Surrey Care Partnership Ltd

Surrey Care - Fleet

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Surrey Care - Fleet is a domiciliary care service providing personal care. The service provides support to younger and older adults, people with a physical disability or a sensory impairment, people with dementia, people with an eating disorder and people with a learning disability or autism. At the time of our inspection there were 39 people using the service.

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
The provider had not ensured all potential risks to people were assessed and mitigated, nor had staff always reported incidents as required. Staff did not always maintain accurate and complete records of the care provided. The provider had not ensured the proper and safe management of medicines for people.

People had not always received their care for the time commissioned and staff were not all sufficiently competent and skilled. The registered manager had not always ensured staff were competent before they worked alone with people. The registered manager had not ensured any potential risks associated with the completion of criminal record checks in the UK for staff recruited from overseas were fully mitigated.

The registered manager who worked in partnership with their business partner, the managing director, had failed to fully assess, monitor and mitigate risks arising from the provision of the regulated activity or to ensure governance systems were operated robustly.

Staff had completed safeguarding training and policies and processes were in place. However, the registered manager had always recognised potential risks to people. Staff had completed infection control training and checks were made on their practice, however, feedback from people and relatives showed there was inconsistency in staff's practice.

The provider was registered to provide care to people with a learning disability or autism or an eating disorder. However, they had not and did not intend to provide care to people with these care needs. They had updated their statement of purpose to reflect this change. However, they also needed to notify CQC of this change to their registration.

Staff supported people to eat and drink sufficient for their needs. Staff identified if people needed to be referred to professionals and referrals were completed. Staff worked with professionals in the delivery of people's care. 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.

People and relatives provided positive feedback overall about how staff treated people. Staff treated people with dignity and respect. People were supported to express their views.

We have made 2 recommendations about the need to ensure staff are appropriately matched to people who have additional communication needs and to consider how they record who was involved in people's care planning.

People received care which was planned with them, taking into account their protected characteristics, in order to identify their needs. People's concerns and complaints were logged and required actions were taken. The service was not commissioned to provide end of life care to people.

Processes were in place to seek people's feedback about the service. A range of aspects of the service were audited, to identify potential areas for improvement.

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 7 January 2022 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about people's safety, the quality of care provided, staff training, duration of care calls, medication administration and staff's use of personal protective equipment (PPE).

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

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 safe care, staffing and governance at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Surrey Care - Fleet

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 an 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 and specialist housing.

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. They were also the provider of the service.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because the service is small and we wanted to ensure a member of the management team would be available.

Inspection activity started on 10 November 2022 and ended on 25 November 2022. We visited the location's office on 10 November 2022.

What we did before the inspection
We reviewed information we had received about the service since they registered. We sought feedback from the two local authorities who commissioned care. 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 all this information to plan our inspection.

During the inspection
During the site visit we met the managing director, who was the registered manager's business partner. We reviewed 3 staff recruitment files and records relating to the management of the service.

Following the site visit, we reviewed 4 people's care plans and care records in full and partially reviewed a further 4 people's records. We spoke with 3 people, 13 relatives and 1 person's representative. We spoke with 7 staff, the registered manager and 3 professionals.

Requires Improvement

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

● People and relatives provided mixed feedback about the safety of care. Some felt confident it was safe and others were not, some relatives felt their loved ones were at risk of harm. Feedback included, "The staff do not make me feel confident that they can cope and I do not think my relative is safe from potential harm" and "Care is always fully safe."

● A person had been assessed as at high risk of falls and records showed they had fallen. Afterwards, records showed the registered manager was to ensure the person always wore their alarm pendant. However, their pendent was not mentioned in their care plan, which was not updated after the incident. There was a lack of written guidance for staff, to prevent the person falling again.

● A person's local authority assessment, highlighted staff were to check they wore their alarm pendant. At night, staff were to ensure they had access to their wheelchair in case of a fire. Neither risk was addressed within their care plan. The person also had epilepsy, staff had undertaken epilepsy awareness training, however, there was a lack of specific guidance for staff in their care plan. The person also had bed rails to manage the risk of them falling out of bed, to which they had consented. The use of the bed rails which can risk entrapment and entanglement, had not been risk assessed, as per good practice guidance. A number of risks to this person were known about, but had not been managed safely.

● The registered manager had received a complaint about a person developing pressure ulcers. The person's records showed staff had noted their skin damage during 2 care calls completed in the 4 days before the complaint was received. Staff had not reported these concerns to the registered manager using an incident form as per the provider's policy, to enable prompt action to be taken. There was not a body map, to show the location of the skin damage. The registered manager took action once the complaint was received, but could have acted sooner, if staff had reported what they had found.

The failure to assess and mitigate potential risks to people and to ensure incidents were always reported was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A person's care plan noted they needed to be re-positioned at each care call as their skin was at risk of breakdown. The person's records did not always evidence staff had ensured they had changed position and how in order to alleviate pressure on their skin. One of their risk assessments stated they did not have any tissue viability risks, which contradicted their care plan. The records staff completed did not always demonstrate the required care had been provided as described in their care plan.

The failure to ensure accurate records of the care provided were maintained was a breach of Regulation

17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had risk assessment templates to assess risks to people, which included the home environment, moving and handling, personal care, falls and Control of Substances Hazardous to Health (COSHH) The potential risks to people included in the templates had been assessed. There was clear information about any equipment used to transfer people and the number of staff required. The templates did not include all of the potential risks to people we identified.
● The provider had a senior person on-call out of hours and people were provided with details of the number to call. The provider had a business continuity plan, which covered a number of types of emergency, but it did not include how risks resulting from adverse weather would be managed.

Using medicines safely
● Staff administered medicines and then completed electronic medicine administration records (MAR's). A person's MAR showed staff had often completed it a considerable time after their call. There was not a contemporaneous record of the time their medicine had been administered. This created a potential risk of the person being given a medication more than once.
● The electronic records system meant staff's completion of people's MAR's could be monitored in 'live' time and any gaps in MAR's followed up with staff straight away. A person's MAR for October 2022 had 14 gaps, which were not signed off until 12 November 2022. There was a potential risk this person could have been given medication more than once.
● The same person's MAR lacked guidance about the strength of each tablet. Good practice guidance requires this is included. The person was also prescribed paracetamol as required also known as 'PRN.' There was not a PRN protocol to guide staff in its administration.
● A person's care plan showed they took an anticoagulant to stop their blood clotting. These medicines have higher risks associated with their use and there was no information in the person's care plan about their safe use, as per good practice guidance.
● Two people's records showed staff applied creams for them. However, these were not documented on a MAR as required by both national guidance and the provider's guidance. Nor was there a body map to show where the creams should be applied. As care records did not always document what cream staff had applied, we could not tell if they were emollients, which can be a fire risk. People did not have complete records of creams applied, nor had potential risks associated with their use been identified and addressed.
● The provider's policy and good practice guidance required staff's medicines competency should be assessed after their medicines training. A member of staff had administered a person's medicines prior to completing their medicines competency assessment. This placed the person at risk of receiving their medicines incorrectly.

The failure to ensure the proper and safe management of medicines, including medicines recording was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff completed the providers medicines training during their induction and had access to relevant guidance.

Staffing and recruitment
● People and relatives provided mixed feedback about staffing. Not everyone felt they had consistency of care or that their care was provided for the time commissioned. Feedback included, "Staff do not arrive on time - usually late then only stay for 15 minutes instead of 30 minutes," "The consistency of carers is not good." "Staff always come when required and sometimes we get a few different staff but that is ok with us" and "The carers do arrive and usually stay for the full time."

● The registered manager had an electronic staff login system, which enabled them to monitor the timing and duration of people's care calls. Records showed staff logged in and out of people's care calls whilst they were a considerable distance away and not actually present in the person's home. Therefore, the times staff logged did not accurately reflect either the times or the duration of calls. People were not receiving care calls of the duration logged, although there were plenty of staff. Risks associated with people receiving calls of a reduced duration had not been identified, assessed or mitigated.

The failure to assess and mitigate risks to people from reduced call times was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The managing director advised us there were senior staff to direct staff. However, only they and the registered manager held professional qualifications in social care and were therefore sufficiently skilled and qualified to supervise staff. Records showed 33 of the 41 members of staff had been recruited, during the previous 3 months and the 7 staff we spoke with were new to social care . A significant number of staff were new to their role and inexperienced. There was not a sufficiently skilled staffing mix to ensure all staff had the required level of skills and experience required.

The failure to ensure staff were sufficiently skilled and experienced was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff pre-employment checks were completed. 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. Staff were recruited from overseas. As part of their visa application, they were required to provide a criminal record check from any country they had lived in during the past 10 years. The registered manager then completed DBS checks once staff had commenced work in the UK. In a small number of cases, overseas criminal records are held on the Police National Computer (PNC) and these would be revealed as part of a DBS check and its completion is a legal requirement.
● The managing director advised the risks associated with having staff working before receipt of the outcome of their DBS application, was managed through them shadowing existing staff until their application was processed. Records for 1 staff we reviewed, showed they had attended people's care calls alone prior to receiving the outcome of their DBS application. This had placed people at potential risk of being cared for by unsuitable staff.

The failure to enforce measures to mitigate potential risks to people whilst UK criminal records checks were completed was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider's recruitment policy asked applicants for two references. This was incorrect, as provider's should seek evidence of satisfactory conduct in previous employment for any previous role they have held in health or social care or work with children or vulnerable adults. We did not identify any roles which had been missed in the files we reviewed. This was brought to the registered manager's attention for them to address.
● After the inspection the registered manager informed us they had spoken to staff about logging in and out of calls.

Systems and processes to safeguard people from the risk of abuse
● The provider's service user guide advised staff would not hold people's housekeys, however, a person's records showed staff had. There was not a risk assessment nor the person's signed consent. The person's

daily care records and discussions with the registered manager, showed the person's keys, were not stored safely, which risked misuse. The registered manager had not identified this had the potential to leave the person vulnerable to abuse. They have since advised CQC, they have taken action to address this matter.

● Staff completed the provider's safeguarding training during their induction. Staff had access to the provider's safeguarding policy which contained relevant information and guidance about the role and responsibilities of staff. They also had a daily briefing which included relevant information such as the provider's whistleblowing policy. Safeguarding was also discussed at staff meetings. Staff spoken with understood the types of abuse and their role to report any concerns.

Preventing and controlling infection

● Staff completed infection, prevention and control (IPC) training and had access to the provider's guidance. There was a plentiful supply of personal protective equipment (PPE). Staff's IPC practices were checked at their spot checks and PPE use had been discussed at a recent staff meeting.

● People and relatives provided mixed feedback about staff's IPC practice. Some were very happy, and others expressed concerns about staff's practices and PPE use. Feedback included, "Urine is emptied down my kitchen sink if I am not checking," "Throwing PPE waste in domestic bins and not bagged is not correct" and "Staff understand IPC and wear the PPE. They know how to dispose of it." Feedback received indicated there was a level of inconsistency in staff's IPC practice. We were not assured of the robustness of staff's IPC practice.

Learning lessons when things go wrong

● Staff spoken with understood what they should report. The provider's records showed incidents when reported, had been reviewed to determine if any further action was required. Learning took place from incidents and feedback. The registered manager's records detailed two incidents, where although appropriate actions had been taken for the person, they had not been shared externally with commissioners for them to determine if any additional actions were required.

Requires Improvement

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.

Staff support: induction, training, skills and experience

- The managing director had run 4 induction courses for the 41 staff who had commenced work between February and October 2022. Records showed 29 staff had completed the August 2022 induction course and 9 the October 2022 course. These were extremely large numbers of staff to induct, train, provide shadowing opportunities for and assess their competence in their role.
- People and relatives provided mixed feedback about staff's skills and competence. A significant number did not think staff had been properly trained in all aspects of the delivery of people's care. In particular they did not feel staff were sufficiently competent in understanding and meeting the needs of people living with dementia. They also gave examples of where they felt staff lacked the practical care skills to support their loved one. Feedback included, "Staff just go in and start doing things with no consideration for my [name of relative's] dementia and anxiety," "Included in their "training" should be some dementia awareness training as currently it is lacking" and "My [relative] needed their catheter bag changing and the carer had no idea."
- Staff were required to receive both medicines and moving and handling competency assessments and a spot check during their induction. Staff should be assessed as competent before they work unsupervised. Records for 1 member of staff showed they had provided care to a person alone after one spot check and prior to the completion of their competency assessments. Staff only received their first face to face supervision three months after they started their role. The registered manager could not demonstrate they had assured themselves of each staff member's skills and competency.

The failure to ensure staff's induction fully prepared them for their role and they were fully competent before working unsupervised was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoken with felt they had received sufficient training and supervision. Ten of the 41 staff had been awarded 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. The importance of completing it had been discussed with staff at a recent meeting.
- Staff completed a comprehensive range of training as part of their induction, which included online training, face to face training and shadowing other staff. The programme included online dementia awareness training. Staff training was led by the managing director who had completed 26 'train the trainer' courses, to equip them to train new staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's physical, mental health and social care needs were holistically assessed, and their care was planned with them prior to the provision of care.
● The registered manager used an electronic system for care planning and their policies and procedures, which referenced legislation and good practice guidance. The registered manager was a member of the local home care association, which enabled them to access guidance and updates.
● Staff completed training on equality and had a code of conduct which set out the required standards expected of them.

Supporting people to eat and drink enough to maintain a balanced diet
● People's care plans documented their needs and preferences in relation to both their diet and fluid intake. Staff had assessed if the person had any associated risks, for example swallowing, as well as practical considerations such as the arrangements for people's food shopping. There were clear instructions for staff regarding the assistance people required. This included the need to leave food and drink for people if required between care calls and to report any concerns.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● Staff had completed training in relation to common health conditions such as epilepsy and diabetes awareness. However, people's care plans did not always contain relevant information and guidance regarding how people's health conditions, such as diabetes or epilepsy, impacted them or the signs of deterioration staff should be aware of and the actions they should take.
● Staff identified if people needed to be referred to external services for assessment or support as required. Records showed the registered manager had referred people to a range of health care professionals including GP's, physiotherapists, occupational therapists, district nurses and social workers.

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 had completed training on the MCA 2005 and understood its application to their work. Staff had access to relevant guidance.
● Staff obtained people's consent to the provision of their care. Where people lacked the capacity to consent to their care their capacity had been assessed and a decision made with relevant parties that it was in the person's best interests for their care to be provided. The form the registered manager used to record this needed to be amended in order to clearly document the person had been assessed as lacking the

capacity to consent to their care. Which was why the best interest decision had been made.

● Where people had a power of attorney, the registered manager told us they checked the type of power of attorney held and viewed the document.

Good

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 relatives provided positive feedback overall about how staff treated people. The feedback received included, "The staff are kind, caring and smiley and arrive saying 'wakey, wakey'" and "Sometimes the carers have arrived as I get in which is nice to see them and they are good with my relative."
- People's care plans provided staff with relevant information about the person's background, interests, what was important to them and how they liked to spend their time. Staff were able to demonstrate they had read and understood this information. A member of staff told us, "I ask them [the person] about themselves." Another staff member told us about the occupation of a person they cared for, where they had lived and their sporting interests. A third staff member described in detail a person's routine and how they liked things organised in their home.
- People were provided with choices about their care, such as the gender of staff who supported them and their preferred times for care.
- Staff had received awareness training about the different communication methods people may use such as Makaton and British Sign Language (BSL). Makaton is a communication system based on the use of symbols and signs. involves the use of hand movements, gestures, body language and facial expressions to communicate.

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

- People's care plans documented the decisions they could make for themselves and any factors staff needed to be aware of, such as the need to communicate clearly and whether the person experienced short term memory loss. There was also information about how to involve the person in decision making.
- People were provided with relevant information in the provider's service user guide.
- People and relatives reported that especially those people living with dementia and, or a hearing impairment, struggled to communicate with staff and to understand them. However, in order to obtain their skilled worker visa, staff were required by the government to demonstrate their English language skills and understanding met the minimum necessary standard. This standard required staff to be able to communicate independently and to have more than a basic understanding of English, but did not require them to be proficient. We were able to understand and converse with the 7 staff we spoke with.

We recommend the provider researches the communication needs of people living with dementia or a hearing impairment, to enable them to ensure the most appropriate staff are matched with them.

Respecting and promoting people's privacy, dignity and independence

- Overall, most people provided positive feedback, about how staff respected them. Feedback included,

"Yes the carers are very respectful" and "Carers are always mindful of dignity and respect."

● Staff had completed relevant training and had access to the provider's dignity and respect guidance.

People's care plans outlined how staff should uphold their privacy and dignity during the provision of their care. They also detailed how people should be supported to retain their independence.

Good

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 good. This meant people's needs were met through good organisation and delivery.

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

● Some relatives reported they had seen a care plan but did not say they had been involved in people's care planning. However, the care plans and records reviewed, showed people had been involved in planning their care. We saw records which demonstrated where people lacked the capacity to consent to their care, their relatives had been involved.

We recommend the provider considers how best to record who was involved in people's care plans.

●The managing director advised people had a hard copy of their care plan in their home and they were working to enable people to also have access to their electronic records. People's care plans addressed their care needs, including those on the grounds of protected characteristics under the Equality Act 2010 and their choices and preferences and how these were to be met.

● People's care plans identified their strengths and what they could do for themselves, to either retain their independence or to contribute to their care. Staff understood how to support people's independence.

● There was evidence people's care plans had been reviewed, either as part of a planned review with commissioners or in response to changes in their care needs. Relatives confirmed care plans had been changed as peoples' needs changed.

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 information and communication needs were identified within their care plan. Information was available for people in different formats as required, such as large print and pictures. Staff also completed awareness training on alternative communication methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Staff were not commissioned to support anyone in the community, but they did provide some people with respite care breaks.

● People's care plans noted their social situation, for example, if they lived alone. Staff were guided to

encourage people to join in social activities they enjoyed and to chat with them as they provided their care.

Improving care quality in response to complaints or concerns

● The service user guide provided people with details of how to raise a verbal or written complaint. It described the process by which any complaints received would be investigated and addressed and how to escalate any issues if the complainant was not satisfied with the outcome.

● Some relatives reported it was difficult to make a verbal complaint as it was hard to get through to the office. Records showed during the past seven months, 25 verbal complaints and 5 compliments had been received. This demonstrated people and relatives had made complaints, which records showed had been logged, investigated and actions taken.

● Complaints were used to learn and to make changes in order to drive improvements. Feedback we received indicated two issues had still not been resolved for some people such as, shortened calls and some staff's use of microwave ovens.

End of life care and support

● Staff received end of life training and had access to the provider's guidance, in case a person currently cared for required this care.

● The managing director told us whilst the business was still relatively new, they did not agree to take on end of life care packages for people.

Requires Improvement

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 registered manager, who was also the provider, had relevant qualifications, knowledge and skills. They were keen to learn and acted upon feedback. However, they did not fully understand all their legal responsibilities as a registered manager and provider, which has led to inconsistencies in people's experience of the quality of the care provided.
- The registered manager had not always fully understood, assessed or mitigated all risks. For example, they had not considered the risks of inducting large numbers of staff to their role or considered the associated risks of caring for people with a large number of relatively inexperienced staff. They had not ensured measures to safeguard people whilst criminal records checks were completed for overseas staff in the UK, were operated effectively. They had not ensured measures to ensure staff were competent to administer medicines were operated effectively.
- The registered manager had informed commissioners of a person's pressure ulcers. However, they were unaware pressure ulcers had grades, this information needs to be known in order to determine if there is a legal requirement to notify CQC.
- The registered manager had not considered how working practices impacted upon people's experience of the care provided. Some people reported they were not happy with either the number or frequency of new staff shadowing their care calls. Although the managing director told us this had been reduced following feedback, it was still an issue for some people.
- Staff were driven to people's care calls together in company cars. Although the managing director found this to be an efficient way of transporting staff, people told us they did not always want staff sitting outside their house waiting to collect those staff completing their call.
- The registered manager audited various aspects of the service, including client quality calls, complaints, medicines, care plans, safeguarding processes, falls, staff records and spot checks. However, their audits had not identified the issues we found at this inspection. The outcomes from the electronic care call login system were not acted upon to ensure people's call data was accurate or they received the correct length of call.
- The registered manager's records were not always accurate. Twice they provided incorrect details for a person who had been involved in an incident.
- The registered manager was not aware of the NHS National Capacity Tracker. This is a national data tool all care providers registered with CQC are required to register with and update. They were not aware providers are expected to register with and regularly update the tracker.

The failure to fully assess, monitor and mitigate risks or to ensure good governance of the service was a

breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● After the inspection the registered manager told us they since registered for the National Capacity Tracker. However, when we checked, they had not yet submitted any data.
● The provider's statement of purpose no longer included a service for people with a learning disability or people with an eating disorder. We have spoken with them about the need to complete a CQC notification to confirm they no longer wish to provide a service to these groups of people.
● There was a service improvement plan in place.

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
● We saw the registered manager did communicate with people and their families where appropriate about incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:
● People and relatives provided mixed feedback about the leadership and management of the service. In particular some felt it was difficult to get hold of the registered manager and that staff were not adequately trained. We found the registered manager was usually out in the field with staff when we spoke with them. Whilst a number of people were not happy with the service received, others were pleased with the quality of the care provided.
● Overall staff told us they were happy and motivated working for the provider. They felt confident and supported in their work.
● The provider's principles, aims and objectives for the service were set out in their statement of purpose.
● The registered manager and the managing director were keen to look at ways to improve the service. The managing director told us how they had introduced virtual reality first aid training to enable staff to practice their skills.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Processes were in place to seek people's feedback about the service. These included client satisfaction questionnaires and reviews of people's care. There were also records of compliments received about the service. Staff were able to provide feedback directly to the provider and had been provided with whistleblowing information if they needed to raise concerns externally.

Working in partnership with others
● The provider worked closely with key organisations such as the local authority and a range of health and social care professionals in order to plan and deliver people's care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The failure to assess and mitigate potential risks to people, were always reported and to manage medicines safely was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to assess, monitor and mitigate risks and to ensure accurate records of the care provided were maintained was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to ensure staff's induction was effective and they were sufficiently skilled and competent was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.