

Laura Cares Limited

Laura Cares

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

Laura Cares is registered to provide personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service provided care and support to 35 people.

People's experience of using this service and what we found

People were not always protected when potential or alleged abuse had happened. This was because management were not aware of their individual responsibilities to prevent, identify and report all allegations of abuse. The service did not do all that was reasonably practicable to mitigate risks to people who were at risk of falls, living with dementia and had difficulty swallowing. There were unsafe recruitment practices, we have made a recommendation about this. People were safely supported with administration of medicines and from the risk of infection.

Assessments relating to people's care and support needs did not fully factor the needs of people living with dementia and did not identify all of people's protected characteristics as identified in the Equality Act 2010. People received care and support from staff who were not always inducted, suitably qualified, skilled and supported to meet their care and support needs. Appropriate referrals were made to relevant health and social care professionals to ensure people received timely care. We have made a recommendation in relation to staff supporting people with swallowing difficulties.

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 registered manager did not work in accordance with the Mental Capacity Act 2005 and its Code of Practice.

People's care was not always personalised and responsive to their needs and their preferences for end-of-life care were not captured. We have made a recommendation about this. The provider did not have effective systems to make sure all complaints were documented, investigated, and to ensure people were always provided with the outcomes. The service worked in accordance with the Accessible Information Standard and documented people's communication needs.

The registered manager had lost managerial oversight of the service and failed to follow policies and procedures which, if followed, would have helped them to be compliant with the relevant legislations. Quality assurance systems were ineffective because the service's internal audit processes were not able to identify when things went wrong and were completed by staff who did not have the skills to understand the significance of them. The service did not promote a culture that encouraged candour, openness and honesty at all levels when incidents happened. We have made a recommendation about this. Verbal feedback was sought but was not used to improve the quality and delivery of care. The service did access external partners when necessary to improve the care outcomes for people.

People and relatives were very positive about the caring nature of staff. Comments included, "Very polite and helpful" and "They (staff) love her, they are so kind to her, they joke with her, we have a lovely relationship." People and relatives told us they were treated with respect and dignity and their independence was promoted.

The registered manager was aware they needed additional support and had brought in another registered manager to assist them, as well as was seeking support from a local association, that supported registered providers.

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

Rating at the last inspection

This service was registered with us on 11 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-Led sections of this report.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified multiple breaches in relation to person-centred care, how consent was obtained, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, notifying the Commission of incidents, good governance, staffing, fit and proper persons employed and Duty of Candour.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Laura Cares

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.

Service and service type

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

The service is required to have 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. At the time of our inspection the service had a registered manager in post.

Notice of inspection

This inspection was announced.

Inspection activity started on 26 May 2022 and ended on 31 May 2022. We visited the location's office on 26 and 27 May 2022, we conducted telephone interviews with service users and their family members on 30 May 2022. We conducted telephone interviews with staff on 31 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three relatives, three people who used the service, four care workers, the registered manager who also acted as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked in detail at three care plans, four staff recruitment files and the service's staff training matrix. We spoke with four care staff which included a team leader and the registered manager. We looked at a variety of records relating to staff recruitment, medicine management, the management of the service, this also included the service's policies and procedures. We sent emails out to staff requesting feedback. We received feedback from a health and social care professional and a local authority.

After the inspection

In response to our email request for staff feedback, we received two completed staff questionnaires. We continued to seek clarification from the provider to validate evidence found. All information received was used as part of our inspection.

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 for this 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected when potential or alleged abuse had happened. A safeguarding policy was in place to instruct staff on procedures they should follow if they suspected abuse had happened or they had received information regarding allegations of abuse. We found this policy was not always followed. We will follow this up with the relevant local authority.
- For example, we found two incidents where people had fallen whilst care was being delivered but the registered manager was not aware these incidents met the criteria for allegations of neglect and failed to report them to the local authority.
- Records showed a person had made a complaint about how a staff member had rough handled them during the delivering of care. There were no records to show, and the registered manager confirmed, this complaint not been reported to the local authority.

The provider did not always use incidents and complaints to identify potential abuse, or take preventative actions including escalation, where appropriate. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our visit, the registered manager sent us information to confirm some of these incidents had now been reported to the local authority, but not all.
- Staff members told us, and the service's staff training matrix confirmed they were up to date with the relevant training. Staff were able to identify the different kinds of abuse people could experience and told us they would report any concerns to the registered manager.
- People and their family members said they felt safe from abuse and knew who to speak with if they felt unsafe.

Assessing risk, safety monitoring and management;

- People were not always protected when there were risks to their health and safety. This was because the service did not consistently assess identified risk to people's health and safety and put appropriate plans to manage those risks.
- For example, a care plan stated a person was at risk of falls due to poor mobility, no falls risk assessment had been undertaken to establish the level of risk and actions staff should take to reduce or mitigate it. This was also seen in the care plan of another person who was known to have a history of falls. Both people were also identified as having poor mobility and did have moving and handling risk assessments, but the registered manager did not seem to understand a falls risk assessment would still need to be put in place.

- Another person's care record documented staff should ensure they cut the person's food into small portions and put thickener in all fluids. The service failed to recognise there was potential risk of the person choking if the incorrect level of thickener was given and food portions were not small bitesize pieces. Therefore, an appropriate choking risk assessment and risk management plan was not in place.
- The provider cared for and supported people who are living with dementia. For some people, as the disease progresses, they may become aggressive and display behaviours that challenge. We noted no risk assessments were put in place, with appropriate management plans to show what staff should do when this happened.

The service did not do all that was reasonably practicable to mitigate risks to people who were at risk of falls, living with dementia and had difficulty swallowing. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- People were not supported by staff who had been recruited safely. This was because the service did not follow its Recruitment and References Policies and Procedures. For example, job applications were not always fully completed such as, reasons for leaving employment, gaps in employment histories and references were not always sought from previous employers.
- Where references were provided, there was no evidence to show these had been validated with either a company stamp or company email address. The policy further stated staff should, 'Check work history, note and investigate all periods of no work' and 'Evidence must be available to demonstrate that Laura Cares has gathered all available information to confirm the person is of good character.' This meant people could not be assured the service had always recruited staff who were of good character.

We recommend the service refer to their Recruitment Policy and Procedures and ensure it is followed in practice.

- Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff records showed DBS checks were completed.
- People and their families felt there were enough staff but talked about call times running late. Comments included, "No missed calls, there are times when they are late", "Pretty good compared with other care companies", "The really good thing, the people (care workers) are excellent. [Registered manager] is aware of this, time keeping in the morning is really bad. We have a plan to see how we fix that" and "We always have two carers four times a day, we may have to wait half an hour."
- Staff felt there were enough staff. Comments included, "You can never have enough staff. I actually don't know how [name of registered manager] covers all the calls but she always does!", "Clients calls are always covered. Every effort is made to ensure there are enough staff to cover illness, holidays et cetera. Unfortunately, in the care sector turn-over of staff is high" and "Yes (there are enough staff) and if it is taking longer, [registered manager] will get it reviewed with the relevant people."
- The registered manager said they had enough staff but acknowledged more staff were needed. They told us about the challenges they had faced recruiting new staff, their current recruitment drive, and additional actions they had taken to address this. We noted the service had lost several staff in the previous months and saw the registered manager, was taking pro-active steps to address this.

Learning lessons when things go wrong

- Incidents and accidents were recorded. However, the registered manager was not always able to recognise when these met the threshold of safeguarding an adult at risk. There were no records of audits

undertaken of accidents and incidents and analysis to determine if there were any emerging patterns to learn and make further improvements. We have addressed this under the Well-led domain of this report.

- The registered manager told they had taken action and put in robust measures regarding procedures relating to medicine management. This was in response to a period time when there were many medicine errors. This was supported by what we had found.

Using medicines safely

- Most people we spoke with said they either handled their own medicines or received support from their family members. Where people were supported with administration of medicines, they told us they felt safe.
- Medicines were administered and managed safely. An updated medicine policy was in place to ensure staff followed best practice procedures.
- Medicine competency assessments and medicines audits were completed and undertaken to ensure staff were competent to perform medicine tasks and followed procedures correctly.
- Staff told us about procedures they followed when administering medicines and training undertaken. Comments included, "All medication administered must be recorded on the MAR (medicine administration record) chart and be logged including any PRN (as and when required) medication. If not given, it must be logged on the MAR", "I have medicine training and two refresher and more thorough medicine training as well" and "We have regular medication competency training."

Preventing and controlling infection

- People told us staff wore personal protection equipment (PPE) when delivering care (this included a mask). Comments included, "Mum fed back to (office staff) some carers do wear mask, and some don't. She has hearing problems and sometimes asks carers to remove their masks so she can understand what they are saying", "Yes, (staff wear) masks, uniform and apron", "Yes, (staff wear PPE) all the time."
- People were kept safe from infection. The registered manager said staff are expected to always wear PPE and when this did not happen, they would expect people or relatives to inform them. All relevant policies were in place. This included up-to-date Corona Virus, Infection Control, Covid Testing and PPE policies and procedures. Records showed the service monitored and checked staff were up-to-date with all relevant vaccines. The registered manager ensured staff undertook regular Covid tests in line with government guidance.
- Staff explained the procedures they followed. Comments included, "We have to wear our full PPE, if its personal care, aprons and gloves. We always have our mask on. If it's not personal care we don't have to wear an apron, we have to wash our hands and use hand sanitiser" and "All COVID-19 guidelines are strictly adhered to along with the wearing and disposing of PPE. PPE is readily available in the office and was throughout the epidemic. Lateral flow tests are taken twice a week and a log is automatically sent to the office."

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 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.

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

- Prior to people receiving support from the service a care needs assessment was carried out. However, where people had a diagnosis of dementia, this was not thoroughly factored into assessments. For example, type of dementia, what stage of the disease people were at, how dementia affected their day to day lives, how, if possible, they would be involved in making decision about their care and how care and support would be tailored to their individual needs. There was not enough information about this in peoples' plans of care.
- Assessments and care records did not identify all individuals needs which related to peoples' protected characteristics as identified in the Equality Act 2010. For example, preferred language, marital status, gender, race. This meant the individuality of people living with dementia and how their personality and life experiences had influenced their response to dementia, were not considered and there was a potential for people to be discriminated.

We recommend the service seek current guidance and best practice for carrying out assessments for people living with dementia and how to work in accordance with the Equality Act 2010.

- The service provided staff with 'Grab sheets', these provided staff with a brief summary of peoples' care and support needs. These included details of care to be delivered, medicines people were prescribed, allergies people had, their likes and dislikes, next of kin and relevant health and social care professional details, as examples. Grab sheets would enable staff to provide people with the care and support they had identified were important to them.

Staff support: induction, training, skills and experience

- Staff were not appropriately inducted and their competency to perform certain tasks whilst undergoing training, was not assessed. The service's 'Induction and Onboarding Policy' last reviewed in March 2022, stated new staff were required to complete a local induction within first six weeks of employment. New staff would then proceed to complete a general induction referred to as the Care Certificate, which would need to be completed within 12 weeks. 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.
- The registered manager failed to follow their Induction and Onboarding Policy. We looked at four staff records and found no completed records of local inductions. The registered manager acknowledged that these had not always been completed. The 'induction an Onboarding Policy' also stated the service would

use a blended approach to monitor the competence of new staff during their (Care Certificate) induction. Although the service's training matrix showed all four staff had completed the Care Certificate, there were no completed records of observations, supervisions documenting staff reflections of their learning and questions that tested their understanding of standards they had completed.

- The registered manager told us all staff had electronic access to a staff handbook, which provided them with all relevant information (that would have been covered at a local induction) and a specialist trainer conducted face to face Care Certificate training and therefore would have gotten staff to complete a workbook to assess their competencies. We asked the registered to provide us with completed Care Certificate workbooks, but they were not able to do this during or after our visit.
- Staff told us they had attended and were up to date with essential training, the service's training matrix confirmed this.
- The service had a supervision policy, but current practice showed this was not being followed. The registered manager told us they were starting to look at supervisions and due to the COVID-19 pandemic fell behind in getting them completed. They showed us written records of when they had documented it as an action point. To address this, the registered manager had brought in another registered manager to assist in supervising staff. Records viewed confirmed this was happening. Staff told us formal supervisions did not happen on a regular basis, but they still felt supported because the registered manager was accessible any time, they needed them. No formal records of yearly appraisals records were cited.
- Although the registered manager had undertaken some training that was relevant to their job role, we found further role specific training was required to enable them to effectively address the concerns found in this report. There were no records to show what supervision and on-going support they had received.

People received care and support from staff who were not always inducted, suitably qualified, skilled and supported to meet their care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, 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 registered manager did not work in accordance with the MCA and its Code of Practice. The service had an up-to-date Mental Capacity Act 2005 Policy and Procedure, this provided staff with all the relevant information to be compliant with the Act. However, this was not followed in practice. The registered manager did not understand relevant consent and decision-making requirements of MCA legislation and guidance. There was no documentary evidence to show whether people or those who represented them had given consent to various aspects of care. Such as, consent for care to be delivered, consent for medicines to be administered and consent for people's personal details to be shared with relevant agencies, for example. After our visit the registered manager sent us a document showing the signature of one person who had given consent, this information was presented in an illegible format and therefore we were not able

to see what they had signed consent for.

- Care records did record whether people had representatives who had legal powers of attorney (LPoA) to make decisions on their behalf. However, there were no copies of these documents on file. This would have enabled staff to be clear about what those legal powers referred to. We asked the registered manager to provide us with some copies but they were unable to do this during or after our visit.
- The MCA makes provision where third parties who do not have legal powers to make decisions on people's behalf. The MCA's Code of Practice clearly states the person's best interest must always be paramount when third parties are involved in the decision-making process, and how those decisions should be recorded. We found the registered manager did not routinely record or hold best interest decision meetings or discussions on behalf of people who were unable to consent to care and support.
- The registered manager was also unaware they could carry out mental capacity assessments to assess people's ability to make decisions. Therefore, where they had conducted care needs assessments on people who were living with dementia before their packages of care and support started, no mental capacity assessments were completed. This would have helped staff understand what specific decisions people living with dementia were able to make.
- Care staff had received the relevant training and were able to demonstrate a good understanding of the MCA relevant to their job role. However, the registered manager required further role specific training to be able to ensure the service could meet the requirements of this legislation.

The registered manager did not work in accordance with the MCA and its Code of Practice. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care records showed people were supported to eat at mealtimes. However, as reported under the safe domain of this report, we found no detailed care plans for people who were at risk of choking, which meant not all people's nutritional and hydrational needs were effectively met.

We recommend the provider seek current guidance and best practice in relation to supporting people who have swallowing difficulties.

- People and family members told us how staff supported them at mealtimes. Comments included, "They (staff) get my lunch, breakfast, and do me a flask of hot drink and place them where I can reach it", "I (relative) take her (family member) shopping or carers and prepare her meals", "My wife provides my meals" and "I (relative) buy lunches and carers support by feeding her."
- Staff told us they supported people to eat a healthy diet. For example, a staff member commented, "I sometimes give them meal suggestions and where I can give them alternative to their normal ready meals by making a fresh sandwich or salad. I find it is always nice to sit and talk to clients while they are eating their eating meals. It is also very important to make sure are clients are drinking plenty to try and prevent infections and dehydration."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us how the service supported them to have access to services when they felt unwell. Comments included, "They often contact the GP direct. It seems to better come from them than me", "We had an instance when mum had to go to doctors because she felt unwell, and they (office staff) had organised this."
- A health and social care professional gave an example of how staff had worked with them to ensure a

person received support to get timely care that resulted in good outcomes. They told us they were, "Very happy with patient care, one patient's blood sugar rocketed, and I spoke with the carers and advised them to speak with the dietitian and to create a journal showing what foods the patient was eating for the dietitian. The carers followed my advice and were very pro-active. I have no concerns and would inform the manager if I did. The carers very kind and encouraged the patient."

- Appropriate referrals were made to relevant health and social care professionals to ensure people received timely care. For example, a referral was made for an occupational health therapist to assess a person who had a series of falls within a short period of time.

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 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.

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

- Although we have reported on concerns about records not showing people or their relatives being involved in making decisions about their care, as reported under the effective and well-led domain of this report, most people and relatives were very positive about the care and support received. They told us care staff would involve them in day to day care decisions.
- A staff member gave an example, "We assist (name of person), we will sit together and make a shopping list, they will say what they want to eat and we will make a meal plan together."
- People and relatives told us they were treated with dignity and respect and their independence was promoted. Comments included "I now realise if they move [me] on my hoist, they (staff) draw the curtains and shut the door so I cannot be seen through the windows. I haven't got a lot of independence now. They know what I am [able] to do and what I try and do for myself" and "(Person using the service) will shower herself as long as someone is always present." This was confirmed in our discussions with staff. A staff member commented, "Where possible and when clients are able, I try to give them as much independence as they can and will always respect their wishes and dignity for example, not leaving them sat naked I will always cover them in a towel and if they are dirty will just clean them up without making a big thing out of it."

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

- People and relatives were mostly positive about the caring nature of staff. Comments included, "They always ask me if there [is] anything I want, need doing, and make sure I am comfortable before I leave", "Some do more caring than others, and some just do the job. Mum can be very rude and abrupt and that does not help", "Very polite and helpful" and "They (staff) love her, they are so kind to her, they joke with her, we have a lovely relationship."
- People received care and support from staff who cared, respected and knew them. Staff told us how they developed good working relationships with people and their families. Comments included, "Over time you get to build a good relationship with your clients. Care plans and grab runs (sheets) give you all the information you need. Talking to clients and getting to know their routine is also a key part" and "I have a regular set of clients I care for, some on a daily basis, and I am therefore very aware of their needs be it physical, practical or emotional. The clients have grown to trust me and will openly voice their requirements. I support a client who has physical and emotional issues and had no interest in life. Slowly and gradually, we built the relationship whereby I supported and gave encouragement enabling goals to be reached. I am very pleased to say that person is now a different person with a positive outlook on life."
- Staff spoke about their understanding of respecting peoples' equality and diversity. Comments included,

"Treat and respect every client the same", "Everybody is different, we must respect their wishes" and "All people should be treated as equals regardless of nationality, age, disability, gender etc. If at any time I became aware of discrimination I would report it immediately for the necessary action to be taken." Training records confirmed staff had attended the relevant training.

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 registered service. This key question has been rated 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; 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 the; End of life care and support

- People's care was not always personalised and responsive. Although people and relatives said they were happy with their carers they did mention issues with calls being late.
- Staff had a good understanding of peoples' life stories and had developed good working relationships with them and their family members, but the service missed the opportunity to add staff's knowledge about people's life stories, to peoples' plans of care and grab sheets. This would enable new staff and staff who do not normally work with people to become more familiar with them, which would further enhance people's experience of care and support.
- Care records did capture peoples' social interests, likes and preferences but this was not consistently documented in all the care records viewed.
- Staff told us they had provided care to people who were at the end stages of life and had received the relevant training. At the time of our visit no one was at the end stages of life. However, care records viewed did not always reflect people's wishes and preferences relating to end of life. Instead care records and staff grab sheets would only indicate if people had, do not resuscitate orders (DNACPR). This is a certificate written by a doctor which instructs health care providers not to attempt cardiopulmonary resuscitation (CPR) if a person's breathing stops or if their heart stops beating.

We recommend the provider seek current guidance and best practice on how to deliver person-centred care and end of life care.

Improving care quality in response to complaints or concerns

The provider did not have effective systems to make sure all complaints were documented, investigated and ensured people were always provided with the outcomes. A complaints policy and procedure were in place but, current work practices showed it was not followed.

- For example, the policy stated, when complaints were raised there should be, a summary of the issue from the complainant's point of view, details of the evidence and sources consulted in order to investigate the issue fully and fairly, a presentation of the findings for each issue clearly and concisely described, a conclusion, stating clearly whether the issue is "upheld", "partially upheld" or "not upheld", unless it is ineligible. In which case, the reason for this will be given, e.g. out of time or out of jurisdiction, explanation of the outcome and whether any remedial action or learning points arise from the investigation of that issue and apology where the issue is upheld and shortcomings or failings have been found. We looked at three

complaints and found no documentary records to show these processes had been followed.

People were able to raise complaints but staff failure to follow the correct policy and procedures meant they could not be reassured they would be handled appropriately. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told they would contact the office if they wanted to raise a complaint. Comments included, "I would speak with my wife, and she would speak with office on my behalf" and "Normally, I would just phone (registered manager), on the odd occasion when I told them I was not happy with a carer, [name of registered manager] would remove (care staff) from round. I would get my daughter to speak with [name of registered manager] if I still dissatisfied."
- Staff told us they would report all complaints to the office. For example, a staff member commented, "I try to see if I can resolve it but if not, I send an email to the office and advise the person to contact the office."

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.

- The provider had worked in accordance with the AIS and documented people's communication needs, this included speech, hearing, sight difficulties and how they should be supported.

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 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.

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

- The service had policies and procedures that would have enabled them to work in accordance with various legislations. However, these policies were not always followed in practice. This was found when looking at the Safeguarding, Falls Management, Recruitment, Mental Capacity Act 2005, Complaints and Duty of Candour policies and procedures.
- The registered manager did not demonstrate a clear understanding of their regulatory responsibilities for example, they lacked an understanding of developing care plans for people living with dementia, people with difficulty swallowing and how to work in accordance with the Mental Capacity Act 2005 and its Code of Practice. Further role specific training would be required to address this.
- The registered manager had a real passion for the people who used the service and staff who provided their care. They spoke about the challenges the service had faced because of the COVID-19 pandemic, and the on-going issues as result with maintaining staffing levels. During this time, the registered manager had a hands-on approach which meant they were not able to maintain managerial oversight to ensure quality assurance systems and processes were effective.
- For example, audits undertaken covered, vaccination checks (flu and COVID-19) for people and care staff, LPoA and DNCPR audits and medicines audits, PPE stock amongst others. However, there were no records of completed audits of care plans to check for inaccuracies, staff recruitment records, complaints and accidents and incidents. This prevented the registered manager from being able to identify where quality and safety had been compromised.
- Care records relating to, care and support were not always legible, kept up-to-date and contemporaneous. Care records were not detailed enough and omitted to provide staff with relevant information to support people living with dementia and people who had swallowing difficulties. There were no records to show how people and relatives were involved in their care, whether care plans were regularly reviewed, still met peoples' care and support needs and were still relevant.
- There were no records to demonstrate new staff members received a local induction and to show their competencies had been assessed whilst attending the Care Certificate training. The service's training matrix for 2022 only recorded staff had attended the Care Certificate and mandatory training and asked people to refer to the 2021 training matrix to see the actual mandatory training courses staff had completed.
- Not all care records and policies and procedures were updated to reflect changes in management. For example, we noted some care records still showed the service's previous registered Companies House address and some policies and procedures still referred to the previous registered manager.
- A number of people and relatives told us care staff had arrived late for calls and they had spoken to either

the registered manager or office staff about this but, there were no records to show these concerns had been acknowledged, responded to, and the information used to prevent similar complaints. There was no analysis of audits which, were completed by staff who lacked the appropriate skills and competence to understand their significance.

Governance systems were ineffective and care records and relating to the management of the service were not always fully completed, accurate and fit for purpose. This was a breach of Regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware they needed additional support and had brought in another registered manager to assist them as well as, sought support from a local association, that supported registered providers.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people.
- The service failed to notify us of reportable incidents which they are legally required to do. For example, there was an incident which involved the police, an incident where a person had fallen during care being delivered and a complaint where a person alleged a staff member had rough handled them. We asked the registered manager to submit these notifications to us retrospectively.
- After our visit the registered manager only submitted one out of the three notifications requested.

This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. We found this had not been followed.
- For example, the registered manager had been made aware of an allegation of abuse through a complaint a person had raised but could not demonstrate they had taken the allegation seriously, immediately considered whether it was a notifiable incident and took appropriate action. The registered manager confirmed the appropriate referral had not been sent to the local authority.

We recommend the service ensures its work practices are in line with its Duty of Candour Policy and best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they had not been asked to complete any satisfaction surveys but were asked to provide feedback verbally. Comments included, "[Name of registered manager] does phone occasionally and ask I am getting on, especially if carers are new", "Registered manager has always been on the phone seeking feedback from me." And "We're (relative) are in touch (with office). We can talk openly."
- There were no records to show what verbal feedback was given and therefore we were unable to establish how verbal feedback had been used to improve the quality and delivery of care and support.

We recommend the service seek current guidance and best practice relating to obtaining, recording, responding and analysing feedback.

- People spoke positively about the service and only referred to the lateness of staff that needed to be improved. Comments included, "I can't say enough, they (staff) are excellent", "They (staff) are very good, needs to be a bit more organised in the office as its sometimes the way calls are organised. Occasionally, carers are not given time to get from one call to another", "It's pretty good, they are a bit short of staff but general. The biggest thing is being told when things are going on, letting us know if carers are going to be late" and "Very good!"
- Staff spoke positively about the registered manager and told us the work environment was open and inclusive because of them. Comments included, [Name of registered manager] is a great manager! She is always looking at ways to improve our service, and really does look after her staff. I can honestly say she is a lovely caring boss who likes to reward her staff. She often sends flowers, certificates, cards and other little gifts to us", It is a very caring organisation, everybody I work with loves what they do, it shows and that's what want. Laura and office staff are there if we need anything. For example, during COVID-19 staff were very supportive" and "It's a very tight community, very family orientated. They are not your friends, but we work very closely together."
- The provider did access external partners when necessary, such as GPs, district nurses, dietitians and occupational health therapist, to improve the care outcomes for people. A local authority told us the registered manager always worked well with them, attended their forums and asked for support if needed.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The service failed to notify us of reportable incidents which they are legally required to do.</p> <p>Regulation 18 (1).</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not work in accordance with the Mental Capacity Act 2005 and its Codes of Practice.</p> <p>Regulation 11 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not do all that was reasonably practicable to mitigate risks to people who were at risk of falls, living with dementia and people who had difficulty swallowing. T</p> <p>Regulation 12 (1).</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service did not always use incidents and</p>

complaints to identify potential abuse, take preventative actions including escalation, where appropriate.

Regulations 13 (1), (2), (3).

Regulated activity

Personal care

Regulation

Regulation 16 HSCA RA Regulations 2014
Receiving and acting on complaints

The provider did not have effective systems to make sure all complaints were documented, investigated, and ensured people were always provided with the outcomes.

Regulation 16 (1), (2).

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good
governance

There was no analysis of audits and audits were completed by staff who lacked the appropriate skills and competence to understand their significance. Governance systems were ineffective.

Records were not always fully completed, accurate and fit for purpose.

Regulations 17 (1) (a), (c), (d),