

Lone Care Services Ltd

LCS Portsmouth

Inspection report

Office 4, Halpern House
1-2 Hampshire Terrace
Portsmouth
PO1 2QF

Tel: 02394318970

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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

LCS Portsmouth is a domiciliary care agency which provides support and personal care to people living in their own home. 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 our inspection 20 people were receiving a regulated activity.

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

Although people that received care from LCS Portsmouth were generally happy with the care they received, we found shortfalls in the safety and management of the service which placed people at risk of harm.

The provider's quality assurance processes were not effective and had failed to identify concerns we found and improve the quality and safety of the services provided.

Not all risks for people had been fully assessed and plans put in place to mitigate those risks as far as possible. Where risk assessments were in place these had not been regularly reviewed to ensure risk mitigation measures remained appropriate or additional risk assessments were implemented when required.

Although staff supported people in the least restrictive way possible and in their best interests to have maximum choice and control of their lives the systems in the service did not ensure people's legal rights under mental capacity legislation were fully met.

Recruitment procedures were not always effectively followed to ensure only suitable staff were employed. Staff told us they felt supported however, formal processes to ensure staff were supervised according to the provider's policy were not being followed.

Staff had not been assessed as competent to administer medicines safely. Procedures were not in place or followed to ensure medicines were always been managed safely.

People told us they felt safe when receiving a care service and staff and the registered manager were aware of their safeguarding responsibilities.

Staff told us they always had enough Personal Protective Equipment (PPE) and had not experienced a shortage during the COVID-19 pandemic. They described how and when they would use PPE which reflected current guidance.

People and their family members were all positive about the caring nature of the staff. People told us they were always treated with dignity and respect. People felt able to express their views and request additional

tasks be completed if required.

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

Rating at last inspection and update

This service was registered with us on 8 March 2021 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

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

We have identified breaches in relation to risk assessment, staff recruitment, medicines management, MCA and quality monitoring of the service at this inspection.

We have recommended that the provider review their procedures to ensure care plans are regularly reviewed to ensure they accurately reflect people's needs.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

LCS Portsmouth

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector and an Expert by Experience . An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2022 and ended on 22 September 2022. We visited the location's office on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service since they were registered, including

notifications. Notifications are information about specific important events the service is legally required to send to us. 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. We used information gathered as part of monitoring activity that took place on 18 July 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who use the service or their family members. We sought feedback from the local authority and professionals who work with the service and received responses from three of them. We spoke with four care staff members, the registered manager and three office staff members. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including five people's care records. We looked at five staff files in relation to recruitment and records relating to staff training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not used effectively to identify and reduce all risks to people.
- Care plans identified and detailed how some individual risks should be managed however, not all risks had been assessed and plans put in place as to how staff should provide care in order to reduce or manage risks for people. For example, one person was cared for in bed at all times however, this was not evident when reading the person's care plan. Their daily records of care included an entry stating that the person had a very sore sacral area. No assessments of the person's risk of developing pressure injuries had been completed. Office staff who told us the person had an alternating airwave mattress and was cared for in bed with bed rails. No risk assessments for either of these were in place. We also identified missing risk assessments for other people such as for example, two people who had urinary catheters, people who were prescribed blood thinning medicines and choking risks.

The failure to ensure that risks had been formally assessed and clear mitigation plans in place to guide staff was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager agreed that further risk assessments were required and stated they would be undertaking a full review of care plans and ensuring all risk assessments were in place where required.
- Assessments of people's homes had been undertaken to identify any clear risks such as from fire or the environment.
- Care staff told us they had access to information to help them understand people's individual risks and how these should be managed. They confirmed that two staff were always available when required such as for repositioning and moving and handling.

Staffing and recruitment

- Recruitment procedures were not sufficiently robust to ensure only suitable staff were employed.
- We reviewed five recruitment records which showed not all pre employment checks had been completed and some information was missing before staff worked with vulnerable people. This included full employment history and evidence of satisfactory conduct from current or previous employers including where three applicants had stated they were or had been working for care providers.

The failure to ensure that all necessary pre employment checks were completed was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager said they had never audited recruitment records and would ensure a comprehensive audit was completed and any missing information was obtained.
- We received mixed views from people or family members about staff. For example, one family member said, "It's a mixture of carer's really but they are really good and come early and are never late." However, another person told us, "I get two visits a day for 10 minutes! They should stay 30 minutes - then go away. I get different ones every time."
- Office staff felt there were enough staff to cover all required care calls. They said should there be a need to cover at short notice they would contact existing staff and someone would usually be able to undertake additional work. Duty rosters showed staff were not working excessive hours, travel time was included in rosters and people had some continuity of care staff.
- Office staff said they would only accept new service users if they had suitable staff available to meet the person's needs. The service was clear about the areas of Portsmouth they would provide care in and said this helped as staff were not having to travel long distances between care visits.

Using medicines safely

- Care plans and daily records of care provided conflicting information as to the level of support people required and were receiving with medicines administration.
- When staff administered medicines, they told us they recorded these on medicines administration records (MAR). The registered manager said these should be returned to the office at the end of each month for review. However, when we requested MARs charts for specific people whose care plans we had reviewed we were told these were not available as they had not been returned to the office. This meant that medicines errors would not be identified promptly and remedial action taken to ensure people did not have negative effects on their health.
- A family member told us, "The medicines have been missed recently but very rarely." The registered manager was unaware that medicines had been missed as records had not been returned to the office meaning action could not be taken to reduce the likelihood of this reoccurring.
- Daily records viewed described care staff applying topical creams and ointments for several people. These records usually did not say which topical creams had been applied or where on the person's body these should be applied. We asked the registered manager how staff would know where to apply topical creams and if any topical administration charts were in place. They confirmed they did not think these were in place although they were aware of the need for these to ensure the correct topical cream was applied safely. There was also no risk assessment to ensure risks from potentially flammable topical creams were known and safely managed.

The failure to ensure the safe management and administration of medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Care staff completed online medicines training and their competency to administer medicines was assessed by a more experienced care staff member during their shadow shifts.

Preventing and controlling infection

- Overall, we were assured the service was taking appropriate action to prevent people and staff from catching and spreading infections however, we received mixed feedback from people and family members about staff use of PPE. For example, one person told us, "They don't wear PPE other than an overall." Whilst a family member said, "They wear masks."
- Staff told us they always had enough Personal Protective Equipment (PPE) and had not experienced a shortage during the COVID-19 pandemic.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other

infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place.

- The registered manager was aware of the latest government guidelines around COVID – 19 testing for the staff.

Systems and processes to safeguard people from the risk of abuse

- Other than the failure to ensure all risk assessments and recruitment checks were completed, appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe. For example, one person said, "Safe? Oh yes, they are very kind and nice." A family member told us, "They are safe as they have a combination of three or four carers."
- Staff knew what action they should take if they suspected a person was at risk of abuse. One staff member said, "I would speak to someone in the office." They were aware they could go to someone outside the organisation but were not sure who that would be.
- The registered manager and office staff were clear about their safeguarding responsibilities. They said they understood who they could contact at the local authority safeguarding team if they wished to discuss any concerns. When care staff, people or family members informed LCS Portsmouth of safeguarding concerns appropriate action had been taken.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents. They told us, should an incident or accident occur, this would be investigated to identify possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

Is the service effective?

Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Suitable procedures were not in place to ensure people's rights under the MCA were recognised and ensured.
- Within care plans viewed MCA assessments had not been completed although other information within care plans indicated people may lack the ability to make some or all of decisions relating to their care and treatment.
- Care plans included statements that family members had legal rights to make decisions for people however, copies of these legal powers had not been sought to ensure this was the case. This meant, should decisions about care or treatment need to be made, it would not be clear who had the legal right to make these decisions. For example, one person's care plan stated two named family members held a power of attorney however, another family member had been included in the person's assessment and signed the care plan to show they consented to the plan of care. For another person, decisions were being made by a non-family member who supported the person. Whilst family members and others could be involved in best interest decisions they would not have the legal right to consent on behalf of the person.
- People's rights to make day to day decisions may be compromised. Within one person's care plan there was detailed information about how they communicated and how one specific choice should be offered. This information indicated the person was able to make other basic choices if options were presented in a

suitable way. However, there was no additional guidance as to how other day to day choices should be offered to ensure the person had maximum choice over their life. A family member told us, "He can say 'no' to things, but they ask me."

The failure to ensure people's rights under the MCA were fully ensured was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- When people's needs changed care plans were not reviewed and updated to reflect their changing needs. For example, there was no reference to a urinary catheter for a person although this was clearly documented in daily records of care provided. Reviews of care had not been undertaken on a regular basis which would have identified that care plans and risk assessments were no longer reflective of people's needs.
- Care staff said they knew what care people required and usually had access to care plans. One staff member identified there could be a short delay when new people commenced a service and the care plan being available in people's homes.
- The registered manager stated they would be undertaking a full review of all care plans and would ensure these detailed how people's needs should be met.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included online training and a period of shadowing working alongside more experienced staff. Online training included: moving people, infection control, medicines, and safeguarding and additional training in relation to specific needs, such as to support people with more complex healthcare needs. However, no assessments of staffs understanding of the online training and how this should be put into practice such as medicines or moving and handling competencies had been undertaken. This meant people were at risk if staff had failed to transfer the theoretical training into practice.
- Newer staff members confirmed online training and a period of shadowing a more experienced staff member prior to commencing working with people on their own.
- People and family members were generally positive in relation to the competency of care staff. One family member said, "They are 100% aware of his complex needs. We get the support that we should get."
- Within one of the five staff files viewed we noted formal individual supervision sessions had been undertaken however, there were no supervision records for the other four staff whose files were viewed. Formal supervision enables senior staff to monitor and support staff in their roles and to identify any concerns or additional training required. The providers supervision policy detailed that staff should receive supervision every two months either observed practice or supervision meeting. The provider was therefore not following their own procedures to ensure staff were suitably supervised and supported.
- However, staff told us they felt supported in their role and that they could approach the office team including out of hours on call with any concerns or questions.

We recommend the provider ensures their supervision policy is followed and staff receive a mixture of observed competency and formal supervision meetings on a regular basis.

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

- Within two care plans we saw it was recorded a decision had been made that in an emergency cardio/pulmonary resuscitation should not be attempted. There was no copy of this within the care plan or information as to where in the person's home this could be found. This could mean a delay in ensuring appropriate care in an emergency was provided. The registered manager agreed to ensure information was

provided as to where these documents could be found.

- Care plans listed people's previous medical history although there was limited information as to how this may affect the person.
- One external professional told us, "When I have contacted Lone Care regarding a query on support for either of the service users they have been responsive, quick to act and happy to support."

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

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- Care plans and assessment records identified and described the level of support people required in relation to eating and drinking. Where available to view daily records completed by staff demonstrated this support had been provided.
- People told us they were happy with the arrangements in place to support them with food and drinks. One family member said, "They ask about his snacks and drinks and give him orange cordial."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and their family members told us staff were kind and caring and knew their individual preferences. A family member said, "Yes, very caring nothing is too much trouble for them - they will do what he wants. Yes, they treat him with respect." Another family member told us, "I haven't seen a bad thing in any of them, they are very respectful and tidy." A person said, "They are caring and we are on first names." Other people and family members made similar positive comments.
- Staff had built up positive relationships with people. Staff spoke about people warmly and all said they enjoyed their work. Care staff told us they generally visited the same people and had therefore had the opportunity to get to know people and people had the chance to get to know them. Most people and family members confirmed they had a regular team of care staff.

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

- Overall people were involved in making decisions about their care although we identified some improvements which could be made. These are detailed in the effective section of this report.
- People and family members felt able to express their views and request additional tasks if required. A person told us, "They always ask me if I want anything else doing." Another person said, "If I ask them to empty the bins they do it straight away."
- Staff understood how to support people to be involved in decisions about their care. For example, one staff member said, "If someone didn't want to do something I would try to encourage them but it's their choice. I would report this to the office if it happened a lot."
- People were provided with information about the service, what it could and could not do in the form of a service users guide. This also included information on how to raise concerns or make a complaint.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us they were treated with dignity and respect. A family member said, "When they shower him they keep the front door closed and him covered." Another family member told us "Dignity? 100%. They [care staff] put a towel across him. They encourage him as much as possible and let him make his own choices." Other people and family members made similar comments confirming care was provided with consideration to privacy and respect for the person.
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- People and family members confirmed staff encouraged people to be as independent as possible. A person said, "They [care staff] wash my back - I do my front." A family member told us, "They let him do what he can do."

Is the service responsive?

Our findings

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

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

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

- The failure to formally assess people's needs and risks or to keep these under regular review placed people at risk of not having care planned in a way that ensured personalised care as all individual needs may not be known and therefore met by care staff. Further information about this is included in the safe and effective sections of this report.

We recommend the provider reviews their procedures to ensure care plans are regularly reviewed to ensure the accurately reflect people's health and care needs.

- Care plans seen were written in a person-centred way that gave staff guidance about how to support people. They incorporated people's preferences, physical, social and emotional needs however, these did not always reflect people's current health or care needs.
- The registered manager agreed that there was a need to review care plans and ensure these accurately identified people's current needs and risks. Daily records of care showed that when people's needs had changed care staff had completed the necessary new tasks. However, these were not detailed in the care plan meaning other staff may not be fully aware of the person's needs meaning they would not be fully met.
- Staff responded when people's needs changed. For example, an office staff member told us how they had remained with a person whilst awaiting an ambulance to attend.

Meeting people's communication needs

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

- The registered manager confirmed they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print and could be translated into different languages.
- People's communication needs were identified during their initial assessment and were documented within the care records. The care records provided detailed information about what people's communication requirements were and any additional equipment such as hearing aids that may be required. One family member told us, "They [care staff] talk to her `face to face` as she is a bit deaf."

- Several family members and a person told us there were communication problems with some staff for whom English was not their first language. One family member explained that, "They [Lone Care Services] put two people with him that can't speak or understand English so I can't go out!"

Improving care quality in response to complaints or concerns

- People and their family members knew how to contact the office to raise any concerns if they needed to. A family member said, "I did make a complaint and it has been sorted." Another family member told us, "Yes, I've made a couple of complaints but it's been acted on." Whilst a third family member said, "No I haven't made a complaint but I have a number to ring if I want to and I do feel comfortable doing this as I have one point of contact and have had several conversations."
- The registered manager told us they had not received any complaints and were unaware of the issue's family members told us about. Whilst these had been resolved to the satisfaction of people or family members the failure to formally record these meant patterns or trends may be missed and action not taken to reduce the likelihood of similar concerns. The registered manager agreed to ensure informal concerns would be recorded to enable any patterns or trends to be identified.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care although several people had life limiting conditions. The registered manager agreed that further information about people's individual end of life wishes could be identified to help ensure these would be met especially if, in the future, the person was no longer able to express these.
- The registered person assured us people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and ensure staff were appropriately trained.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance processes were not effective. During the inspection we identified areas which required improvement which are detailed in previous sections of this report.
- The registered manager confirmed there had been limited formal quality monitoring of the service which, if in place, would have identified the issues we found during this inspection. They were unable to provide any audits or quality monitoring reports. This included the absence of any audits of staff records and records relating to people's care such as risk assessments, care plans and medicine administration records. Improvements were needed to ensure many aspects of the service were safe. The delivery of high-quality care was therefore not assured by the governance procedures in use.
- The provider contracted with a company which provided a full range of policies and procedures as well as supporting documents to aid the smooth running of the service. However, these had not been fully utilised or followed. The failure to implement the provider's policies and procedures placed people at risk of receiving unsafe care and treatment.
- The nominated individual who is legally responsible for the service along with the registered manager acknowledged the need to improve the quality monitoring of the service. They described the procedures they had implemented following the inspection to address the areas identified in the short and longer term.
- Most people or their family members were unsure who the registered manager was. Several named an office staff member who they thought was the manager. When asked about the services manager comments included, "Manager? Don't think there is one", "I don't know who the manager is" and "No idea who the manager is, I think its [named female office staff member]".
- Some staff were also unsure who the registered manager or provider was and named an office staff member who they thought was the registered manager.

The provider has failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where we identified improvements, such as the need to improve recruitment records, risk assessments, care planning documentation and complete audits the registered manager acknowledged they had failed to adequately monitor the service and committed to making the necessary improvements.
- Providers are required to notify CQC of all significant events. The registered person understood their responsibilities and had notified CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and family members told us they felt able to raise issues or make a complaint. One family member told us, "I sent an e-mail and got a reply straight away." People and family members also confirmed they had received contact from the office but most could not recall having been asked to undertake a survey about the service they or their loved one was receiving.
- Staff were very positive about the support they received from the office staff and felt they could go to them with any issues or concerns.
- People's protected characteristics, including sexuality, religion, race and disability, were respected and supported. This information was included within a personal history form in place for each person. This included information about people's life histories which would help staff when initiating conversations and to understand more about what was important for each person.

Working in partnership with others

- We were told by staff and the registered manager that copies of care plans and daily records including if any medicines had been administered were held in paper format within people's homes. This meant other professionals such as emergency paramedics or doctors would be able to check recent information. However, as previously identified in the safe and effective sections of this report information was not always fully up to date. It was unclear where information about people's resuscitation preferences or who had the legal power to make decisions on their behalf was kept in the home meaning this important information may not be readily available when required.
- External health and social care professionals were positive about their working relationships with the service. One told us, "They picked up a package of care that was very problematic and have established a good relationship with the person and his family and have provided a good service to them. The package of care is now stable."

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

- The provider had a duty of candour policy that required staff and management team to act in an open and transparent way when accidents occurred. The registered manager told us they had not needed to use the duty of candour but understood how and when this should be used. They gave an example of using this appropriately for the other service they were registered manager for.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person has failed to ensure people's rights under the MCA were fully protected.</p> <p>Regulation 11 (3)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person has failed to ensure that risks were formally assessed and clear mitigation plans in place to guide staff. Safe management and administration of medicines procedures had not been fully followed.</p> <p>Regulation 12 (2)(a)(b)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person has failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were in place.</p> <p>Regulation 17 (1)(2)(a)(b)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

The registered person has failed to ensure that all necessary pre employment checks were completed.

Regulation 19 (1)(a)(2)(a)(3)(a)