff knowledge and competencies. These included unannounced weekly spot checks on staff practice. One staff member said, "The managers ask people if we are treating them well and if we are supporting them correctly." We saw these had been effective in identifying and addressing areas of improvement for some staff.
- People told us the staff had the skills needed to support them. One person said, "They seem to be trained very well because they always know what they are doing." Another told us "Don't need to worry about that, they are very competent."
- Staff told us they felt well supported and had access to both registered managers whenever they requested it. They said the registered managers were visibly active within the service and on hand for advice and feedback on their performance and areas for development. They felt the registered managers showed an interest in their own-wellbeing and they felt supported and valued because of this.

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

- People received appropriate support to ensure their nutritional requirements were met. People who

required support with their nutrition and hydration had varying levels of need. Some people required readymade meals to be heated up for them, other times staff prepared snacks and sandwiches. One staff member told us it was important to help people be as involved and independent as possible with meal their preparation, "It's good to do it together and we get time to chat too."

- Staff were knowledgeable about people's nutritional needs and preferences. Staff understood the importance of maintaining a good fluid intake. They knew which people needed support to remain hydrated and how to recognise the signs of dehydration and the appropriate action to take.

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

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.

- People were involved in their care planning and personal preferences were respected. For example, one person's preference to receive support from a certain gender of staff was provided. Another person told us that they and their relative were able to arrange the times of care around their needs.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals when required. Support plans reflected advice given. For example, one support plan had recently been updated to reflect advice from a health care professional following their assessment of the person's mobility. The support plan had been updated to reflect changes required to support the person safely.

- Care records showed people accessed routine and specialist health care appointments. For example, the daily records for people who had diabetes reflected regular health checks from a district nurse. A health care professional told us they were confident, "That all the team at Olut would be completely competent at recognising when a patient needs medical attention."

- People received support from health care services. One person was currently being assessed by an occupational therapist for specialist equipment to support their change in mobility needs. A health care professional told us the communications between Olut services and professionals, relatives and services were very helpful and informative.

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

- The service was upholding the principles of the MCA. Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.

- At the time of the inspection, no one receiving care was under the Court of Protection.
- People receiving care and support had the capacity to consent to this. Records were in place to confirm this. The registered managers understood when and how decisions would be made in people's best interests. They were aware of which people were able to provide consent and the circumstances that may cause people to have fluctuating consent.
- Staff told us that they always sought people's permission before providing care and support. This was confirmed by people we spoke to. One person said "oh, yes they always ask first, shall I do this, would you like me to do that, or are you ready for? that sort of thing."

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 the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness by caring staff. Staff showed a compassionate approach towards people and worked well together as a team. A person told us they had nothing but praise for staff and described them as really kind.
- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care. Feedback received in a recent stakeholder survey included, "Thank you all for your help during our time of need" and "your carers are top of the list we are really happy with everything they do and the lovely caring way they have about them, you have a great team."
- People's differences were acknowledged and respected. Staff told us it was important to respect people's choices and cultures. One staff member told us that they respected a person's cultural wishes by removing their shoes before they entered the person's house.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives were involved in, and contributed to, the development of their plan of care. People were encouraged to make decisions about the level of support they wanted. Staff told us they offered and encouraged choice at every opportunity. One staff member said "Choices can make a big difference to someone's wellbeing, it's important to encourage people to make decisions about their day, no matter how small."
- People's privacy was respected. Staff told us they fully understood that they were working with people in their own homes and were mindful to respect people's wishes and preferences. People said staff were respectful of their dignity whilst supporting their care needs.
- Staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, whenever possible. Staff told us that people wanted to stay living in their own homes and they made sure they encouraged them to be as independent as possible within the support they provided.
- People said staff respected their views and were kind and caring towards them. Feedback received by the service included 'A very high-quality service - what else could we rate the carers you have working for you.'

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People were involved in the planning and review of their care. Support plans were reviewed regularly to ensure they were up to date and reflected any changes in people's needs.
- Care records contained key information about the person including their interests. Staff told us they had a good understanding of people's personal histories, interests and preferences. For example, one person's care records documented their skills as a motor mechanic and their love of motor bikes. This information was important because it enabled staff to engage in conversations with people about things that they were interested in or were important to them.
- People told us that staff knew how to support them. One person said, "Oh yes they are very good, they know just what I like, I have no worries there." Another said, "They always talk to me and whilst we chat I can tell them what I need and like." People told us they looked forward to seeing their carer's, one said, "They are so happy, it is a good tonic for me when they are here."
- People told us they received their support on time and staff remained for the full time. Staff told us that often they stayed later than they should if there was a problem or a concern. When this happened, arrangements were made to cover the next scheduled call to ensure minimum impact on other people. one staff said, "We remain with a person until help comes, sometimes we can stay for two hours or more waiting for an ambulance."

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 carer's.

- People's communication needs were identified and recorded in their care plans. This information was shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
- Information was available to people in different formats and languages if they needed it. For example, one person who was unable to speak or understand English, was able to communicate with staff through pictorial symbols. The registered manager told us the pictorial cards had enabled communication between staff and the person stating that "a smile and a thumbs up mean's they have understood."
- Staff were aware of the individual needs of people to support their communication. Staff told us they did things to aid people's communication such as cleaning people's glasses and ensuring hearing aids were switched on and batteries working.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. Complaints were recorded and responded to in line with the organisations policies and procedures.
- People knew how to make a complaint if they wanted to. The complaints process was given to people when they began using the service. People told us they knew how to raise a complaint and felt they would be listened to.
- There was a process for responding to complaints and concerns. This ensured concerns were responded to in an open and honest way and learning outcomes could be used to improve practice. Records showed that complaints were responded to appropriately and in a timely way.

End of life care and support

- At the time of the inspection no one required end of life care. The provider told us that if the need arose they would source end of life training for staff.
- Staff understood which health and social care professionals would need to be involved to support people who were living with a life limiting illness. People's support plans would be updated to reflect people's end of life wishes and care needs.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the previous inspection there was a lack of effective quality systems including reviewing and monitoring services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At this inspection, enough improvement had not been made and the provider remained in breach Regulation 17.

- The provider had failed to ensure issues highlighted in the previous inspection, such as those relating to the breaches of regulations 17 and 19 were fully addressed.
- Auditing systems implemented since the last inspection to monitor the quality of the service were not robust to identify some of the concerns we found. This included ensuring people were recruited safely and ensuring people's care and risk management plans provided enough guidance to support people appropriately and safely.
- The provider had not ensured that the requirements of their own policies were being met and was not clear about the detail of their own responsibilities outlined within them. For example, systems and processes had failed to identify that safe recruitment practices were not being followed or that the provider was not following their own recruitment policy. The registered manager acted to begin addressing this during inspection by commencing a review of recruitment for recently employed staff.
- Risk management processes had failed to identify that assessed risks to people's health and wellbeing did not always include information on how to mitigate the risk. This meant the provider could not be assured all reasonably practicable actions were considered and taken to mitigate some risks to people
- Care plan reviews had failed to identify some support and risk management plans did not provide personalised information. People's preferences for how they liked to be supported and what they were able to do themselves were not included. For example, one person's support plan described the person as requiring a normal diet and being able to feed themselves with supervision. Personalised information from the person's assessment overview had not been transferred into their support plan. This information included their preference to have staff to sit with them whilst eating, their need for verbal prompting to eat and drink, help required with breakfast preparation and their enjoyment of toast and marmalade. The

provider could not be assured staff were providing support in line with people's personal preferences because processes were not in place to ensure personalised information was captured within support plan's

- The provider had recently introduced electronic care monitoring and management systems. The registered manager told us that they were still learning the new system, and this was the reason some of the information had been recorded in the wrong sections. The registered managers told us the action they would take to address this following inspection. This included a review of information held about people and updating support plans to reflect a more personalised approach that includes people's preferences.

Systems and processes for quality monitoring were not effective in assessing, monitoring or improving the quality and safety of the service provided. The provider had failed to keep accurate and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- There were systems and processes to monitor accidents and incidents. Accidents and incident records were analysed to identify key issues and mitigate risks. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further incidents occurring. Staff told us the new reporting system made it much easier to report accidents and incidents in real time. This was done through a secure application on their mobile phones which sent a "red flag" alert to the senior team. Staff said that this had enabled support and guidance for the person and staff to be obtained very quickly which was good.

- The registered managers had day to day operational oversight of the service. There was a clear staffing structure with identified roles. Staff had opportunities to discuss their learning and development needs. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the providers management of the service.

- People received person-centred care. People said they received personalised care from staff who knew them well. People and their families told us that they were involved in the planning of their care which meant they felt valued. We were told that communication was good, and people could always get hold of someone in the office if they needed to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered managers understood their legal duties and sent notifications to CQC as required. Notifications had been sent to us in a timely manner and were completed in line with requirements. The registered managers understood their responsibility to notify the local safeguarding authority of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance.

- The registered manager's promoted transparency and honesty. They were able to demonstrate a good understanding of the duty of candour and when this would apply.

- Records showed that both registered manager's had been open and transparent in providing information to relevant professional bodies and people using the service. For example, one of the registered manager's had met with a person to discuss aspects of their care that had not been satisfactory. The registered manager was able to address the concerns and as a result the person continued to receive support from Olut Care Services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a collaborative working relationship between the provider and staff. Staff were happy working at the service and were committed to providing good care and support. They felt valued and listened to and

able to share their views. One staff member told us, "It's a good place to work, I am happy here."

- Staff had received training in equality and diversity and understood their responsibilities to uphold peoples' human rights. Staff gave us examples of how people had been supported with their equality and diversity needs. This included respecting people's religious beliefs and cultures.
- Satisfaction surveys were sent out to stakeholders and staff. There was a process for analysing, sharing and acting upon feedback. Feedback from the most recent 2019 survey showed that people were satisfied with the service overall.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people's needs were met and they had the community services they were entitled to. Records showed that a range of medical service had been contacted when people had been unwell or required additional support. This enabled people to receive the appropriate support to meet their continued and changing needs.
- Records evidenced collaborative working with healthcare professionals. For example, a community health care professional had provided training to staff. This was in response to concerns about a person's catheter bag. The training ensured staff were able to fix the bag in the correct position for the person and identify when additional medical support was required.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes for quality monitoring were not effective in assessing, monitoring or improving the quality and safety of the service provided. The provider had failed to keep accurate and contemporaneous records.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices were not always followed. The provider had failed to ensure staff employed were suitable to work in the care sector. The provider had failed to follow their own recruitment procedures. This was a continued breach of regulation

The enforcement action we took:

Provider was served with a warning notice