

Care @ Home Newbury Limited

# Care @ Home Newbury Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Care @ Home Newbury LTD is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection the service was providing personal care to 24 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

Medicines were not managed safely. Care plans did not contain sufficient and detailed guidance for staff to enable them to provide individualised care for people.

There was a lack of evidence of mental capacity assessments having been completed for people where information indicated people may not have the capacity to consent to receiving different aspects of care and support.

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; however, the policies and systems in the service did not always support this practice.

There was a lack of evidence to show plans were in place to support people in their last days.

Although the provider had made improvements in governance and leadership some additional work was needed to ensure continuous and sustained improvement.

People were involved in planning their care and support and were encouraged to express their views on the care and support provided. The provider maintained a log of concerns and complaints which showed actions were taken by staff when concerns were raised.

People, staff and people's representatives were involved in how the service was run. The provider supported staff to learn through supervisions, spot checks, competency observations and staff meetings. The provider worked in partnership with external professionals to help meet people's health and wellbeing needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 29 July 2022) and there were 8 breaches of regulations.

We served a warning notice against the provider and issued seven requirement notices. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had complied with some regulations but remained in breach of other regulations.

This service has been in Special Measures since 29 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an announced, comprehensive inspection of this service on 29 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety of people, the effectiveness of care and ensure the service was well-led.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm whether they now met legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care@Home Newbury LTD on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We have found evidence the provider needs to make further improvements.

#### Enforcement and Recommendations

We have identified continued breaches in relation to person centred care, consent, safe care and treatment and good governance. 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 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. We will also continue to meet with the provider to discuss their progress towards achieving compliance with the regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care @ Home Newbury Ltd

## 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 1 inspector and an Expert by Experience. 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection. This is 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 23 February 2023 and ended on 20 March 2023. We visited the location's office on 6 and 20 March 2023.

#### What we did before the inspection

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 liaised with safeguarding and care quality representatives from the relevant local authorities. We reviewed notifications and information we held about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of care and support provided. We spoke with the registered manager, operations director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from 7 members of care staff. We received feedback from 2 members of care staff.

We reviewed a range of records. This included 6 people's care and support plans, 6 people's medicines administration records (MARs), staff competency checks, 4 staff recruitment files, the provider's policies for safeguarding, medicines management, consent and duty of candour. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection the registered person had failed to assess the risks to the health and safety of service users of receiving care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in breach of regulation 12.

- People's care plans still did not contain sufficient information to help staff protect people from identified risks. In addition, care plans contained incomplete and inaccurate information. This put people at risk of receiving unsafe or inappropriate care and treatment.
  - In one person's care plan staff had written, "Sugar levels could go high or low due to Diabetes (2) on medication for that". There was no information or guidance for staff about how to support the person to manage their diabetes or about signs to look for and actions to take if the person became unwell through having blood sugar levels which were too high or too low.
  - After the inspection the provider sent us evidence of information they had included in the care plan of the person living with diabetes. However, there remained a lack of sufficiently detailed guidance for staff about actions to take if the person became unwell.
  - In a different section of the same person's care plan it stated, "[Person] has no recorded medical history" however, in other parts of the person's care plan references had been made to the person having arthritis. In addition, the person's medicines list showed they were taking strong medicines for pain relief. There was no information in the care plan about how staff should help the person manage their pain.
  - In another section of the same person's care plan it had been identified, the person was at risk of falls. However, there was insufficient guidance for staff to help them manage and reduce this risk for this person.
  - In another person's care plan a staff member had stated the person had a history of short-term memory loss, cognitive impairment, and mental health difficulties. There was a lack of information and guidance for staff in the person's care plan to help them support the person to manage the risks associated with these conditions. This placed people at risk of harm through staff not having detailed and accurate guidance on how to support people to manage risks to prevent harm.
  - In another person's care plan, in the "Risks and mitigations" sections for each assessment, staff had failed to add any details about how to manage identified risks to people.

The registered person had failed to assess the risks to the health and safety of service users of receiving care and treatment. This placed people at risk of harm. This was a continued breach of regulation 12 of the

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

Systems and processes to safeguard people from the risk of abuse

At the last inspection the registered person had not established and operated effective systems to investigate allegations of abuse and to protect people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the registered person was no longer in breach of regulation 13.

- People and their relatives told us they felt safe whilst being care for by staff. One person said, "I feel safe with my carers, they keep a good eye on me". A relative told us, "I feel [person] is safe being cared for by the staff that support [person]". Another relative said, "My [relative] is safe with the carers in his home. I have seen the way they support [my relative] and I have every confidence in them".
- Staff had completed safeguarding training and the provider was aware of their responsibility to report instances of abuse to the appropriate authorities. No safeguarding concerns had been raised since the last inspection.

Using medicines safely

At the last inspection the registered person did not manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in breach of regulation 12.

- People's medicines were not managed safely. This put people at risk of not receiving their medicines as prescribed.
- In one person's care plan staff had written the person was receiving support in the form of prompting from staff to ensure they took their medicines. The nominated individual and registered manager told us although the person was able to take their own medicines at times, there were periods when they were not able to do this and were dependent on staff to help them take their medicines. There was no medicines administration record (MAR) in place, or care plan outlining the type of support the person sometimes required.
- In one person's MAR there were a large number of missing signatures, showing staff had not administered medicines to the person on 29 separate occasions over a 2 month period. We spoke to the nominated individual about this. They stated on the days when staff had not signed the MAR, family members had administered the medicines, however, there was no record of this. As it was not clear if family members or staff were responsible for administering the person's medicines, they were placed at risk of not receiving their medicines as prescribed.
- We asked if any audits of people's MARs had been completed to enable the provider to identify and address any issues or unsafe practice to ensure people's medicines were managed safely. The nominated individual was not able to provide any audits of people's MARs.

The registered person did not manage medicines safely. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment



At the last inspection the registered person had failed to establish and operate recruitment procedures effectively to ensure the required information was included in staff recruitment files. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the registered person was no longer in breach of regulation 19.

- At the time of the inspection necessary recruitment information could not be found in the staff files we examined. However, the provider did have this information and forwarded it to us after the inspection.
- The provider ensured there were enough suitably skilled and trained staff allocated to ensure consistent, personalised care for people.

Learning lessons when things go wrong

At the last inspection the registered person had failed to evaluate and improve their practice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the registered person was no longer in breach of regulation 17.

- The provider and staff team had reflected on practice and taken learning from this to make improvements to service delivery to ensure people received safe care.

Preventing and controlling infection

- People were protected from the risk of acquiring infection by trained staff with access to personal protective equipment.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

At the last inspection the registered person failed to plan care and treatment which was appropriate, met people's needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008.

Not enough improvement had been made and the registered person was still in breach of regulation 9.

- In people's care plans there remained a lack of specific and detailed information to support staff to deliver personalised care and support to people.
- In one person's care plan, staff had written the person had a number of health conditions. There was a lack of guidance for staff about how to help the person manage these and mitigate any risk to the person. For example, staff had written the person had high blood pressure. In the 'How this affects my abilities' section staff had written, "I do get out of breath with I have to be careful".
- In another person's care plan in a section about supporting them with nutrition, the care plan stated, "Never see what [person] eats. You are lucky to get in there". There was no information for staff about the types of food the person preferred or whether or not they needed any support to eat and drink.
- In the same person's care plan in the medicines section, the care included, "You must not keep on about meds if you become pushy she will not take them". This did not provide staff with any guidance about how to support the person to take their medicines safely.

The registered person failed to plan care and treatment which was appropriate, met people's needs and reflected their preferences. This placed people at risk of harm. This was a continued breach of regulation 9 of the Health and Social Care Act 2008.

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

At the last inspection the registered person failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in breach of regulation 11.

- There was a lack of evidence in people's care plans to show staff had assessed people's capacity to consent to receiving care and support where information suggested that people might lack capacity to consent to elements of their care. In addition, care plans contained conflicting and inaccurate information.
- In one person's care plan in the mental capacity section staff had written the person did not have capacity and was living with dementia. In the sections which asked if the person had 'lasting power of attorney' in place or a 'Do not resuscitate' form in place the staff member who completed the assessment had written, "Don't know". Later in the person's care plan the staff member had written the person had advanced plans in place to help others manage their health and welfare. The conflicting information in the person's care plan meant staff did not have access to sufficiently detailed or specific information to support the person in this area.
- In the same person's care plan there was no evidence staff had completed an assessment of the person's capacity to receive care and support.
- In another person's care plan, staff had written the person was "fully dependent" and had "noticeable memory loss". However, there was a lack of information to demonstrate the provider had made any assessment of the person's capacity to consent to receiving care and support.

The registered person failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff always sought consent before providing care and support. One person said, "They ask my permission to do things for me and they talk to me whilst they work". Another person said, "They ask my permission before they do things". A relative told us, "The staff are very polite, they respect her and always ask permission before they do anything". Another relative said, "The staff are very polite, they respect her and always ask permission before they do anything".

Staff support: induction, training, skills and experience

At the last inspection the registered person had failed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the registered person was no longer in breach of regulation 18

- People and their relatives told us staff were trained to provide care and support. One person said, "The carers are trained well enough to look after me." A relative told us, "I feel the staff are well trained". Another relative said, "The staff are well trained to meet [person's] needs".
- The provider's log for mandatory staff training showed all staff were up to date with their training.
- The nominated individual told us if people had specific medical needs, such as a catheter, they were only supported by staff who had completed the necessary training.
- Staff files contained evidence of attendance on training courses, spot checks and competency observations.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection we made a recommendation that the registered person established an effective system to enable them to seek and act on feedback from people using the service and other relevant persons. We found the provider had made improvements.

- Following our recommendation the provider had made improvements to seek feedback from people using the service. The provider had used questionnaires as a means of gathering and acting upon people's views to improve the service and maintain quality and safety.
- People were fully involved in making decisions about their care and support. One person said, "The staff are polite, kind and thoughtful, they are never rude or abrupt. They have got to know me well and how I like things done". Another person told us, "The carers are very kind. They often go and collect milk and my paper for me. They know how I like things done and they know my routine". A relative said, "We have received a questionnaire so we have been able to give feedback about the service".
- People received care and support from kind and caring staff. All people and relatives we spoke with said their wishes were taken seriously and their requests were accommodated.

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

- Staff had developed compassionate relationships with people.
- Staff were respectful and maintained people's privacy and independence. Comments from relatives included, "When they support [person's] needs, they shut [person's] door and when [person] dress him, [they are] well presented" and "They demonstrate respect as they shut doors and curtains when they are helping [person]".
- People were supported to maintain their independence by staff. One person said, "They do encourage me to do things independently such as clean my teeth and brush my hair". Another person told us, "Since my last fall I have been worried about going out so once a week they take me across the road so I can do some shopping". A third person said, "I can do things myself which they encourage me to do". A relative told us, "Regarding [person's] independence, it is a balancing act about what he can do and what he would like to do, so they encourage him to dress himself, but help out when necessary. I can't fault the carers". Another relative said, "[Person] is encouraged to do a lot independently".

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At the last inspection the registered person had failed to carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 9.

- There was a lack of evidence in people's care documents to show staff had completed comprehensive assessments of people's care and support needs.
- The provider had begun to use a new electronic system to record assessments of people's care and support needs. The nominated individual told us not all assessments had been documented on the new system.
- Care plans were divided into the following areas, 'Personal care', 'Everyday activities', 'Social support', 'Environmental', 'Nutrition and hydration', 'Medical' and 'Psychological'. Each section also included a 'Risks and mitigations' section for staff to record any associated risks and strategies to manage these. In 2 people's care plans none of these sections had been completed by staff.
- At the time of the inspection the provider was not supporting anyone with their end of life care needs. We asked the registered manager, nominated individual and operations director for evidence of assessments of people's needs for care and support in their last days.
- There was no evidence that people's end of life wishes and care preferences had been explored with them so that personalised end of life care plans, containing this information were developed for staff guidance when needed.

The registered person had failed to carry out and record an assessment of the needs and preferences for care and treatment of each service user. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

At the last inspection the registered person failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Enough improvement had been made and the registered person was no longer in breach of regulation 16.

- People and their relatives were satisfied any complaints or concerns they raised would be dealt with effectively by staff. One person told us, "I have been informed who to contact if I have a complaint, but I have no reason to make any complaints about anything". Another person said, "I haven't needed to complain about anything, but I have been told I can call the manager if I need to". One relative said, "There is a complaints policy. I know I should speak to the manger if I have any major concerns, but I have had nothing to worry about. I have discussed a few little things such as the microwave wasn't being cleaned out. It was sorted immediately they were very receptive". Another relative told us, "They have spoken to us about what to do if we have a concern. I would talk to the manager as I have been given his contact number and we were given an information pack when he started with the agency. We have had no concerns at all. We are very happy with the service provided".
- The provider held a record of complaints and concerns which detailed actions taken to resolve the complaint. There had been one complaint since the last inspection which records showed had been addressed.

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.

- The nominated individual told us they had plans in place to support people with sensory impairments by supplying information in formats they could understand such as large print or braille.
- Staff adapted their communication to ensure people with sensory impairments could understand them.

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

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

At the last inspection the registered person failed to establish an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from relevant persons and other persons on the services provided in carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not evaluated and improved their practice. These areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice against the provider.

- Some changes to implement an improved governance system and structure had been made by the provider since the last inspection. Further improvement is required and actions to improve the leadership and governance are not complete.
- The registered manager and nominated individual were using a newly implemented electronic system to monitor service delivery on a daily basis. However, insufficient time had passed to allow them to demonstrate how this system was being used to audit different aspects of the service, such as care plans and MAR charts. In addition, the information on this system had not yet been used by the provider to analyse themes and trends.
- Since the last inspection the provider had not maintained a log of late or missed calls. There was no analysis of the reasons for late or missed calls and no evidence of any actions taken by the provider to prevent recurrences.
- The provider had not identified the issues found during this inspection including the lack of specific information and guidance in people's care plans to support staff to deliver personalised care, the incomplete or missing information from people's care plans, the lack of audits of people's medicines administration records (MARs), the missing MAR for one person, and the lack of analysis and reporting on themes and trends to identify and action service improvements.

We are satisfied the provider has complied with the warning notice at this inspection. However, the governance of the service still requires further improvement. This is a new breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The provider used an electronic system to log care visits and associated tasks in 'real time' to ensure people were receiving timely care. Where tasks at care visits were not completed at the scheduled time an alert was generated. This was then picked up by the senior management team who discussed this with the staff member responsible for completing the call to ensure people continued to receive their allotted support.

At the last inspection the registered person had failed to notify the Commission of notifiable incidents 'without delay'. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the registered person was no longer in breach of regulation 18.

- The provider had clear systems in place to ensure CQC were informed of notifiable incidents 'without delay'.

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

- The provider had implemented a series of questionnaires to gather feedback from people, staff and relatives. They used the results of the surveys to make improvements to the service. For example, in one of the surveys people had commented they would benefit from having an informative service user guide. The provider then produced the guide and distributed it to people.
- People and their relatives made positive comments about how well managed the service was. People's comments included, "The manager has visited me; he was friendly and helpful. The company runs smoothly, there have been no issues. The carers are all very good at their job. I would recommend the service", "I would recommend the service, as they act on what I say as I have been given the times I requested for visits" and "All the carers are supportive they are a good team...I would recommend the service".
- The provider held regular team meetings with staff to share updates and identify areas for improvement.
- Following the last inspection the provider worked with professionals from local authority teams to formulate an action plan for improvements to the service. The provider had worked with the local authority and with CQC to monitor progress with the action plan. A number of actions had been completed by the time of our inspection.

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 provider had a duty of candour policy in place and understood their legal responsibility to be open and honest when something went wrong.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to plan care and treatment which was appropriate, met people's needs and reflected their preferences.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to assess the risks to the health and safety of service users of receiving care. The registered person did not manage medicines safely.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

#### How the regulation was not being met:

The registered person had not used an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had failed to keep complete and accurate records of people's care needs and ability to consent to receiving care and support.