

Axiom Home Care Limited

Axiom Home Care Hemel Hempstead

Inspection report

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Tel: 01442927078

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09 June 2023

16 June 2023

28 June 2023

07 July 2023

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04 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Axiom Home Care Hemel Hempstead is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes. At the time of our inspection 7 people were receiving personal care from 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

People did not always have assessments carried out when needs were identified. The lack of assessments placed people at risk of avoidable harm. People felt safe with the care provided and staff reported concerns when needed, although there were delays by the provider in investigating those concerns.

People received their medicines as required but improvements were required in maintaining medicines records. People received care from a consistent staff team, however they also told us their agreed times were not always met promptly.

Staff had received training, but the quality of this training did not always enable them to meet people's needs effectively. Training in some key areas had not been provided to staff. Staff felt supported by the management team, but further improvement was required to plan, develop, and review staff performance.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were not always supported to have a choice about who provided their personal care. We have made a recommendation about ensuring people's dignity is met.

There was a lack of oversight of the quality of care provided with shortfalls that had not been identified by the provider. Staff had not ensured they maintained good records in relation to people's support needs.

People were happy with the care provided. They told us staff treated them with respect, promoted their independence and were kind and caring when supporting them. People were confident that concerns or complaints would be managed promptly.

People received care they felt was appropriate to their needs and kept them safe from harm. The ongoing risks associated with people's individual care needs were managed safely.

Staff wore personal protective equipment [PPE] when providing care to people to keep them protected.

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

Rating at last inspection

This service was registered with us on 17 November 2020, and this is the first inspection.

Why we inspected

This was a routine inspection based on information we held about the service.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person centred care, training and development, consent, and governance.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Axiom Home Care Hemel Hempstead

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This 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 would be in the office to support the inspection.

Inspection activity started on 09 June 2023 and ended on 28 June 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. 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 this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We commenced the inspection on 07 June 2023. On 9 June 2023 we spoke with people and relatives. On 16th June 2023 we reviewed documentation, met with the nominated individual and spoke with staff, concluding the inspection on 28 June 2023.

We spoke with 2 people who used the service and 5 relatives. We spoke with 4 members of staff including the registered manager. We reviewed a range of records which included 4 people's care and medication records. We reviewed a variety of records relating to the management of the service, including audits, training records, policies and procedures.



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 had been identified, detailed assessments were carried out to manage those risks and provide guidance to staff. For example, for people requiring support living with dementia, diabetes, personal care and pressure wounds. The lack of assessments placed people at risk of avoidable harm.
- We saw 1 person required support with their continence care. Their continence product did not support their needs; however, the provider had not considered a referral for a continence assessment to reduce the risks of skin breakdown. This was completed during the inspection, and the person saw the specialist, which resulted in a significant improvement.
- Risk assessments relating to people's safety, such as moving and handling using a hoist were vague. These did not document the type of sling to use, the hoops to use or how to transfer the person and risks to be aware of. The 1 person who had required hoisting had recently become frailer, so hoisting was not required. However, the lack of information meant people who may require this support would be at an increased risk of harm.
- Personal emergency evacuation plans (PEEPs) were reviewed for all people. These plans did not provide staff with a robust and accurate assessment of people's needs. For example, some information was copied and pasted and lacked detail to provide clear direction to staff.

Risks were not all appropriately assessed and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessment were completed prior to care being provided. When we reviewed these assessments we saw key safety areas such as equipment safety, bedrail entrapment, risk of slips and trips had been considered.
- The provider regularly carried out care calls themselves. They told us these areas would be addressed immediately, and appropriate risk assessments and referrals put in place. They also immediately organised training to address their gaps in risk management and care planning.

Using medicines safely

- For people who were supported with taking their medicines, we found medicines administration records (MAR) were not always accurately completed. For example, data entry issues into the electronic system that suggested medicines were not given and were not updated with an explanation. Where people's relatives administered medicines in place of staff, this was not documented. Recent improvements had been made to the administration of medicines processes following a local authority review of the service. However, we

could not be assured that people now received medicines as prescribed.

- A risk assessment was not in place for the management or administration of medicines. Information about when and why PRN [as required] medicines were needed, such as paracetamol or laxatives were not detailed.
- The registered manager told us this would be addressed immediately, and appropriate documentation would be put in place.

Systems and processes to safeguard people from abuse; Lessons learned

- Staff knowledge about safeguarding was variable. Staff were aware of abuse, but not aware of the various forms abuse can take. For example, 1 staff member did not consider an unexplained bruise may be a safeguarding concern.
- Safeguarding training for staff was completed in the same session as 20 other courses, which meant staff training was not as in depth as it needed to be.
- There had been 1 safeguarding concern identified by the provider. They had reported this to the local authority as required, however there was a significant delay from when they suspected the person was at risk of harm to reporting. We spoke with the registered manager about this, who told us they would provide further training to staff and ensure referrals were made without delay.
- A system for staff to record accidents and incidents involving people was in place, and the staff we spoke with understood how to use this to report any concerns. Further development of the investigations and documenting actions arising were required. For example, where entries were missed on people's medicine records, the provider did not visit the person's home to check the quantity of medicines remaining. They relied upon the data entry and that staff would report missing medicines at the end of the weekly cycle.
- People and relatives told us the care provided supported them and kept them safe from harm. One relative said, "If [person] is not well, they would contact me. I have every confidence in them."
- Staff discussed incidents within team meetings and supervision sessions. Staff spoken with were able to describe occasions where their practise improved as a result of sharing learning through discussion and reflection.

Staffing and recruitment

- People and relatives gave mixed feedback about staffing. Some said staff were on time and stayed the length of the call. Others said timeliness was variable. One relative said, "Time keeping varies, sometimes too early or late. No one lets us know they are late." Although feedback was mixed we found there were enough staff employed although staff did not always arrive on time.
- Electronic systems were in place and staff were logging in to most calls using an application on their mobile phones. The registered manager had recently identified staff being late through their internal audit and had taken action to address this prior to this inspection. This was acknowledged by staff and those they cared for. One relative said, "Timings were beginning to fluctuate, and I rang them about the timings of visits and said it was not satisfactory. We had a meeting and agreed a set time. Much better now." However, whilst the changes became embedded some people still received their care later or earlier than wanted.
- Following a recent monitoring visit by the local authority the registered manager had taken action to embed their systems to recruit staff safely. All pre-employment checks were carried out before staff started working in the service, a full work history was in place alongside Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held about a staff member. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The provider and registered manager had taken steps to protect people from the risk of infections.
- Staff had access to personal protective equipment (PPE) when needed and used this in line with good

practice. People, relatives and staff spoken with confirmed this.

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

- Staff did not complete a structured induction prior to providing care to people. For example, one staff member told us they had worked full time since January 2023. They had been trained in April 2023, which demonstrated an induction had not been completed prior to starting work.
- Staff employed at the time of our inspection had completed the 'Care Certificate'. This is a set of knowledge and standards that care workers should follow. The usual expected time to complete this is 12 weeks. However, we saw that staff had completed in excess of 20 modules in one day. These modules also did not cover the recognised modules within the care certificate. This did not demonstrate training was provided in a way that ensured staff were effectively trained. Staff spoken with could not all demonstrate their knowledge to us around areas such as mental capacity and safeguarding which further demonstrated training provided was not effective.
- People and relatives confirmed training was an area for improvement. One relative said, "I don't think they have a lot of dementia training. They haven't come across it. They are learning on the job." A second relative said, "I have to explain everything, every time. It's frustrating." Staff had not received training to support people living with existing health needs such as dementia, diabetes and skin and wound care.
- Staff had completed online medicines awareness training and administered medicines without the required higher-level administration, management of medicines and competency assessment. This placed people at risk of harm as staff were not trained appropriately to perform the task they were completing.
- Staff told us they received supervision meetings regularly, however when we asked what these involved staff said they were held in response to an incident. One staff member said, "We have supervision every two to three months, I have just had one regarding the problems the clients are telling us. An example is this last one was about staff not knowing how to make toast. Another supervision was about a miscommunication issue." This demonstrated that supervision was not a structured meeting to review performance, discuss development and review objectives.

Staff employed to provide personal care to people did not have appropriate supervision, training or opportunities for professional development. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded by ensuring all staff were provided with the appropriate level of medicines training. The registered manager had also registered all staff for care certificate training with a local accredited training provider.

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 and found it was not always.

- The registered manager told us they had not completed mental capacity assessments because people had capacity or had a person with the legal authority to make decisions for them. However, we found a person who the provider did consider lacking capacity, had no mental capacity assessment, or best interest decision for how they received their care and when.
- The registered manager told us they had not completed any best interest decisions, as representatives with the legal authority to do so had been appointed. However, there was no documented evidence the decision-maker had assessed what would be in the best interests of the person who lacked capacity.
- Staff were not aware of how to support or seek consent from those who lacked capacity. When we asked staff to describe to us how they supported people, they were not able to assure us they had sufficient knowledge of this. One staff member said, "We do not have anyone who has mental capacity issues." However, we had identified 3 people who the registered manager confirmed did require this support.
- There was a lack of recorded information by the registered manager about decision making processes. The records for 1 person we reviewed did not have a mental capacity assessment completed by the provider or written information to indicate the provider had formally sought consent from the person to provide their care.
- Where relatives had told the registered manager they had the legal authority to make decisions, this had not been verified as required. We asked them to verify the legal authorities for 2 people and were only provided evidence that 1 relative had this in place.

Where people may have lacked capacity to make decisions about their care, the registered manager had not assessed capacity in accordance with the MCA 2005. Legal authorities to act on people's behalf had not been verified. This was a breach of regulation 11 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

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

- People were supported to eat and drink enough. People and relatives said staff prepared meals for them when needed and left snacks and drinks within reach for them between visits. One relative said, "I am happy with the care, carers always ask if they have eaten and drank enough. They don't miss much."
- Care plans documented what support people required in relation to eating and drinking, however required development to reflect people's preferences and any associated allergies.

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

- Staff worked with others to ensure people were appropriately supported. Where people needed to access healthcare, staff ensured this was carried out. Staff referred people to the GP as needed, worked with district

nursing teams and were clear about the action they would take when a person became unwell.

- Although staff promptly referred people to healthcare professionals when needed, we were also told they did not always communicate this fully. One relative said, "I rang them up [provider], I was complaining that they hadn't told me they had contacted my GP on my behalf. I felt a fool when the surgery rang me, and I didn't know. They apologised to me, and I was happy with their response."
- People and their relatives told us staff were responsive when their needs changed. They told us they shared the outcomes of health reviews with the provider and were happy with the support given. One relative told us, "They communicate with me if [person] is not well. If they have pain for example, as they are at risk of falls. The carers have really helped alleviate falls."

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 requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity, and independence

- Some people told us they were not provided with a choice of male or female staff when providing their personal care. Comments included, "I didn't get a choice, "and, "I don't recall having a choice. If a male comes, I oversee it if its personal care."
- People told us staff protected their dignity when providing personal care and staff had received training to treat people in a caring way. One person said, "They try to protect my dignity, they keep me covered when washing for example." However, the lack of choice of staff did not support this approach to dignity.
- We recommend the provider consults national best practice guidance on respecting and promoting people's dignity when providing personal care.
- People explained that staff treated them with respect. One relative said, "Carers treat them like a person, treat them with respect." A second relative said, "[Person] is treated with absolute respect, they are very sweet."
- People and relatives said staff promoted and supported people's independence. One relative said, "I encourage [person] to get up, and the carers can deal with the mood swings and cajole them to do things like getting up. They promote independence. They ask what [person] can do and offer help if they need it."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were caring and kind towards them. One person said, "I wish I had friends like them I haven't an issue with any of them." Feedback demonstrated to us there was an open and inclusive culture in the service between staff, people and their relatives. People and relatives confirmed to us that they were treated as an individual regardless of their abilities, background or lifestyles.
- Staff encouraged people to be as independent as possible.
- Staff had not at the time of this inspection received training on equality and diversity.
- People were asked for their wishes and preferences and supported accordingly, which they said enabled them to make decisions about their care.
- People told us staff asked their consent before engaging in care tasks. One person said, "Carers always ask things like can I help you have a wash? Can I tidy the bed? They always ask permission in a kind way, anything they do they ask if they can do it and talk all the time about what they are doing."



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; Meeting people's communication needs

- Care was not always planned in a personalised way. Care plans described some people's social background and belief systems, but not all. Care plans lacked detail describing how personalised care and support plan based on what matters to people, their preferred outcomes and how they will be achieved around mental and physical health needs and dementia care.
- The lack of information meant that staff did not have all the information needed to respond to people's changing needs. For example, 1 person's care plan referred to their diabetes, however, there was no guidance on what safe sugar levels should be for this person. For people living with dementia, care plans did not provide a clear understanding of that person's needs, goals, preferences and challenges in order to support them in a way that improves their quality of life This lack of guidance can impact the ability of staff to provide personalised care for these differing needs.
- We raised this with the registered manager who began to review all people's care plans to ensure they described the risks and support needed.

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.

- Feedback about communication with staff was mixed. Some people felt staff communicated well with them and adapted their approach to be understood. However, people and relatives told us they sometimes found it difficult at times to understand staff whose first language was not English. This meant there was a risk staff would not understand people when trying to communicate their needs or wishes to them. The registered manager had identified this issue and immediately organised tuition for those staff who needed this.
- Risk assessments assessed people's communication needs, but care plans were not developed to support those needs when identified. For example, 1 person said they needed help with sight and wore hearing aids. There was no evidence in care plans of how to support this person to communicate.

People's care was not always assessed and planned in a way to ensure they received personalised care or supported people's communication needs. Difficulties in communicating meant reasonable adjustments were not in place to meet the needs of people. This was a breach of regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People and relatives told us if they raised anything with staff they would respond as necessary. One relative said, "[Person] is very pleased with them. Having the carers has definitely kept them at home, instead of going into a care home." A second relative told us the care provided met changing needs and was invaluable for them, they went on to say, "They 100% support me [and Person]. I would be lost without them."

End of life care and support

- No end-of-life care was being delivered by the service at the time of inspection.
- The provider and registered manager had not developed robust plans about people's preferences and wishes for their end of life, and staff had not received training at that time. The registered manager had organised training and support with care planning through an external training provider.

Improving care quality in response to complaints or concerns

- People and relatives said they could raise a concern or complaint easily with the registered manager. They said when they had done so their complaint was responded to and the quality of care had improved. One relative said, "I have phoned [registered manager] once or twice about timings, they are very approachable."
- People said they had contact numbers for the provider in a folder in their homes alongside a complaints policy and procedure. This also gave details of external organisations people could raise a concern with.
- We saw that complaints made by people or relatives were investigated fully and responded to. We were unable to see the provider formally recorded a written outcome to the complainant. The registered manager said this was an area they would develop in future.

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 monitoring systems and policies were in place but were not effectively operated to drive continuous improvement in the service. Issues we found at this inspection had not been identified by the provider or registered managers audits.
- For example, audits had not identified people's assessed needs were not accompanied by a robust care plan. This meant staff did not have clear guidance to instruct them how to meet those needs. Medicine records were not updated which meant the provider could not be assured people received their medicines as required. Medicines care plans and as required assessments were not completed meaning staff did not have concise instructions about when and how to administer medicines.
- Staff had not undertaken appropriate mandatory training relevant to the people supported. This meant people were at risk of unsafe or inappropriate care. Arrangements for obtaining consent did not meet the requirements of the Mental Capacity Act 2005 meaning care may be provided in a way that does not meet people's wishes or preferences.
- Incidents were reported to the registered manager, however the systems for documenting and promptly investigating concerns required improvement. At times we saw incidents were delayed when reported by staff, this was in part because a formal system of reporting was not in place. Staff entered incidents into the daily log, and not a separate report, meaning these were at times delayed in being picked up.
- The provider and registered manager had relied upon a local authority monitoring assessment to provide them with an independent, external assessment of the quality of care provided. This assessment did not look at the whole service, and subsequently, this inspection identified gaps not known to them.
- The registered manager held regular staff meetings, but these did not follow a standard agenda meaning discussions around care practice and improvement were not shared. Where incidents had been reported these did not flow into the team meeting for wider reflective practice and wider organisational learning. Actions set in a meeting were not reviewed, which meant key areas of development or improvement were missed and not discussed.

The provider failed to ensure effective processes were in place to monitor and deliver a high-quality service. Records were not completed accurately or well maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The impact to people of not operating effective processes to people was low, we found no person had experienced harm. and It was acknowledged by the registered manager that there was a lack of strong processes in place. A local authority monitoring visit had prompted them to seek support with their governance arrangements. They had engaged with a local training provider and had plans in place to address the above improvements and those identified at this inspection.

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

- Despite the concerns identified, the registered manager was committed to achieving good outcomes for people. They immediately ceased taking referrals following the local authority review for new people to use the service. They said this would enable them to develop the service which minimised the risks of care that did not meet their values.
- People and relatives said the service was well led, and had formed positive, meaningful relationships with the staff. One person said, "Carers have improved my lifestyle. My communication with people has improved. I get what I need at the moment, and I don't feel so isolated."
- Staff were supportive of the registered manager. They told us they felt part of a team and were able to have open and frank discussions to benefit people who used the service. They said the registered manager was caring, open and willing to adapt to most suggestions if it benefitted people or staff.
- Although the systems and processes to plan and monitor the quality of care provided needed improvement, people spoke highly of the approach of staff who supported them. People told us about warm and kind relationships with staff which relatives supported. One relative said, "[Person] gets on with them, they laugh and tease and spoil them. They are getting the care they need." A second relative said, "[Person] says they have a laugh and it's just what they need." People's experience did demonstrate an inclusive and empowering approach to care.
- The registered manager frequently met with people and their family members to discuss the quality of care provided. As the service had been operating for a short time, annual surveys had yet to be completed. However, following our inspection feedback, the provider told us they would carry out regular, formal telephone surveys, based on the improvements needed to assure themselves improvements were being made.

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; Working in partnership with others

- The registered manager understood their responsibilities, and adopted their policy when care did not go to plan.
- The registered manager worked with other professionals positively and key stakeholders such as social workers. They acknowledged that as a small organisation they could be better connected with the care sector in the area. They had contacted a local organisation who were offering peer support and mentorship to support their knowledge and awareness.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Person centred care.</p> <p>People's care was not always assessed and planned in a way to ensure they received personalised care or supported people's communication needs. Difficulties in communicating meant reasonable adjustments were not in place to meet the needs of people.</p> <p>Regulation 9 (1) (2) (3) (a) (b) (h)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Need for consent.</p> <p>Where people lacked capacity, the registered person had not acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (2) (3)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>Risks to people's safety and welfare were not assessed as required. Actions were not always taken promptly to mitigate those risks.</p> |

Regulation 12 (1) (2) (a) (b)

| Regulated activity | Regulation |
|--------------------|------------|
|--------------------|------------|

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Good governance

The provider did not operate effective systems and processes to assess and monitor the quality and safety of the service. People's care records were not accurately maintained.

Regulation 17 (1) (2) (a) (b) (c)

| Regulated activity | Regulation |
|--------------------|------------|
|--------------------|------------|

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staffing

Staff employed to provide personal care to people did not have appropriate training or opportunities for professional development.

Regulation 18 (1) (2) (a)