

Carers 4 U Ltd

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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

Carers 4 U Ltd is a domiciliary care agency. It provides personal care, support and live in care services to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were approximately 33 people using the service.

People's experience of using this service

The provider had failed to ensure risks to people were appropriately assessed, recorded and managed by staff to avoid possible harm. The systems and processes in place for managing people's medicines were not always safe. Policies and procedures in place for reporting and recording accidents and incidents were not always robust to ensure people's safety and were not conducive to learning from incidents. The provider's electronic call monitoring (ECM) system was not robust or monitored to ensure people did not receive late or missed calls which potentially placed them at risk.

The provider failed to assess people's capacity in line with the MCA and maintain a record of decisions made in people's best interests. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about ensuring the provider follows the principles of The Mental Capacity Act (2005).

Health and social care assessments were basic and lacked important information and guidance for staff. We have made a recommendation that the provider develops a more thorough and detailed tool for assessing individual's needs, to ensure the staff team have a clear picture of individual's needs, preferences and wishes and how best these can be met.

People's end of life care and support needs and wishes were not assessed or documented as part of their plan or care. We have made a recommendation that the provider develops a detailed assessment tool for assessing individuals' end of life care needs and wishes should people wish to do so and how best these can be met in line with good practice guidance.

The provider's quality assurance and monitoring systems had failed to identify the concerns we found at this inspection.

People and their relatives spoke positively about the care and support they received. Staff communicated well with people and had built good relationships with them. Professionals' feedback was positive confirming good partnership working.

Safeguarding and whistleblowing policies and procedures were in place and staff were aware of how to keep people safe. Arrangements were in place to prevent the spread of infections. Appropriate recruitment checks took place before staff started work and there were sufficient staff available to meet people's needs. Staff had the skills and knowledge to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet where this was part of the planned care. People and their relatives were involved in planning for their care and support. People had access to health and social care professionals as required and were supported to access community services.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. The service worked well in partnership with health and social care professionals.

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

Rating at last inspection

The last rating for this service was Good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we rated the service as requires improvement. We identified two breaches of regulations, in relation to safe care and treatment and good governance. Please refer to the end of the report for action we have told the provider to take.

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. The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

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 ●

Carers 4 U 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience who conducted telephone calls to obtain feedback from people using the service and or their 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

Carers 4 U Ltd is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection started on 26 July and ended on 31 July 2019. We visited the office location on 26 July 2019 which was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

What we did before the inspection

We reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding they had raised. We also sought feedback from local authorities 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 met and spoke with the registered manager, office manager and care supervisor. Following the office visit we spoke with three care staff by telephone. The expert by experience spoke with seven relatives by telephone to seek their feedback about the service and one professional who commissions and works with the service. We reviewed a range of records including five people's care plans and records and five staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There were increased risks that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always appropriately assessed, recorded and managed by staff to avoid possible harm.
- Assessments were infrequently conducted to identify, assess and manage risks to people's health and well-being. Risk assessments record the risks posed to people and guidance for staff on managing risks, for example in relation to their mobility, personal care, nutrition and hydration and medicines amongst others. However, we found risk assessments were not routinely completed for known risks to people, nor were they always detailed or provide staff with detailed guidance on how to best support people ensuring levels of risk are minimised and people are supported safely.
- For example, one person was supported by staff to manage their percutaneous endoscopic gastrostomy (PEG). PEG is a medical procedure in which a tube is passed into the stomach to provide a means of feeding when oral intake is not adequate. There was no risk assessment in place in supporting the person with their PEG documenting any known risks and guidance for staff on how to manage and support the person safely and appropriately.
- Another person's care plan detailed their history of poor mobility and falls, however failed to contain a risk assessment to guide staff in safe moving and handling techniques, the use of equipment to aid safer mobility and or how to minimise the risk of recurrent falls.
- A third person required support to manage their catheter care, however, again there was no risk assessment in place to offer staff guidance and on minimising the risk of poor catheter care and hygiene. One person told us a district nurse questioned how staff changed the catheter bag but stated their relative seemed to be ok.

We found no evidence that people had been harmed however, risk assessments and systems were either not in place nor robust enough to demonstrate risks to people were safely managed. This placed people at potential risk of harm. These issues were in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were provided with information on how to contact the service out of office hours should they require support. Staff received training in first aid, health and safety and fire safety and knew how to respond in the event of an emergency.
- There were arrangements in place to deal with foreseeable emergencies and to monitor the safety of individuals home environments. For example, checks to ensure smoke alarms in place worked correctly and there were no trip hazards.

Using medicines safely

- The systems and processes in place for managing people's medicines were not always safe.
- We could not be assured that staff were competent to administer medicines. Staff had received medicines training however, medicines competency assessments to ensure staff were skilled and competent to manage and administer medicines had not been routinely completed.
- We saw that people's medicines administration records (MAR) were completed by staff. However, MARs were not routinely checked or audited for accuracy, missed medicines or changes in medicine management. This was not in line with best practice and increased the risk of errors being made and not identified. One relative told us, "We had a problem recently. I saw that [relative] had a lot of tablets hidden. It was written that [relative] had taken them. I raised it with the managers and now there's a new regime that seems to be working."
- Staff did not have the guidance they needed to help manage people's medicines safely. Care plans did not include medicines risk assessments detailing any known and identified risks. PRN (as required) medicine protocols were also not in place to guide staff on the administration and recording of 'as required' medicines.

We found no evidence that people had been harmed however, robust systems were not in place to demonstrate medicines were safely administered and managed. This placed people at potential risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The systems in place were not always monitored to ensure people's safety nor were they robust in identifying missed visits, issues and/or concerns.
- There were systems in place that ensured people received their care on time and that care staff stayed the required amount of time ensuring people's needs were met as planned. There was an electronic call monitoring (ECM) system which allowed office staff to monitor care visits. This was achieved by way of staff being provided with a phone application that allowed them to sign in once they had arrived for a care visit and to sign out when they left. However, despite the system in place we saw that some people received late or missed calls potentially placing them at risk.
- For example, one relative told us they had received a call from the service to say that they had noticed that no one had visited their relative as planned. They were told that all the care staff had gone home and so they had to go to see their relative personally as they would be "distressed and in a difficult place until the next morning call."

We discussed this concern with the registered manager and office manager who told us there had been no missed calls identified for that month, however, after investigation they informed us that this incident had been recorded as a cancelled visit. Following our inspection, the registered manager and office manager told us actions had been taken to address late or missed calls and checks were in place to minimise the risk of them occurring. We will check on the progress and implementation of this at our next inspection of the service.

- People and their relatives told us they thought there were enough staff to support them with new staff joining but they had regular staff who visited them. One person said, "It was a very tight knit team with some very experienced carers but there are lots of youngsters now. Very nice and getting more used to the job." Another person commented, "We usually have very regular carers but recently there have been a lot of new people. I think it's because of the school holidays."
- The service followed safe recruitment practices and ensured all staff pre-employment checks were satisfactorily completed before they could work at the service. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent

unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong

- Policies and procedures were in place for reporting and recording accidents and incidents, however, these were not always robust to ensure people's safety and were not conducive to learning from incidents.
- Staff understood the importance of reporting and recording any accidents, incidents and near misses. We saw that staff reported them to the office when they occurred, however, there was no system of oversight in place regarding accidents and incidents when they occurred, and the registered manager and office manager were unable to tell us how many incidents there had been for the month.
- We discussed with the registered manager and office manager about what kind of analysis was completed of accidents and incidents, and what learning was shared with the staffing team following reported incidents. They told us there was no current system of oversight in place, so no analysis was completed to look for any trends and patterns or ways of reducing incidents from happening again. This required improvement. Following our inspection, the registered manager and office manager told us an accident and incident monitoring tool would be implemented. We will check on the progress and implementation of this at our next inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. People and their relatives told us they felt safe with the support provided and staff were kind.
- Policies and procedures for safeguarding adults were in place and systems for reporting and acting on concerns or allegations were robust.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe. One member of staff said, "We have good training and I know what to do if I had any concerns. The manager is very good, and I know they would take action if needed."
- Information on safeguarding adults was available for staff reference within the office location and people were provided with information in a format that met their needs.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with laundry and domestic tasks.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 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 decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the Deprivation of Liberty (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The service was not always working within the principles of the MCA.
- People's rights were not always protected nor upheld because staff did not assess people's capacity or seek for them to sign consent forms themselves.
- For example, one person's relative had signed their consent form when they started using the service. No capacity assessment had been completed to demonstrate if the person had capacity to make their own decisions or to sign to give consent. The provider also failed to maintain records of decisions made in their best interests, in line with the MCA 2005. This required improvement.

We recommend the provider refers to current guidance on the principles of the MCA and recording of 'best interests' decisions in line with the Mental Capacity Act 2005. We will check on this at our next inspection of the service.

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

- People's needs were assessed to ensure they could be met by the service.
- Assessments were used to develop care plans which would provide staff with information on how best to support people to meet their needs. Assessments included areas such as physical and mental health needs, personal care and preferences and support networks. However, assessments were brief in parts and were not always person centred.

We recommend the provider develops a more thorough and detailed tool for assessing individual's needs, to

ensure the staff team have a clear picture of individual's needs, preferences and wishes and how best these can be met. We will check on this at our next inspection of the service.

Staff support: induction, training, skills and experience

- Staff were trained to support people to meet their needs. People and their relatives commented on the skills of staff. One person told us, "They [staff] all know how to use the hoist." Another person commented, "As [relatives] dementia gets worse I hope they [staff] have more dementia training." A third person commented, "I think that the new young ones [staff] are learning how to do bed bathes on the job."
- There were systems in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers. One member of staff commented, "I had a very good induction which was about two weeks. The training was good, and the manager came out with me on the job."
- Staff received regular supervision, on site spot checks and support and an appraisal of their practice and development.
- Staff received training in a range of topics such as, moving and handling, medicines management, safeguarding adults, dementia, behaviour that may challenge and dying death and bereavement amongst others.

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

- People were supported to have a balanced diet that met their cultural needs and to ensure their well-being where this was part of their planned care. One person told us, "I make a weekly menu plan and then the carer prepares the meals, it works well." Another person said, "[Relative] only wants to graze and the carers will always leave her with snack bits. When she was out of bread, they didn't just leave it but rang me so that I could arrange a shop."
- Staff consulted with people and their relatives on what types of food they preferred and any cultural requirements they had. One person commented, "They [staff] give [relative] a choice, often showing her so that she knows what she's choosing."
- Care plans documented people's nutritional needs, support required with meal preparation and eating and any known allergies.

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

- People were supported where required, to access health and social care services. Assessments of people's physical and mental health needs were completed and retained in their plan of care for staff reference.
- Staff monitored people's well-being at each visit to ensure they were supported appropriately, for example, by completing food and fluid charts where people were at risk of poor nutrition and hydration.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. One person told us, "I know that they [staff] wouldn't hesitate to call a doctor if they saw [relative] was unwell. They always call the office and then they would let me know. It's good that I can rely on them to only call me if it's a major concern." Another person commented, "[Relative] had a fall two weeks ago. The carer stayed with them waiting for the ambulance because they knew that I was out of the country and wouldn't be able to get there. They didn't charge for her time waiting, it's just what needed to be and that's how they are. I really appreciated how they were thinking of [relative]." A third person said, "The manager contacted the occupational therapists as I find it difficult talking to people like that. She sorted out things that [relative] needs. She arranged for the bed that was needed."

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; equality and diversity

- Staff supported people with respect and showed an understanding of equality and diversity. People and their relatives told us they were supported by staff who were respectful to their individual needs, kind and caring. Comments included, "[Relative] is very happy with the carers. They are lovely with her", "They [staff] are just nice people", "They [staff] never bring a bad mood to work. It's always about the person that they are caring for", and, "They [staff] are very patient and have got to know [relatives] ways so that they can meet his needs well."
- Staff had built respectful relationships with individuals and their relatives and valued peoples independence, needs and wishes demonstrating an awareness of their personalities.
- People's diverse and cultural needs were respected and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs. The registered manager told us they were developing their assessment tool so greater information about people's diverse needs can be further explored, documented and met.
- Staff received training on person centred care and equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People and their relatives were involved in decisions about their care and support.
- People were supported and provided with choice, so they could make day to day decisions for themselves. One person commented, "They [staff] help [relative] to choose their clothes and most important, as it was her thing, she has to have the right earrings and they understand that."
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected.
- People and their relatives told us staff treated them with respect, promoted their independence and their privacy and dignity was maintained at all times. One person commented, "[Relative] can be rude to the carers but they don't take it personally and cope well. I'm always apologising for [relative] but they [staff] reassure me that they understand it's their condition."
- People were supported to be as independent in their care as possible. Care plans focused on what people could do for themselves and areas they felt they needed support with. For example, supporting people to operate house hold appliances safely.

- Staff told us they promoted people's dignity when carrying out personal care by seeking their consent and ensuring they were covered, and doors and curtains were closed.
- Information about people was kept securely in the office and staff knew the importance of keeping information about people confidential.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support

- Peoples end of life care and support need and wishes were not assessed or documented as part of their plan or care. One person told us, "We had a discussion with the doctor and the agency are aware of our decisions."
- The registered manager and office manager told us that no one using the service was receiving end of life care and support at the time of our inspection. However, there were no assessment tools in place to assist in assessing and documenting people's end of life wishes and or advance directives should people wish to do so, and this required improvement.

We recommend the provider develops a detailed assessment tool for assessing individuals end of life care needs and wishes should people wish to do so and how best these can be met in line with good practice guidance. We will check on this at our next inspection of the service.

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

- People and their relatives were involved in planning for their care.
- One person told us, "The whole family could be involved. We wanted this as it spreads the decision making for us."
- People's care and support needs were assessed and reviewed to meet individual needs and wishes. However, some people told us reviews of their care we not always frequent. One person said, "I instigated a review because of the deterioration in [relative] and then someone came to the house." Another person commented, "A manager came and observed a carer helping [relative] and that was a sort of review."
- The registered manager and office manager told us that reviews of people care were conducted on a six-monthly basis or when required. Care plans we looked at demonstrated that reviews of people care did take place, however, some reviews were not clearly documented and or conducted later than the providers policy and this required some improvement.
- Care plans documented information regarding people's physical, emotional and mental health needs, life histories and things that are important to them. However, care plans were basic in content and did not always provide staff with a clear holistic picture of the individual and their needs and wishes. The registered manager and office manager told us they were developing the care planning tools to make them more person centred. We will check on this at our next inspection of the service.

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 carers.

- Staff understood the AIS and the importance of effective communication when supporting individuals. People's communication needs were assessed and documented within their plan of care. We saw examples of effective communication including actions taken by staff to promote communication with one person who was unable to communicate through speech. Staff used a picture communication board, so they were able to effectively communicate with the person.
- People and their relative told us the service was good at communicating with them. One person commented, "[Relative] can't communicate but they [staff] always greet him with smiles and waves. They never just ignore him, and he is starting to smile at them now."
- The service had produced information in a format that met people's needs, for example, easy to read versions of the service guide and the complaints policy and procedure.

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 and their relatives told us they were supported to maintain relationships and to access community services or activities where this was part of their plan of care.
- One person said, "Carer's have tried doing activities because it's part of the plan. The best was when one [staff] recently took [relative] out in a wheelchair, they loved it. That carer was particularly confident about managing the chair. It would be good if more could take [relative] out a little." Another person commented, "[Relative] gets very lonely and we have a long evening care call. [Relative] just likes to have another presence, some company; they don't have to do anything."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received including the timescales for responding.
- People and their relatives told us they were aware of the complaints procedure and how to make a complaint. One person told us, "I have every confidence that anything I raised would be taken seriously and dealt with, no question." Another person said, "I have perfect confidence in the team, nothing to complain about."
- The providers complaints procedure was available in different formats to meet people's needs, including an easy to read version.
- Records showed that where complaints had been made the service responded to them appropriately and in line with the providers policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider failed to effectively monitor the quality of the service.
- There was a lack of management oversight of the service provided and records relating to the monitoring and auditing of the service were basic in detail and ineffective. Checks and audits in place failed to recognise the shortfalls within the systems, areas of concern and which required improvement which we identified at the inspection.
- For example, care plan and records audits were not routinely conducted nor robust in identifying risks to people were not always appropriately assessed, recorded and managed by staff, reviews did not record changes in people's well-being and care and the service failed to ensure they worked within the principles of the MCA. Checks and audits to ensure staff were competent to manage and administer medicines were not in place, MARs were not routinely checked or audited for accuracy, missed medicines or changes in medicine management and PRN (as required) medicines guidance was not always in place for staff. There were no robust systems in place to check the ECM system when a call was recorded as being missed or late and that staff had attended the call. There was no system of oversight in place regarding accidents and incidents when they occurred and no systems or opportunities for staff learning from incidents as a result.
- The provider was unable to demonstrate they carried out effective audits and checks to ensure good safe service delivery and action plans were not developed, in areas requiring improvement so concerns and issues could be addressed and resolved.
- A local authority quality monitoring team professional had recently conducted an audit and check on the service. We noted that they had identified several areas of concern and which required improvement. At the time of our inspection the registered manager and office manager told us they were developing an action plan, so the areas identified as in need of improvement could be addressed.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was an organisational structure in place and staff understood their roles and contributions to the service.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.

- The service operated an out-of-hours system to ensure appropriate management support was available to staff and people when needed.
- Unannounced spot checks were conducted by senior staff within people's homes to ensure care staff supported people as planned.
- Staff meetings were held to share information and best practice.

Planning and promoting person-centred, high-quality care and support with openness; 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

- At the time of our inspection the registered manager and office manager was on duty. Both were helpful and transparent throughout the inspection process.
- People and their relatives spoke positively about the service and the care and support provided by staff. One person said, "They [staff] were able to change the plan when [relative] came out of hospital and needed different things." Another person told us, "They [staff] are proactive and react to any changes." A third person commented, "I was on a knife edge about having carers coming in and now I can breathe a sigh of relief." A fourth person told us, "I have only good things to say, it's been a very positive experience."
- Staff demonstrated a good commitment to provide person centred care and spoke positively about management, and how the service was run. One member of staff commented, "I am very much supported, the managers listen and always do their best. I think it's a good service." Another member of staff said, "I think the service is good. We do our best for people and the managers are very supportive."

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

- People and their relatives told us they were asked for their views about the service and the care and support provided. One person commented, "I would recommend, they [staff] give the best service that they can, I'm always kept fully informed and they keep on top of things as things change."
- There were systems in place to ensure the service sought the views of people through reviews of their care, on site spot checks and annual surveys.
- The registered manager told us that a service users' questioner was recently sent out to people and or their relatives to complete. At the time of our inspection we noted that four people had responded. All respondents said the service was either very good or excellent. Comments recorded on the responses included, "very pleased with carers, are excellent in communicating." The registered manager told us that once all responses had been received they would complete an analysis of the findings and develop and action plan addressing any issues or concerns. Staff views were also sought through an annual survey and regular staff meetings.

Working in partnership with others

- Manager's and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, district nurses, social workers and GPs.
- One professional who commissions the service told us, "I have never had any issues with this agency. They are not just task orientated and employ passionate carers. They are able to respond to urgent changes and any neighbours of clients or hospital staff that I speak with are always complimentary about the staff from this agency."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks to the health and safety of people receiving care or treatment were appropriately assessed; and by doing all that is reasonably practicable to mitigate any such risks. The provider also failed to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>