

All Care (GB) Limited

All-Care (GB) Ltd - Oxford Branch

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

All-Care Ltd- Oxford Branch is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own homes. At the time of our inspection there were 65 people using the service.

The service also supports people who are discharged from hospital and require support with rehabilitation for an initial proposed period of six weeks. People receiving this rehabilitation care are referred to by the service as 'reablement care clients'. At the time of inspection 18 people out of 56 who were receiving a regulated activity were in receipt of a reablement care package.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were not always protected from the risk of harm. Care plans did not always contain information specific to people's needs or contain information on how to support people to manage any conditions they had. Staff were not always provided with detailed guidance to follow when supporting people with complex needs.

Medicines were not always managed safely as records did not contain information about risk or management of medicines. The provider had an auditing system which included auditing medicines; however, shortfalls found during inspection were not always picked up by these audits.

Staff we spoke with understood their responsibilities to report concerns. There was not a sufficient number of staff available to keep people safe and meet their needs, we heard from people using the service that often staff were late, that the allocated 7am-11am window was not meeting people's needs and there were occasions where morning calls were missed.

When incidents or accidents occurred, it was not always clear these were investigated, and if any lessons were learnt. There were systems in place to monitor the safety and quality of the service. However, there were shortfalls in ensuring all documentation was accurate and up to date across people's records.

People and their families gave mixed feedback about being involved in the planning of their care. Some people's records contained conflicting information leading to uncertainty about what people's up to date care and support needs were. These risks were mitigated as staff had good knowledge of the people they were supporting.

People's dignity and privacy were respected, people and relatives gave good feedback about staff being

kind, caring and respectful.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was registered with us on 10 November 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 person centred care (Regulation 9), safe care and treatment (Regulation 12), good governance (Regulation 17) and staffing (Regulation 18).

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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 effective 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 ●

All-Care (GB) Ltd - Oxford Branch

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 team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

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

Inspection activity started on 24 October 2022 and ended on 04 November 2022. We visited the location's office on 24 October 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

During the inspection

We spoke with five people and two relatives of those using the service. We spoke with five staff including the registered manager, and we contacted the funding local authority for feedback about the service.

We reviewed a range of records. This included six people's care records. We reviewed care records remotely through the provider's secure portal. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic monitoring data and quality assurance records off site.

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 management plans were not always completed or developed for specific healthcare conditions. Care plans were ineffective at providing guidance to staff, exposing people to the risk of harm, changes to people's care were not always communicated effectively to staff.
- Where a person had type 2 diabetes, there was a diabetic risk assessment in place, it detailed actions to take if the person's blood sugar was low and high, however, it did not contain information about what this may look like for that person. Staff were supporting this person with their nutrition; however, their care plan did not contain information about their diabetes, their continence care stated to monitor for signs of urine infections but did not include what these signs were. For another person who had diabetes, guidance was to provide them with a sugary drink if their blood sugars were low, however, there was no information about how staff would assess this and records showed staff had not received diabetes training.
- Care records were not always complete. This meant there was not always evidence to demonstrate how risks to people's health and safety were being effectively assessed, monitored and mitigated. For example, one person had a risk assessment in place for COPD (Chronic obstructive pulmonary disease) The instruction for staff was to 'read their care plan', however, there was no care plan in place to instruct staff of the management, risk or signs and symptoms to look out for to support this person.
- One person required support from staff to use specific equipment as part of their reablement. There was no risk assessment in place for this equipment. Guidance for staff was to follow the manual handling guidelines, these guidelines were not present within the care plan, staff told us they had not received training with this equipment but had been shown by other staff how to use it. We were not provided with evidence this training or guidelines had been provided.
- One person was at risk of causing accidental fires. Their risk assessment stated that it was a low risk and 'to read fire plan', however, we did not see a fire plan in place or any other safety mitigations implemented.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Although risk assessments lacked detail, staff were able to explain how they monitored and responded to identified risks. Staff understood the importance of monitoring and reporting any concerns for people's welfare to the office.

Staffing and recruitment

- There were not a sufficient number of staff available to keep people safe and meet their needs. Rotas demonstrated that although planned staffing levels were consistently maintained, there were multiple overlaps in call times and minimal travel time between visits. This meant that staff were not always getting breaks, and often working over their hours. Staff told us "There's no drive time, sometimes we work from 7am until 11pm" and "I don't always feel I have enough time, if the family are around they will say don't worry about staying."
- People told us staff were not always punctual, they were not always informed of lateness and we were also told about missed calls. We heard from multiple people "I have concerns over the length of stay. They [staff] tell me they are coming in the morning, but the other day someone turned up at 11.30am to change my relatives pad, which I had to do" , "They didn't have the staff to do the work and sent a carer for the morning visit at night", "It's very hit and miss when they turn up, it should be between 7am and 8am." Another person using the service told us, "I have to wait for at least 3 hours before I get a call in the morning" and "7am to 11am is far too wide a time span for me", "Carers turn up whenever they like, I am diabetic, I should have my breakfast when I take my insulin." "I understand they decide on the time span and ring me if they can't make it."
- Staff told us of late visits, we heard, "A lot of clients report timing issues to the office" and "Last week was horrendous, but I was trying to get everyone out of bed one call after the other, I had to turn up to a morning call at 12pm, they needed medicine and breakfast and hadn't showered."

The registered person did not ensure there were sufficient numbers of staff deployed effectively to meet people's care and treatment needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Peoples medicines did not always contain information about risk and timings in order to support people to be supported to take medicines safely. For example, one person was taking medicine that required a 30-minute gap before breakfast or caffeinated drinks. This information was not available on their MAR chart, or within their care plan. Staff we spoke to were aware there was a 30-minute gap, however, we saw records which demonstrated this person had been supported to take this medication with or just after breakfast.
- One person was taking a medicine used to treat a urine infection. The medication record stated the medicines milligram, however, not its frequency. Therefore it was unclear how often they should be taking the medicine, their risk of urinary tract infections was not mentioned within their risk assessment.
- Records contained mixed direction such as 'only take medication that are in the dosette' however, then listed other medicines in sachets to take. Ointments and foams were listed but records did not state where, when or why to apply.
- Staff had the knowledge and competency to administer medicines safely. We saw completed training in medicines administration and management.
- Field care supervisors carried out monthly medicines audits. Records showed these audits identified some areas for improvement , action was being taken to address these however audits did not identify the concerns picked up on inspection.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and

managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- Records did not always evidence action taken to safeguard people. We reviewed a care plan in which a person was at an increased risk of confusion which resulted in unsafe behaviours such as multiple incidents of leaving pans on the hob and wandering in the cold. Care notes detailed a safeguarding had been raised. We reviewed the services safeguarding log and could not see any details of this safeguarding or action taken to safeguard the individual. We reviewed the incidents log in order to see what action was taken to safeguard both staff and the person, this did not contain all incidents as detailed within the care notes.
- People and their relatives told us they felt safe. People's comments included: "Yes I do feel safe because they care for me" and "Yes my wife feels safe because the carers are polite, and she has confidence in them."
- Staff received training in safeguarding adults and understood their responsibilities to identify and report any concerns. We saw field care supervisors carried out spot checks to ensure staff followed safe practice.
- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated by the service and although they were not always recorded, we saw evidence of safeguarding and actions being documented.

Learning lessons when things go wrong

- We spoke with the registered manager about the process of reporting and recording incidents and accidents. At the time of inspection, the provider did not have a system to have oversight of incident and accident records for people using the service.
- We reviewed the services accident and incident log. As this contained limited information, we asked the service for examples of incident/accident forms. We did not receive any records. We were not assured that lessons were learned when things went wrong as there was no documentation available.
- We reviewed two staff meeting minutes and significant events log. We saw communication about pressure care was communicated, and actions taken regarding events but did not see any lessons learned shared.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely. All people we spoke to told us that staff wore appropriate PPE and masks when delivering care.
- We were assured that the provider was responding effectively to risks and signs of infection.

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.

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

- We observed care assessments had been carried out with varying levels of detail, meaning some assessments did not present a holistic view of people's physical, mental health and social needs. For example, we saw care plans did not always contain service users' diagnosis, what support they required, if they were long term or reablement clients or information about who they were.
- An electronic system was used to inform staff on how to support people and their needs. Information around supporting people with their care needs and tasks was often unclear and vague. We saw for one person who received support with meal preparation and medicines, information around their food intolerances had only recently been added to the system. This person had been with the agency for almost a year.
- We saw staff completed care notes following visits. However, some notes were not detailed and related to tasks. This did not always provide a pen picture into people's mood or wellbeing.
- Staff we spoke to expressed that often there is not enough detail within people's care plans, for example, one member of staff told us, "There's a lot of information that's not available to us to tell us who people are, for example, I was not aware about someone's serious medical conditions."
- People indicated they had not always been involved in the assessment of their care. Some people and families indicated they did not know the contents of their care plan. People's comments included, "I don't know if I have a care plan and not sure if there has been a review, I doubt it."

We were concerned that the lack of complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We were not assured staff members were regularly supported to reflect on their working practices through regular supervisions. One staff member said, "I haven't had one, I'm not sure when we are supposed to have one." All staff we spoke to were unsure of how often their supervisions were or had not yet received one. We reviewed recent supervision forms. We saw when staffs last supervision was and when the next one was booked in; however, the provider did not provide us with an oversight record of staff supervision, therefore we were not assured the staff were receiving regular support.
- New staff received an induction and a period of shadowing more experienced staff before working alone.

The provider undertook observations to ensure, skills, knowledge and competency with medicines and manual handling.

- Staff we spoke to said they felt they received enough training for the role and that the provider had asked staff if they needed further training. Staff completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People and relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences but often this was not at the time they wanted. One person told us "I choose what I have for my daily meals. The carers will prepare my meals, but it does depend on who the carers are and when they turn up."
- Where people needed support with any dietary needs, like diabetes, this was not always recorded in their care records or within their daily notes. This meant we were not sure if people's dietary needs were always being met.
- Staff confirmed most people only needed support with meal preparation, and were aware of people's dietary needs.

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

- We saw some evidence of interagency working between the service and other agencies such as the home first team. Home First Oxfordshire works with reablement providers alongside social and health care teams to support people to live well at home. The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The registered manager provided examples of when the service has had to contact the GP regarding medicines or wellbeing concerns, and we heard staff also supported where necessary with physiotherapy exercises.

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.

- Staff received training in relation to MCA. People were supported wherever possible to make their own decisions. One staff member said, "There are quite a few people who have limited capacity, I still try and give

them as much independence as possible by giving them choice" and "I will always communicate why I am doing something and support people by giving them different choices."

- Records we reviewed evidenced people had consented to receive support. We reviewed the records for a people with full mental capacity, we saw there were signatures recorded.
- We saw where one person had fluctuating capacity. Their care plan was not personal to them and the support they may require. For example, we saw the risk reduction recorded read 'if the person with dementia' and 'refrain from correcting the person'.

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 relatives told us they felt well supported and cared for by staff. One person told us "They [staff] are very kind", "They take good care of me" and "The carers are lovely with her [person]."
- Relatives told us that staff, "Are not pushing to leave early and are caring" and "Yes the staff are very encouraging with my relative [person]."
- Despite care plans not always containing information about people's relevant history, staff showed a good awareness of people's needs and how to support them with kindness.

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

- We saw a review data summary for the month of September 2022 produced from client feedback. Although it detailed that 100% of people spoken to were happy with the care they received, it also said that 45% of people were unhappy with the call times, and a 'very small percentage' of people expressed concerns over missed visits. We did not see any feedback forms or action plans in place following this review to address these concerns.
- The registered manager told us they do not collect the views or feedback from relatives of those using the service, but that this was something they would consider.
- We heard mixed reports from people using the service and their families regarding choice of staff gender. Four out of six people we spoke to could not recall being asked. We heard, "No we were not offered a choice of male or female carer, thankfully my [person] was ok with it" and "Yes carers do respect [person] if she refuses care. She was offered male and female carers."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to protect people's dignity when they offered personal care, "I make sure people express what they need, covering people with towels when carrying out care" and "I always make sure the curtains are closed."
- We received feedback from relatives of those using the service who told us "Yes they [staff] know [person's] preferences and likes to do things for herself which they respect."
- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives.
- The provider followed data protection legislation. Information about people was kept securely so confidentiality was maintained

Is the service responsive?

Our findings

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

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

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

- People did not always have support plans in place which reflected personal preferences or met their individual needs. For example, only one out of six care plans we reviewed detailed people's life histories and their preferences. Information in care plans was limited, 'offer a drink, hot or cold' and 'please detail personal care required'. They did not contain information about how to carry out that care according to the person's ability and preference.
- Staff told us they found it difficult to provide personalised care with limited information. We heard from one member of staff; "Care plans are bullet point tasks, they say assist to dress, they don't contain the history, or the risk."
- The service provided reablement care for people who required support with rehabilitation. It was not clear, from looking at people's care plans, who received reablement care as this was not specified. We did not see information in place about people's rehabilitation goals, history of illness, or support required for rehabilitation. Staff we spoke to told us "There's no difference between long term care and rehabilitation, because you don't know who's reablement and who's not." Management recognised that although people have different coloured folders within their house, information around people's rehabilitation goals was required and assured us this would be addressed.
- We received variable feedback regarding whether people were given choice about timings of visits. People and their relatives told us the time gap was often too big, which impacted on people's care. One relative told us, "The time window for supporting [person] who has dementia is between 7am and 11am. So, the problem is that they have not been able to meet this very large time span in the 4 weeks we have had the service. They have contacted us to inform us, but this causes so much agitation with [person] as they are routine led."

Processes for assessing and reviewing people's needs were not fully effective in ensuring care met people's needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Meeting people's communication needs

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

- People's individual communication needs had been assessed and recorded; however, staff were not always provided with guidance on how to promote effective communication. For example, we saw one person was hard of hearing, had hearing aids and wore glasses. Information was not personalised regarding how to best communicate other than 'Stand in front of person when communicating and check understanding'. This was part of a drop-down selection. There was no other detail about how to best communicate with the person.
- We reviewed care for someone who had dementia. The information within their care plan was not relevant to the individual. For example, information on how to support the person when distressed and how best to communicate stated 'if the person with dementia wants to leave or 'go home' use communication focused on exploration'. This was not specific to the person, or to providing care to people in their own homes.
- Staff were knowledgeable about people's communication support needs however, felt information was lacking. We heard from different staff, "There is no care plan to tell you how to speak to people. He [person] told me that he was struggling to hear" and "We did have one person who had a stroke and struggled with communication, not a lot in place to support him."

Information on how to support people and their care needs was not always documented. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improving care quality in response to complaints or concerns

- People and their relatives were not always told how to raise any complaints or concerns about the service. When asked about how they would make a complaint we heard; "I don't recall ever being given that information."
- We also heard from relatives of those using the service; "I've made no complaints, apart from making comments about the poor timings of visits." We could see complaints were being recorded on the complaints log, detailing the action taken.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- The registered manager recorded and investigated complaints in line with the provider's policy.

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The management team told us they would work alongside other health professionals if care was needed in this area.

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

- Quality systems were not effective or robust in identifying and driving improvement across the service. The shortfalls we found during our inspection had not been identified by the provider so that improvement plans could be put into place.
- The field supervisors carried out care plan reviews as part of audits; however these did not always identify that information was limited, missing or incorrect. This was discussed with the registered manager who confirmed they did not carry out quality checks to monitor audits.
- Known risks to people's health were not fully identified assessed or adequate guidance was not always given to staff.
- MAR charts were regularly checked but the provider had not identified the issues we found in respect of medicines management.

Failing to have systems in place to assess, monitor and improve the quality and safety of the service and to mitigate the risks in the service placed people at risk of harm. This was a breach of Regulation 17 (good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed three staff recruitment files. We identified gaps in staff's records. The registered manager recognised there were gaps in the recruitment process and reassured us action would be taken to address this. We heard from staff during inspection that action had already been taken.
- The manager ensured we received notifications about important events so we could check appropriate action had been taken.
- Field supervisors carried out regular 'spot checks' to check that staff were providing safe care in people's homes. This also looked at the way in which staff interacted with people and if they were following correct PPE guidance. Where concerns had been identified, further assessment had been scheduled.
- The management team worked with healthcare services, safeguarding teams and local authority commissioners. This enabled people to access the right support when they needed.
- Staff we spoke to said they felt they could access further training if they felt they required this, however we were not assured that staff are receiving the necessary training and knowledge to support people and their needs.

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

- Systems in place for seeking and acting on feedback from people to improve the service were not robust. We heard that some people using the service had not been approached for feedback, and we did not receive evidence that the provider had acted upon the feedback they had received in order to achieve good outcomes.
- Most people and their relatives told us that although there were issues relating to the communication and timings with the service, staff were dedicated and caring.

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 told us they encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, the registered manager told us that they would ensure all relevant individuals were informed about them, and every opportunity was used to support organisational learning. We did not receive evidence of this; however, we saw where complaints were appropriately responded to.

Working in partnership with others

- Although the service worked collaboratively with system partners, we were not always assured that this achieved good outcomes for people.
- The registered provider and staff worked effectively to develop good working relationships with health and social care professionals where this was appropriate. For example, service commissioners or GPs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment records did not always reflect people's individual needs and preferences to enable staff to provide personalised individual care.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to identify assess and manage the risks relating to the health safety and welfare of people.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records around the monitoring and mitigation of the risks relating to the health, safety and welfare of service users with accurate, complete, and contemporaneous record keeping was not being met.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably trained staff were provided, not all staff were suitably trained to care for peoples needs.

