

Mayfair Homecare Limited

Mayfair Homecare - Portsmouth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Mayfair Homecare- Portsmouth is a domiciliary care agency registered to provide personal care to older and younger adults who require this due to illness, disability, learning disabilities or autism. At the time of our inspection, the agency was providing care to 126 people living in Portsmouth and the surrounding areas.

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

Although people told us they felt safe, we identified a lack of person-centred guidance for staff on how to provide safe care to people. Risks to people were mitigated by a well-trained, knowledgeable staff team and people we spoke to confirmed this.

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 were not sufficiently embedded in practice to support this. The registered manager took prompt action to address this.

Feedback from people and staff gave mixed reviews on the timing and length of care calls and allocated travel time for staff between care calls, which existing quality assurance systems had not identified. However, the management team were working hard to recruit and retain staff. People told us and records viewed confirmed all care needs were met by staff during the care calls which mitigated the risk. People were supported by staff who had been safely recruited. Staff wore appropriate personal protective equipment and followed government guidance on COVID-19.

Quality assurance systems and processes were in place for monitoring, assessing and improving quality of the care provided to people who use the service. Where these were completed, they had not consistently identified the areas of improvement required, which we found on inspection. This included; person centred management plans, potential impact of staffing levels on people's care calls and record keeping. The registered manager took immediate action which included updating documents to prompt staff to record information accurately and arranging additional relevant training for the management team.

People told us staff supported them safely with their medicines.

When safeguarding concerns or complaints were raised, investigations were completed in line with policies in place.

People we spoke to thought staff had the right skills to care for them and were confident in their abilities. A robust induction package was in place prior to starting their role and ongoing training and supervision was provided.

People told us they were cared for by staff who were kind and caring and treated them with dignity and respect, while supporting them to be as independent as possible.

People were supported by staff to access healthcare professionals when needed and worked alongside health and social care professionals to ensure a joined-up approach to people's care.

There was a person-centred culture within the service, and people were placed at the centre of their care by staff and management. The registered manager demonstrated they wanted to ensure people received a high quality, safe and responsive service. They were also mindful of recognising the good work the staff completed and their wellbeing.

The management team were open and transparent and understood their regulatory responsibilities.

People told us the service was well led and they would recommend Mayfair Homecare - Portsmouth to others.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Rating at last inspection

This service was registered with us on 14 October 2019 and this is the first inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified a breach in relation to quality assurance procedures at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will work alongside the provider and continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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.

Please see detailed findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Please see detailed findings below.

Good ●

Is the service caring?

The service was Caring.

Please see detailed findings below.

Good ●

Is the service responsive?

The service was Responsive.

Please see detailed findings below.

Good ●

Is the service well-led?

The service was not always Well Led.

Please see detailed findings below.

Requires Improvement ●

Mayfair Homecare - 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 two Experts 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 December 2022 and ended on 3 January 2023. We visited the location's office on 2 December 2022. The inspection then continued off-site which included the review of information submitted by the provider and speaking to relevant people.

What we did before the inspection

We reviewed the information we had received about the service since it was registered. 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 31 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 fifteen people who use the service and eight family members. We spoke with the registered manager, care services director, care co-ordinator and six care staff. We reviewed a variety of records relating to the management of the service including recruitment records, quality assurance records, policies and procedures, along with training and supervision records. We also reviewed a range of records including daily care communication logs, support plans and risk assessments.

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

- When risks were identified, consistent, easy to follow management plans were not always completed to guide staff in providing safe care. For example, one person was identified as being at risk of falls, a management plan for this risk was not completed but commented on in places throughout the care plan. Another person was identified as at risk of skin damage, the risk management plan stated 'care workers to apply creams' which did not provide staff with clear guidance to follow. This meant although risks, had been identified, risk management plans were not always in place or did not contain all the relevant information for staff to follow. This was mitigated by staff knowing people and their needs well.
- People's known medical conditions were recorded in their care plans with clear guidance for staff on what these conditions were and the symptoms. However, staff did not always have access to person specific management plans of how these medical conditions impacted on them as an individual to guide staff, who may not know them well, on their individual needs. The registered manager told us they would review care plans and add information where needed. Staff were consistently able to describe the people they supported individual needs and how their condition presented, which mitigated the risk to people.
- There were systems in place to mitigate risks to people. A general risk assessment was completed at the initial assessment which included risks to people and staff and there were processes to follow when risks were identified.
- Risk assessments had been completed of people's homes and living environment to promote the safety of staff and people.
- Arrangements were in place to promote staff safety when lone working.
- Business continuity plans were in place to ensure smooth running of the service in the event of incidents.

Staffing and recruitment

- Communication logs showed care calls did not always consistently last the agreed length of time recorded in the package of care.
- We spoke to people and their relatives about whether staffing levels were sufficient to meet people's needs. For example, we asked people and their relatives if staff stayed for the allocated time and if people were informed if staff were going to be late. Comments included, "I think so, they [carers] are a bit pushed", "Half of them do, some get in and out and rush me" and "Variable, everything always gets done." However, other comments were more positive. One person said, "Yes, they stay for the time."
- We asked staff if they stayed for the whole length of the visit and if there were enough staff to support people who use the service and received mixed feedback. One staff member told us, "It depends how close the next call is," another staff member said, "Yes, I always stay." Another said, "Not enough staff, staff come and go." Although the provider had systems and processes in place to identify staffing issues and call times

these had failed to be effective in identifying the issues highlighted above.

- We spoke to staff about allocated travel time between visits. We received mixed feedback from staff, comments included, "Sometimes there is enough time, the office doesn't always check the distance between calls, sometimes takes half an hour, but only given 5 minutes," and, "One visit can be in and out in 9 minutes, meant to be 30-minute visit."
- However, people told us all tasks were completed during visits, care records confirmed this and the registered manager described actions being taken to positively drive recruitment and retention of staff, which was an ongoing process. This is further commented on in the well led section of the report.
- The registered manager took appropriate action when people's care calls were missed. Processes had identified missed care calls in a timely way, which allowed action to be taken to keep people safe which included notifying relevant agencies.
- Recruitment practices within the service were safe. We reviewed six recruitment records and found the necessary recruitment checks were completed. All records contained appropriate DBS checks. 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.

Systems and processes to safeguard people from the risk of abuse

- When a safeguarding concern was raised, there were systems and processes for staff to follow. Evidence was seen on inspection that appropriate actions and investigations were completed in line with the robust policies and processes in place, and the management team worked with other organisations appropriately.
- People and their family members told us they felt safe and were cared for by consistent staff who knew them well and understood their needs. One person told us, "Yes, I feel safe. They [staff] listen and do things the way I like." A family member said, "Oh yes, absolutely safe. They talk to me. Always give me a report on how they [person]are and what's needed." This meant people received safe care from knowledgeable staff.
- Staff had received training in safeguarding adults and children and understood their responsibilities to identify and report any concerns.
- Staff were confident of action being taken by the management team if they raised concerns relating to potential abuse and were aware of external agencies they could refer to.

Using medicines safely

- People's medicines were managed safely. People who received support with their medicines, told us they were satisfied with the way they were managed. One family member told us, "Yes, there's no issues, they will sort it out with me."
- Medicines were only administered by staff who had been trained and assessed as competent to administer medicines safely.
- People were provided with 'as required' (PRN) medicines when needed and PRN care plans were in place to help ensure these were provided safely.
- Medicines audits were completed regularly. This included reviewing MAR (Medicine administration records) which were on paper in people's homes. Senior staff would visit people's homes on a regular basis and review relevant records and complete staff competency assessments.
- Systems and policies were in place to ensure the safe administration of medication, which staff confirmed they had access to.
- Evidence was seen on inspection of working with other healthcare professionals around management of medicines.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) as required and disposed of it safely.
- Staff had access to PPE supplies, such as masks, gloves and aprons. All staff we spoke with confirmed they

were able to access this PPE when required.

- We were assured that the provider's infection prevention and control policy was up to date. Staff were aware of the policies and where to find them.
- We were assured that the registered manager was taking appropriate action to prevent people and staff from spreading and catching infections.
- Infection prevention and control training was provided and completed by all staff prior to commencing employment and on a regular basis.

Learning lessons when things go wrong

- There were effective and robust systems and processes in place to assess and analyse accidents and incidents at branch level and across the wider organisation. This allowed themes and trends to be identified and shared across the service, to allow lessons to be learned and reduce the risk of similar incidents occurring again.
- When investigations were completed and lessons were learnt, the registered manager effectively shared this information with staff when appropriate. Staff we spoke to confirmed lessons learned were discussed at staff meetings and by receiving memo's and policies from the management team to keep them updated and informed.
- People and staff told us the management team responded to deal with any emerging issues or problems.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When appropriate, capacity assessments were completed and recorded, however these records did not always contain person specific, detailed information. For example, one person's capacity assessment record did not include information on efforts made to include the person in the assessment or specific information about how the person's individual health needs impacted on their ability to be involved. When discussed with the registered manager, they knew this information, however it had not been recorded or identified through existing quality assurance processes. Please refer to the well led section of this report.
- Staff received training on the Mental Capacity Act (MCA). However, although all staff we spoke to had an awareness of the MCA, not all staff we spoke to had a robust understanding of how this applied to their role. We discussed staff's understanding of MCA with the registered manager, who took prompt action to communicate with all staff appropriately.
- People consented to their care and treatment and were involved in decisions about their care. This was clearly recorded in their care plans. People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA).
- People and their family members told us they were always informed of care being provided. One family member told us, "Yes, staff ask if they [person] want a shower or bed bath. They [carers] tell them [person] what they are going to do."

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

- Care and support was planned in partnership with people using the service, their families and healthcare professionals where appropriate. An initial assessment was completed prior to commencement of the

service so people's individual needs could be appropriately met.

- Information gathered during assessments was used to develop individual plans for care visits detailing people's choices and the level of support required. Staff followed these plans to prompt completion of all tasks required. This meant people received care in line with their needs and choices and people we spoke to confirmed this.
- Staff effectively applied learning in line with best practice and current guidance which supported a good quality of life and outcomes for people. People we spoke to confirmed staff were competent and offered them choices.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. This information helps providers consider the full range of people's diverse needs and prevent discriminatory practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person told us, "They [staff] seem to know what they're doing. They obviously have experience." Another person said, "Carers say they train in the office, I do think they get training."
- Staff completed a comprehensive induction to their role which included a blended learning programme of training and a period of shadowing an experienced staff member, before working alone in the community. This meant people were supported by knowledgeable and competent staff. Staff confirmed the training provided allowed them to safely perform their roles.
- Staff we spoke to had either completed a relevant health care qualification or were planning to complete 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.
- There were systems and processes in place to ensure staff, were up to date with the provider's mandatory training. Management were alerted to staff approaching training deadlines, and if these were breached, the system would not allow staff to be allocated work. This meant people were supported by trained staff.
- Staff completed training which included infection control, medicines and safeguarding. Additional training was also provided in relation to specific needs, for example, the service was supporting some people with a Percutaneous Endoscopic Gastrostomy (PEG). This is a tube which goes through a person's abdominal wall into their stomach. Staff had been trained on how to support and care for a person with a PEG.
- Staff received regular one to one supervision with the management team. Staff we spoke to told us they felt supported through this process and found it to be beneficial. This enabled management to monitor and support staff in their roles and identify any training opportunities.

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

- People who received support with nutrition and hydration told us they were happy with the care they received. One person told us, "They always ask what I want, toast or soup for example."
- Staff told us they supported people to make choices around the food they ate. One staff member told us, "I give them a choice, I see what they have got or sometimes meals are already prepared." Another said, "I tell them what's in the cupboard and they can choose."
- The registered manager was able to describe the process they would follow if any concerns were raised about a person's dietary needs or nutritional intake. This included supporting people to access health professional input.
- Staff were knowledgeable of people's individual dietary needs and preferences. This information was recorded in people's care plans.

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

- The service worked with other professionals to provide safe care for people. There was evidence of communication with local authorities, hospital healthcare staff, occupational therapists and community nurses and this was confirmed by people and staff.
- People had a care plan in place which accurately identified their needs and level of support required. People, staff and emergency service personnel had access to this information if needed.
- Staff we spoke to were able to demonstrate they understood people's health needs. One staff member described recognising someone being unwell and supporting them to access health care professionals for assessment, this was due to them knowing their existing health conditions.
- The registered manager was aware of how to refer, to appropriate health care professionals and were able to provide examples of this happening.

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.

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

- The management team contacted people regularly to obtain feedback on their views of the service they received. However, records did not always reflect actions taken and outcomes from people's feedback. We discussed this with the registered manager who described appropriate action having been taken though this was not recorded. This meant we could not be assured that people's views and requests, and actions taken around these, were always effectively recorded and learned from. This has been considered under the Well Led section of this report.
- People and where appropriate those who were important to them were involved in decisions about their care. One family member told us, "Someone came and discussed everything with us and what we needed, it worked out fine." One person told us, "I was involved in the initial care planning. Everything was discussed and what my needs were."
- People had reviews of their care plan to make sure visits were still meeting people's needs. This was confirmed by the people we spoke to and gave the opportunity to discuss making changes if they wanted to.

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

- People spoke positively about staff providing their support in a kind a caring way. One person told us, "They [staff] recognised my mental health was deteriorating and alerted my partner in a way that would not upset me, also the office" Another person said, "They [staff] are friendly, caring and non-judgemental." A family member told us, "They [carers] are thoughtful, considerate and good company, always friendly."
- Staff were knowledgeable about the people they supported and their individual needs and preferences and spoke respectfully and positively about them. A staff member told us, "I know people well because I take the time to talk to them, I enjoy it."
- The registered manager led by example, by working hands-on and motivating staff to deliver good care.
- Individuality and diversity were respected. This was achieved by identifying where people needed support at the initial assessment and recording this information for staff to refer to. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by staff who respected their privacy and dignity. A person told us, "Carers do whatever they can to keep my dignity." Another person said, "Carer's keep me covered when I have a wash and keep the door closed."
- Staff promoted people's independence. Staff were able to explain how they maintained people's dignity

and independence and people, and their family members confirmed this. A person told us, "They [staff] encourage me to be independent but help me if I need it." A family member said, "They treat [person] as a normal person. They have very little independence, but they allow [person] to try."

- There were systems in place to monitor interactions between staff and people they supported. This included spot checks, carer assessments and obtaining feedback from people and their family members.
- People's care records were kept secure. People had care records in their homes and the provider had implemented a way of tracking care records if they were to go missing.

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

- Care plans had been developed for each person. Information in care plans about life histories, likes and dislikes and the level of support people needed was person centred. Care plans were reviewed every 6 months, or more frequently if required, by the management team, some information required updating as described in the well led section of this report.
- People were fully involved in the planning of their care. This helped to ensure they had choice and control in relation to the care provided which met their specific needs and wishes. A person told us, "I am getting exactly what I asked for."
- People's protected characteristics were explored during the initial assessment process. For example, there were questions in relation to religion and culture.
- Staff and the registered manager were responsive to people's changing needs. Staff reported any changes to the management team which were also recorded in people's communication logs. This meant all staff who provided people's care, had access to up to date information about the person's needs and any concerns which enabled timely interventions.
- The registered manager and management team completed care calls frequently which allowed them to identify changes in people's needs in a timely way to allow effective action to be taken to keep people safe.

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 communication needs had been identified within their care plans and assessments which people told us staff followed. This information guided staff on how best to communicate with people in a way they could understand.
- Documents were available for people in a variety of formats, for example large print or in different languages, if required. This helped to ensure people were provided with relevant information in a way they could understand.
- The registered manager described how they would manage people's communication needs, for example when a person being supported had a sensory impairment, the complaints procedure was provided in a different format which allowed them to understand the procedure of how to make a complaint.

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

- People were supported to access the wider community and maintain social relationships. One person attended a local support group and another a day centre, this was built into their care plan, to ensure care calls accommodated the outing. This meant people were supported to socialise with others.
- The registered manager was able to describe ways they encouraged family to be involved in their relative's care.

Improving care quality in response to complaints or concerns

- People told us they were aware of how and who to make a complaint to. Where people had made a complaint, they told us they were satisfied with the outcome. One person told us, "I made a complaint and it was resolved. They [management] listened."
- When complaints were received, the registered manager took appropriate action to investigate and act on complaints, keeping people informed throughout the process and following policies and procedures in place.
- The provider had a complaints policy in place and people we spoke to confirmed they were aware of when and how to make a complaint.
- Systems and procedures were in place to help ensure any received complaints were logged and reviewed to allow themes and trends to be identified and acted on.
- When complaints were received and investigated, findings were shared with staff appropriately. Staff confirmed information learned in response to a complaint, was shared which allowed any necessary improvements to be made.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care. However, the registered manager was able to provide assurances that the service would liaise with other professionals within the community and receive guidance when the end of life was approaching and was able to describe how and when this would be necessary.
- Staff were able to describe how they cared for people at the end of their life.

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

- Quality assurance systems, processes and audits were completed regularly however, they did not consistently identify some of the concerns found on inspection. The concerns included aspects of staffing, person centred management plans for risks and medical conditions, quality of information in MCA assessments and audits being effectively completed, as referred to in previous sections of this report.
- This meant areas of potential concern had not always been identified, recorded and acted on in a timely manner through the existing quality assurance systems, meaning people could be at risk. However, this was partly mitigated by staff knowing people and their individual needs and people confirmed this.
- When we raised these concerns with the registered manager, they were immediately responsive. They communicated with staff, reviewed current systems and processes and planned to review people's care plans and add person-centred information where necessary. More time was required for these improvements to be embedded into practice.
- People's feedback was regularly sought by the management team, however actions taken in response to this feedback, were not always recorded. This meant we were not assured that people's views and feedback were consistently recognised and acted upon.
- Staff gave mixed feedback when asked if there were enough staff to support people who use the service. The registered manager told us they were aware of the need for recruitment of staff and the work is ongoing. This includes a rolling recruitment drive with incentives in place to help staff feel valued and supported and increase staff retention.
- Care plans had not been consistently updated with new information and changes for people and their needs, in a timely way. For example, one care plan had not been updated to reflect an updated package of care and another did not describe current care needs for skin integrity. This had not been identified and meant staff did not always have access to up to date information about people and their needs.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and procedures were in place to aid the smooth running of the service. These included safeguarding, whistleblowing, complaints and infection control.
- There was a clear and robust management structure within the service. This included the registered

manager who was supported by two team leaders and two co-ordinators. The registered manager and management team understood their roles and responsibilities within the service.

- Staff performance was closely monitored by the registered manager and the management team who completed regular spot checks of staff competencies. Outcomes and identified themes and trends were acted on and shared across the staff team.
- There were robust systems in place in relation to the monitoring of complaints, accidents, incidents and near misses. When complaints were received or safeguarding concerns were identified, comprehensive investigations were completed in line with policies and procedures.
- All learning was shared between branches within the organisation to help ensure widespread improvement.
- The registered manager was open and transparent about concerns when they arose and communicated with people and their family appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture within the service where staff placed people at the centre of their care. People told us, "They [carers] listen. Always asking if I want anything. I am quite satisfied," and, "Good communication. When I ring, they are quick to answer. Really good, they [carers] and management listen. If I had a problem, they would sort it straight away," also, "Office staff are always friendly and say, 'if we can help at any time just call us.'"
- The registered manager had clear vision, values and objectives for the service. These included treating people with dignity and respect and continuing to improve communication with staff and people who use the service. Also described by the registered manager as important values were; encouraging people to be independent, providing a high standard of care for all and to encourage people to establish their individual choices and preferences in every aspect of their lives.
- Staff told us they felt supported in their roles by the registered manager and the management team. One staff member told us, "I do feel supported, the registered manager and office staff are all helpful." Another staff member said, "The registered manager and office staff are approachable and supportive, a cracking team, can't fault any of them."
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, people we spoke to confirmed they were offered choices in relation to meal options and personal care needs.

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 registered manager understood their responsibilities under the duty of candour.

Working in partnership with others

- The service worked with external health professionals and were able to demonstrate an understanding of how to make appropriate referrals when required.
- The service worked in partnership with key organisations, when necessary, which positively impacted on continuity of care. One social care professional told us, "any queries that have been raised have been dealt with quickly and an adequate response given."
- People had care records with relevant information, for care staff and other professionals to refer to when necessary, and in the event of an emergency.

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 17 HSCA RA Regulations 2014 Good governance 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. Regulation 17 (1)(2)(a)(b)