Trinity 365 Care Ltd

Caremark Hounslow

Inspection report

Suite No 139, Westlink House
981 Great West Road
Brentford
TW8 9DN

Tel: 02085448037
Website: www.caremark.co.uk/locations/hounslow-and-chiswick

Date of inspection visit:
18 August 2022

Date of publication:
17 November 2022

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
Caremark Hounslow is a domiciliary care service providing personal care and support to people living in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for approximately 34 adults and younger people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The provider had not always developed risk management plans which provided care workers with appropriate information to enable them to mitigate any identified risks. The provider did not always identify where lessons had been learned following an incident or safeguarding concern to ensure preventative measures were put in place.

The provider had developed a range of quality assurance processes, but these were not always robust enough to identify where action was required to improve the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made a recommendation to the provider in relation to supporting people to make decisions about their care.

The provider did not always investigate complaints so that actions could be completed to reduce the risk of reoccurrence. We have made a recommendation to the provider advising them to implement national guidance on how complaints are handled, investigated and responded to.

People felt safe when they received care in their own homes. Medicines were administered as prescribed and were managed safely. The provider had a recruitment process which enabled them to identify if the applicant's skills and knowledge were suitable for the role.

Care workers completed a range of training to support them in their role. People's care needs were assessed before the care visits started to ensure these could be met. Relatives felt the care workers who visited their family member were kind and caring. People's religious and cultural preferences were identified and respected.

People's care plans were person-focused and identified how they wished their care to be provided. People's communication support needs were identified. The provider worked in partnership with other organisations. People receiving support and relatives were happy with the care provided.

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

Rating at last inspection
This service was registered with us on 18 June 2021 and this is the first inspection.

Why we inspected
The inspection was conducted based on the date of registration.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Caremark Hounslow

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector. Following the inspection an Expert by Experience carried out telephone interviews with people receiving support and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was also a director of the company.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 August 2022 and ended on 25 August 2022. We visited the location's office on 18 August 2022.

What we did before the inspection
We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We met the registered manager who was also a director of the company. We looked at a range of records which included the care records for five people, four care workers' files and a range of records including those used for monitoring the quality of the service, such as audits, minutes of meetings and policies. Following the inspection telephone interviews were carried out with two people and the relatives of four other people who received care visits.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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
• The provider did not always ensure the effective management of identified risks as they did not always provide care workers with guidance on how to minimise risks through the development of risk management plans.
• When a person had been identified as living with a medical condition the provider had not developed a risk management plan providing guidance for care workers on how the medical condition could impact on the person and how care should be provided. We saw one person was living with a neurological condition but there was not information in the person's care plan and risk assessment providing care workers with guidance on the condition and how it could affect the person, such as their mobility and their care.
• The provider had completed a number of risk assessments which included nutrition and drinking, personal care, fire, mobility and risk of falls. The assessments did not always include information about risks specific to a person's and the wording was standard across different people's risk assessments. The information provided to mitigate the risks focused on care workers' training and general actions they could take. For example, the nutrition and drinking risk assessments identified as mitigation that care workers completed annual nutrition training, they would use safe hand hygiene, promote independence and reassure the person they are there to help them. There was no information relating to any of the people's specific risks or needs, such as the risk of falls, and what actions could be taken to reduce identified risks.
• The provider had developed risk management plans for COVID-19 for people who received support, but these focused only on infection control procedures. The plans did not identify possible factors that could increase the risk of harm to a person if they developed COVID-19, such as existing medical conditions and ethnic background. This meant guidance was not provided to identify these risks and how they could be mitigated.
• The care plan for one person indicated they were supported to undertake activities outside their home, such as shopping. However, there was now risk management plan to provide care workers with guidance on possible risks to the person's safety and how they should respond to them.
• The provider had completed a medicines risk assessment for people whose medicines were administered by care workers. The risk assessment identified the mitigation for risks which included care workers completing training, obtaining consent before administering medicines, complying with safe hand hygiene, promoting independence. The risk assessment did not include any information relating to possible risks of the prescribed medicines and their administration.

The provider had not always identified risks related to a person's health and wellbeing by developing risk management plans that included guidance for care workers on how they could mitigate those risks. This meant people did not always receive are in a safe way. This was a breach of regulation 12 (Safe care and

treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
• The provider had developed a process for recording incidents and accidents and safeguarding concerns. However, these processes were not always adequate as the provider had not consistently identified any lessons learned from these or preventative measures which were taken to reduce the risk of reoccurrence.

• We reviewed the records for nine incidents and accidents. Incident records for one person stated care workers had identified when providing personal care that the person had experienced an injury to their skin. The incident record listed the immediate actions which were taken but there was no information to show either the cause of the injury or when it had occurred. The records for a second person also showed care workers had found a skin injury when providing personal care. While this record showed the immediate actions taken to respond to the wound and that the care workers were advised on the importance of using equipment available, the provider had not identified the cause of the injury. This meant, the provider could not put into place actions to reduce the risk of these incidents re-occurring as their causes were not identified.
• We reviewed the records for three safeguarding concerns which had been investigated by the local authority. Two of the records did not include any investigations into the cause of the incidents and any lessons which could be learned to reduce the risk of reoccurrence had not been identified. The third safeguarding concern had occurred shortly before the inspection which meant it was still being investigated.

The provider did not always ensure learning was identified following an incident, accident or safeguarding concern to ensure preventative measures could be put in place. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• The provider had a process for the reporting and investigation of any concerns raised relating to the care provided. The provider reported concerns to the local authority.
• People told us they felt safe when they received support in their home. One person commented, "Yes, the carers are very good, and I do feel safe with them." Relatives also confirmed they felt their family member was safe when they had care visits.
• Care workers who contacted us showed they had an understanding of what safeguarding means and what impact it has when they provide care. Once care worker told us, "Yes, I had training in safeguarding adults. Safeguarding means protecting an individual from harm or abuse, where an adult has right to live in safety."

Using medicines safely
• People's medicines were administered as prescribed and safely managed. The prescribed medicines were listed in the person's care plan indicating which ones were to be administered during each visit.
• The medicines administration records (MAR) charts provided information on the medicine, dosage prescribed and when it should be administered, and we saw care workers had completed them to show they had administered the medicines.
• Training records demonstrated that care workers had completed training on the administration of medicines and care workers confirmed they had completed this training.

Staffing and recruitment
• The provider had a recruitment system in place which enabled them to carry out checks to ensure care workers had the required skills and knowledge for the role.
• We reviewed the recruitment records for four care workers. The records included two references, their full

employment history, information on the applicant's right to work in the United Kingdom and a Disclosure and Barring Service check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
• Relatives were asked if the care workers arrived at the agreed time and stayed for the whole visit time and they confirmed this happened. Their comments included "One call has only been cancelled once due to an emergency" and "They are usually on time and stay for the agreed amount of time."
• We reviewed the visit rotas which showed the planned time for the visit and the actual time care workers arrived. The rotas showed that care workers arrived for visits within an acceptable time frame and there had adequate travel time between visits. Care workers confirmed they had enough time to carry out all the care tasks during each visit and they had enough travel time.

Preventing and controlling infection
• The provider had infection control processes in place. Training records showed care workers had completed infection control training. Care workers confirmed they had adequate supplies of personal protective equipment (PPE).
• People we spoke with confirmed care workers wore PPE with one person saying, "Everyone washes their hands and gloves are available. Caremark dropped off boxes of them". Relatives also confirmed this and their comments included, "They do wear PPE, and I've seen them wash their hands", and "They do wear PPE, glove and masks and all of that. They do wash their hands."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

• The provider had a process for assessing a person's capacity to make decisions about aspects of their care, but this did not always reflect the principles of the MCA.
• The mental capacity assessment for another person indicated that they were not able to make decisions about their care, but the assessments which were completed were generic and not focused their ability to make decisions about specific aspects of their care.

We recommend the provider reviews the principles of the MCA in relation to supporting people to make decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's support needs were assessed before their care package started. The provider carried out a detailed assessment of the person's care needs which included their physical health, the types of support they required and how many care workers were required for each visit.

Staff support: induction, training, skills and experience
• People were supported by care workers who had completed a range of training courses identified as required by the provider.
• People we spoke with felt they care workers had appropriate training and one person told us, "Generally everyone is very skilled and they do quite a good job." We received a mixture of comments from relatives and their comments included, "When it comes to training and skills, I think that is a difficult one. There are two grades of carers. Some are absolutely brilliant. They have good rapport and talk to mum. We've had

problems with the weekend staff. All sorts come in and lots go wrong", "I think the training is adequate" and "Most of them have had appropriate training, but a couple of the night-time care workers don't know how to put [my family member's] pad on."
• The registered manager confirmed care workers completed a range of training courses which included moving and handling, fire safety and first aid. Care workers who contacted us confirmed they had completed a number of training courses.
• The training records showed care workers had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
• Care workers had regular supervision meetings with their line manager and spot checks were carried out to observe their practice.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have enough to eat and drink if it was identified as part of their care plan and relatives, we spoke with also confirmed this. Their comments included, "At the moment, [my family member] is having difficulty swallowing, they have a lot of those liquid replacement drinks" and "They serve up his food, and it's usually microwave meals. [My family member] is able to eat it."
• Training records showed that care workers had completed food hygiene training, and this was confirmed by care workers who contacted us.
• Care plans did not always identify a person's preferences for food and drink, but care workers were advised to ensure each person was given a choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's support agreement document included the contact details of healthcare professionals who were involved in that person's care.
• Relatives we spoke with confirmed they arranged medical appointments for their family member.
• The registered manager explained that they were occasionally asked to book care workers to attend appointments with people. Care workers also supported one person to check their post to see if they had received any appointments. The registered manager said they had made referrals to the occupational therapy team and the GP if required. Care workers also chased up the pharmacy if medicines had not been delivered for people who managed their own medicines.
• Care plans identified if the person required support with maintaining their oral hygiene.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• Care workers were kind and caring. Relatives told us they felt their family member received their care in a kind and caring manner. Their comments included, "One of the carers is an absolute dream with [family member]. She is superb and deserves a medal. Its only at the weekend that things go wrong", and "They seem to be very kind."
• The registered manager explained that through the assessment of care needs process a person's religious and cultural beliefs were identified to ensure these could be met and formed part of their care plan.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to be involved in the development of their care plan and to express their views on decisions about their care. Relatives confirmed, where they had legal authority, there were involved in making decisions about their family members care planning. A person who was receiving support explained that their relative helped make all of the decisions about their care for them.

Respecting and promoting people's privacy, dignity and independence
• People received support which respected their privacy and dignity. Relatives felt their family members were being treated with dignity and respect and they told us, "I think they do treat him with respect", and "Yes, always treated with dignity and very respectful." One person who received care commented, "Everybody is very respectful, some are more like friends and we get on very well."
• People were encouraged to be as independent as possible. Relatives explained that the care workers who visited their family member helped to maintain their independence. One relative told us, "Exercise is important, and I think they are helping [my family member] have a little bit of independence. They walk them down the corridor."
• Care workers we contacted confirmed they understood the importance of maintaining people's privacy and dignity when providing care and explained what they did to provide appropriate support. Their comments included, "By respecting their views, values, choices, decisions, and focusing on person centred approach and only sharing the information on 'as needs to know' basis" and "I ensure dignity and privacy by conducting myself professionally in my roles. I do not involve myself in client's sensitive information and I give maximum respect to clients I visit."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns
• The provider had a procedure for responding to complaints, but we found they did not always identify when actions were completed and preventative measures to reduce the risk of a similar concern occurring again.
• The records for one complaint indicated that a concern had been raised relating to care workers not providing appropriate support with a catheter. The complaint record indicated that care workers would be reminded that they needed to complete this specific task during each visit but there was no indication of when this was discussed with the care workers, which care workers were contacted, if they understood and acknowledged the action they needed to take and if any checks were made to ensure the care task was being completed.
• The record for a second complaint related to care workers not ensuring a person's hearing aid had been charged. The compliant record indicated that the action to be taken would be to speak with the care workers to remind them to check the hearing aids were on charge but there was no record that this took place, any response from the care workers and how this would be monitored. There was also no record of a response to the person who raised the complaint explaining the outcomes and confirming they were happy with the action taken.

• After the draft report had been sent to the provider, they submitted various evidence including emails and care plans to show how they had handled complaints submitted at the service.

We recommend that the registered person implement national guidance so there is a clear audit trail about how complaints have been handled, investigated and responded to in addition to the actions taken to prevent reoccurrence.

• People knew how to raise a concern about their care with the provider. One person told us when they have contacted the provider to raise concerns, they found it easy to speak with a staff member in the office. Relatives confirmed they had raised concerns with the provider when necessary.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People's care plans were person-focused, identified their care needs and how they wanted their care provided. The care plans included information on their personal history and any specific information related to their care needs.
• We asked relatives if the care workers completed all the tasks identified for that visit and we received a range of comments which included, "I think all tasks are completed, not necessarily in the right manner",

"They do get all the tasks done, but they can be strapped for time" and "They do everything that they're supposed to do."
• Care workers confirmed they read people's care plans and risk assessments regularly in case their support needs had changed with care workers commenting, "With Support plans, risk assessment I check when I visit" and "I read the support plan and risk assessment often to abreast myself with client's vital information and possible risk that might emanate."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• People's communication support needs were identified and met. People's care plans included information on issues which could impact on their communication. The care plans identified the person's preferred language and if they had any hearing, visual or other impairments which might impact on their care.
• Relatives told us that the information provided was accessible with one relative commenting, "They do email the roster, though it may change last minute. I can always ring if I'm confused."
• The registered manager explained that care plans could be provided in accessible formats such as large print or the person's preferred languages.

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 were supported to maintain relationships and reduce the risk of social isolation. Care plans identified relatives who were important to the person and who was involved in providing support.
• Where it was identified as part of the initial needs assessment, we saw care workers supported people to access activities outside of their home which included going shopping.

End of life care and support
• At the time of the inspection the provider was not providing anyone support with end of life care.
• Care plans we reviewed did not include any information on the person's end of life care wishes. We discussed this with the registered manager, and they confirmed they would consider how they could include this information as part of people's care plan.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

• The provider had developed a range of quality assurance processes, but these were not always robust enough to identify areas which required improvement.

• We saw the quality audit report from July 2022 which the provider had developed to provide an overview of a number of areas they were monitoring. The audit included information on a review of six care worker records and there was a section on the recruitment of office staff, but the staff member whose records were reviewed were not identified. The rest of the sections covering care plans checks, safeguarding, incidents and accidents, complaints and compliments and late or missed visits had not been completed. Therefore, the provider did not have an overview of the outcomes of a number of quality assurance processes which would enable them to address any areas requiring improvement.

• The provider had not always identified, managed and mitigated risks to people. We identified risk management plans for some specific risks had not been developed. Also, where a risk management plan had been developed it did not include person specific guidance on how to mitigate the risk. This meant care workers were not always provided with appropriate information. The monitoring processes in place were not robust enough to ensure the provider identified where additional information was required.

• The providers medicines audit did not provide information to ensure the MAR charts were completed accurately and people's medicines were administered as prescribed. The registered manager provided copies of medicine audits completed for three people. The form states the audit was part of the risk management system for the administration of medicines and identified the level of support the person required, how their medicines were delivered and stored. Therefore, the provider could not demonstrate how the recording of the administration of medicines was monitored as the medicines audit did not provide this information.

• The registered manager completed an incident audit and action plan and we reviewed the 2021 audit. The audit identified how many of each type of incident had occurred during the year such as 11 falls, eight incidents of aggressive behaviour and one case of choking. The audit did not analyse the outcomes of each incident that had been reported but looked at an overall summary of the type of incidents. This meant the audit did not provide information to demonstrate if the identified actions for each incident had been completed and preventative measures were put in place. The 2021 audit stated that the actions identified should be completed by the end of March 2022, but the audit did not demonstrate these had been completed.

The provider did not have effective and robust quality assurance processes to monitor, assess and improve the quality of services people received. Risk was not managed to ensure care was always provided in a safe

and effective manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The registered manager explained they had a system to monitor the arrival times of visits and how long care workers stayed during the visit. There was a electronic call monitoring system and if a visit started more than 10 minutes later than planned the system alerted the staff in the office and they would contact he care worker to check the reason for the late visit.
• A weekly report was completed by the field care supervisor indicated how many visits they had completed, which people they had contacted to get feedback on their care and if the care workers had raised any concerns about the support needs of the people they visited.

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
• People's care was provided in a person-centred way. People and their representatives were involved in the development and review of their care plan.
• Relatives told us they were happy with the care their family member received. Their comments included, "Now we have some lovely ladies", "I would say that we were reasonably happy" and "[Family member] is housebound, so it is very hard. I think the carers are very good and have managed to settle her."
• The registered manager explained they sent a survey to people receiving support every year to gain feedback on the care being provided. They also told us there was regular contact with people and relatives by telephone and email. The field care supervisors visited each person at least once a month to get feedback on their care. Also, some relatives were able to access the computerised care plan system so they could read the records of the care provided during each visit and inform the provider of any changes or updates to the care plan which were required.
• People's religious and cultural background were identified in their care plan. The registered manager said they identified people's cultural background as part of the initial assessment and care plans included any related preferences in relation to care workers coming to their home. They also tried to match care workers who spoke the same preferred language as the person they were providing support for whenever possible.
• Care workers told us they felt supported by their line manager. Their comments included, "I always feel my manager, supervisor, care coordinator always supports me to do my job and to provide good care to my clients. They always encourage me to do more training, learn more by issuing me extra courses" and "Yes my manager supports me in the job I do. Keeps me updated about clients and other changes."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager showed a clear understanding of the duty of candour in relation to their role and their responsibilities. They told us, "We need to be open and honest with everyone we work in partnership with organisations and relatives. We have self-reported to other organisations such as local authority when a situation has occurred where we needed to information other bodies."
• The provider had developed a range of policies and procedures and these were regularly updated to reflect any changes in legislation or good practice.
• The registered manager understood the legal requirements and responsibilities of their role. Staff within the organisation had clear responsibilities in relation to how care was provided for example there were staff members responsible for recruitment and supporting care workers.
• The provider had a number of policies and procedures which were regularly updated to reflect any changes in legislation or good practice.
• Relatives told us they knew how to contact the office if they had any questions. Their comments included,

"The ladies in the office are very friendly" and "I have a folder with all the numbers to the office, so I know where to go for help."

Working in partnership with others

• The provider worked in partnership with other organisations. The registered manager confirmed they worked with the local authority as well as various healthcare professionals who were involved in providing support for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services. The registered person did not ensure that lessons were identified following a n incident or safeguarding concern were identified so preventative measures could be put in place. Regulation 17 (1)(2)