

Livingstone Care Solutions Limited

Livingstone Care Office - Innovation House

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

Livingstone Care Office - Innovation House is a domiciliary care agency providing personal care to people in their own homes, who were at the end of their lives or may be living with dementia or other health conditions. 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. At the time of the inspection the service was providing personal care to 36 people.

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

Risks to people's health and safety were identified. However, guidance on what action to take if the risk occurred was not consistently recorded. There was a failure to fully assess and mitigate risks to some people. Care records lacked guidance to ensure people received consistent and safe support. There was not an adequate process for continually assessing and monitoring the quality of the service. Staff were not always recruited safely.

When people were living with dementia, decision specific capacity assessments had not been recorded. However, 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. Staff understood how to support people to make decisions and did this on a day to day basis.

People received a reliable service from staff who knew how to provide their care in a safe way. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. People were happy with the care they received and felt safe with the staff that were supporting them. People told us they were treated kindly and compassionately by the staff.

Staff communicated effectively with people and with each other to make sure people's needs were met in the way they had chosen. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People received person-centred care that promoted their dignity and independence. Staff followed infection control policies and practices to help protect people from any infection.

People and their relatives told us the service was well managed and gave positive feedback about the service they received. They said the registered manager was approachable and sorted out any issues they had. People and their relatives spoke highly of the registered manager and staff.

Staff knew their roles and were able to tell us about the values and the vision of the service. The registered manager visited people and made calls to check people were happy with the service. Any complaints that were made were managed in the right way and people had been invited to suggest improvements to the service.

There were sufficient numbers of staff to provide the care people needed. People and their relatives said that staff arrived when they should and stayed the allotted amount of time. They reported that they had not had any missed calls. Staff received the training they needed to look after people in the way that suited them best. Staff received support, guidance and advice from the registered manager. The registered manager checked that staff were working with people safely.

People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs. People had care plans that provided detailed guidance for staff on the support and care that they needed on a daily basis. People were supported to do things they wanted to do. People consented to their care and were supported by staff who were trained to fulfil their roles effectively. Staff were aware of the importance of good nutrition to people's health and well-being. Medicines were managed safely and people received their medicines as prescribed by their doctor.

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

The last rating for this service was requires improvement (published 23 December 2021) and there were breaches of regulation.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection.

The inspection was also prompted in part due to concerns received about safeguarding incidents. A decision was made for us to inspect and examine those risks. We found the registered manager had investigated the concerns, taken appropriate action to prevent re-occurrence and lessons had been learnt. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Livingstone Care Office - Innovation House on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified breaches in relation to safe care and treatment and in relation to governance and oversight and staff recruitment. We have made a recommendation about documenting decisions relating to people's mental capacity.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Livingstone Care Office - Innovation House

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

This inspection was completed by two inspectors.

Service and service type

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

Registered Manager

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

Notice of inspection

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

Inspection activity started on 24 August 2023 and ended on 07 September 2023. We visited the office location on 24 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 4 relatives of the people who used the service about their experience of the care provided. We spoke with 6 members of staff including office staff, care staff and the registered manager.

We reviewed a range of records. This included 4 people's care plans, medicines records and daily care records. We looked at recruitment checks and complaints and variety of records relating to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- Some people were at risk of constipation. At the staff meeting in June 2023, staff had been reminded to complete documents to record when people had their bowels open and to report to the office team if people had not had a bowel movement for 3 days. Records showed this had not been done. The charts we looked at dated August 2023 indicated a person had not had a bowel movement for more than 3 days. There was nothing written in the daily records to show this had been reported to the office and that appropriate action had been taken. Some bowel charts were unnamed so there was no way of identifying the person who might be at risk.
- One person had a catheter in place to drain urine from their bladder. There was risk assessment in place to tell staff how to support the person with their catheter care. Staff did know how to recognise if there were concerns with the person's catheter. However, there was no information to inform staff about what action to take if the catheter was not working properly or the signs to look for if there was the risk of infection developing.
- Other people were at risk of choking. There was guidance in place on how to reduce the risk from occurring but there was no information for staff on what action to take if the person did start to choke. Staff we spoke with were able to explain what they would do, should a person begin to choke.

We found no evidence that people had been harmed, however the provider had failed to fully mitigate risks to people's health and safety. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the registered manager has taken action to address the above shortfalls.
- The registered manager had completed environmental safety checks of people's homes during their initial assessment so that staff could undertake people's care and support safely.

Staffing and recruitment

- People were not supported by staff who had been safely recruited. Full employment histories had not been obtained in the three staff files we reviewed. Gaps in employment had not been explored or explained. The provider's recruitment policy noted, 'Check work history, note and investigate all periods of no work and reason for leaving the position'. This policy had not been followed.
- References had not consistently been obtained prior to the new staff working at the service and did not always include the most recent employer. Some references stated dates of employment which conflicted with dates of employment noted on application forms. There was no risk assessment to evidence any

rationale for starting the person without having conducted good character checks.

The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Criminal record checks with the Disclosure and Barring Service (DBS) were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- People were supported by a regular team of care staff. People told us staff generally arrived on time and they were usually informed if their call was running late. There had been one complaint regarding the timeliness of a call, an apology was given, and action taken to prevent this happening again.
- Staff told us they had enough time scheduled to travel to each call. They said if they had any concerns, they would contact the office team to discuss it. The registered manager monitored the timeliness of care calls. One member of staff commented, "It is important to let people know if we are running late as they worry about the time, so good communication is key." A relative said, "We only have a very small team of staff who visit. There is a high level of consistency. We know which staff will be coming for every visit. The office team let us know a week in advance. "

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, harm and discrimination by staff who were trained to recognise the potential signs of abuse. A member of staff commented, "Any concerns I would report to the office and let them know the situation. I make sure everything is documented accurately."
- People and their relatives said that they felt safe with the care and support they received from staff. One relative said, "They (the staff) are very caring and gentle. I feel (my loved one) is in safe hands".
- The registered manager understood their responsibilities to safeguard people from abuse. When incidents had occurred, the registered manager had informed the local authority safeguarding team Investigations and action had been taken to prevent re-occurrence. However, they had not all been reported to CQC. When this was identified the registered manager sent the reports to CQC retrospectively.

Using medicines safely

- People received their medicines safely. Staff had received training in the safe administration of medicines and their competency had been assessed. Staff were also observed supporting people with their medicines during spot checks of their practice.
- Care plans highlighted how people preferred to take their medicines and provided staff with any information they needed to know. Medicines records were maintained which demonstrated people received their medicines in line with their prescriptions.
- People told us they received their medicines safely from staff. One person said, "They (staff) sort out all my medicines. It's one less thing for me to worry about."
- Regular medicine audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported, action was taken by the provider to reduce the risk of reoccurrence.

Preventing and controlling infection

- Risks to people from infection were managed to ensure they were minimised.
- Staff had received training in infection prevention and control (IPC) and were provided with personal protective equipment (PPE), such as gloves, face masks and aprons and used these as needed. Enough PPE was available for staff to use should there be an infection outbreak. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures.

- People and their relatives told us; the staff wore PPE when delivering support and care.

Learning lessons when things go wrong

- The registered manager had introduced a working document for analysing, reporting, actioning, and learning from incidents. A system was in place to record accidents and incidents. Incidents and accidents were reported by staff.
- Any accidents and incidents were reviewed by the registered manager. Details were analysed to check if any action was required to minimise the risk of the incident happening again and identify themes and patterns.
- There had been some accidents and incidents, and these had been logged and noted. Investigations had taken place when necessary and steps had been taken to prevent re-occurrences.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people before they started to use the service. Relatives told us the registered manager visited and gathered all the information they needed to make sure they would be able to support their loved one in the way they preferred. One relative said, 'They were thorough. They asked a lot of questions, but they listened too. Another relative said. The registered manager dealt with everything with sensitivity and with interest. You could tell they really cared'.
- People's needs were assessed in line with best practise before being offered a service. Recognised tools following national guidance such as Waterlow score were used. These tools help staff to adjust the person's care to follow national guidance which is evidence based and recognised as best practice People were offered the support in the way they preferred and that suited them best.
- There was information about people's past medical history and information about people's background in people's care plans. Peoples care and support needs were reviewed regularly. Care plans were kept in people's own homes.
- Staff knew about people's individual needs. People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience

- People were supported by a team of staff who completed regular training and had their competency assessed. Mandatory training, such as moving and handling, safeguarding, infection control and first aid were completed before new staff began to support people. Refresher training was arranged to make sure staff kept their knowledge up to date with best practice.
- New staff who had not previously worked in social care completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Staff told us they felt supported by the management team and met monthly to discuss their personal development. One member of staff said, "I meet for supervision monthly, either by phone face to face. We discuss any training needs."
- A relative said, "The staff team receive specific training to meet the individual needs of (my relative). The care is very personal. I wish we had found this agency sooner."

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

- People's nutritional and hydration needs were met. Some people did not need support with their meals or planning a nutritious diet as family members made their meals.
- People had been assessed as to what support they would need to maintain good nutrition and

hydration.

- People who did need staff assistance chose what food they wanted. Where people required support with their meals and drinks, this was agreed with them.
- Some people were at risk of not eating and drinking enough. Staff supported and encouraged them to have regular meals and drink enough fluids to maintain their health. One relative said, "The staff know how to encourage (my relative) to eat. They offer choices. Staff know what my relatives likes".

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

- People had access to healthcare agencies and support in a timely way. Staff worked with professionals to provide good outcomes for people.
- People's care records contained details of their medical history and any health support needs. Staff received training in specific health conditions where they were required to provide support and monitor aspects of people's health. The registered manager had developed positive relationships with GP's, palliative care nurses, community nurses and the hospice team.
- People and their relatives were confident that the registered manager and the staff team would contact medical and specialist services if they were needed.
- Visiting professionals told us, 'What I will say is the registered manager is always very responsive and take on board my advice and share with carers who work in the field. ' and "We complete 24/48 hour welfare check calls after hospital discharges and we always receive appropriate and clear feedback from the agency. If there have been any concerns raised by family, it is dealt with appropriately by the registered manager."

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 Act 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.

- It was not always clear if the provider was working within the principles of MCA. Some people were living with dementia and may not have capacity to make decisions. There had been no decision specific capacity assessments recorded to identify what day to day decisions people could make and when they needed extra support from their relative. The registered manager took action to address this shortfall.
- Complex decisions about people's care had been completed following MCA guidance by health and social care professional and relatives.
- Staff demonstrated they understood the principles of the MCA, supporting people to make choices when people were unable to make their own decisions.
- When a person needed to use bedrails to help keep them safe, this had been assessed with them and / or their relative to ensure this was in their best interest.
- People and their relatives confirmed staff always asked their consent before providing their care and discussed their care and support with them.

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.

At our last inspection we rated this key question good. At this the rating for this key question has remained 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

- The provider recognised people's diversity and staff the importance of treating everyone equally. People's diverse needs were known and respected by staff. Staff told us they treated people as individuals and respected their choices.
- People received kind and compassionate care and staff had built positive, meaningful relationships with people. People were always introduced to new staff before they came to provide them with care.
- People and their relatives were positive and praising about the care provided. A relative had recently complimented the service noting, 'Care is beyond excellent. The carers are caring and compassionate. They cover [my loved one's] every need and include them in their care.'
- Staff knew the people they supported well. They told us they felt people received a good quality of care. A member of staff commented, "I think people are getting very good care."
- A visiting professional told us, 'Any carers or staff from the agency that I have met have been very kind and caring in nature. I have always had a pleasurable experience when working with them. Which is great for the person and the smooth handover of care.'

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

- People and their relatives were involved in making decisions about their care and support. An initial assessment was completed to make sure staff could meet the person's needs. People's care plans were tailored to their individual needs and preferences.
- Staff demonstrated a good knowledge of people's needs and how to support them to be involved in their care and support. People and their relatives told us the registered manager had visited them to discuss their support needs and ask about their views of the service.
- People told us the registered manager was always available on the end of the phone if they needed to discuss any issues about their care needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We found that people were supported to be independent. Staff supported people to get out and about in their local area to do their shopping and join in leisure activities that they had chosen.
- A member of staff said, "People's privacy and dignity are important. We provide good care. I always think, what if this was my Mum or Dad. The smile you get from someone when you leave is rewarding." A relative said, "The staff are very respectful, they treat (my relative) with great dignity and care. They are so gentle and kind."

- People were provided with care from the same team of staff which people and their relatives appreciated. One relative said, "The carers are brilliant. They have a good rapport with (my relative) and can understand what they need. "They know good days from bad and know how to respond."
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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's care plans were written with them to ensure they centred on their individual needs and preferences. People's cultural, diversity and spiritual needs were supported. People were receiving a personalised service that was responsive to their needs. Care plans contained guidance of people's routines and how they wished for their care to be delivered. The registered manager and staff recognised the importance of supporting people on an individual basis.
- Care plans were reviewed and changes in people's needs were updated. A relative said, "The registered manager comes in often and reviews care. They sit down and talk about the changes that may be needed. Everything is discussed."
- People told us that staff supported them at times that suited them and often did additional duties if requested. One relative said, "The staff vary the times of visit to fit in with (my relatives) needs. I just let them know. They are very accommodating. "
- People were encouraged and supported to access activities if they wanted to. One person was supported by staff to go out on daytrips in the local area. They were also supported to visit friends. Staff had also supported a person to go on holiday.

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 and sensory needs had been assessed. Staff knew people well and supported them with those needs.
- People received information in the way they could understand. Information such as the complaints policy was provided in pictorial or large print format.
- One relative said, "The staff know how to approach (my relative), if they are upset or restless, they exactly what to do and say to keep them calm. Because they are so lovely and cheerful (my relative) responds back positively, they smile and engage."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. People and their relatives knew how to raise concerns and complain if they needed to. There had been two complaints in the previous 12 months.

- People and their relatives told us they could confidently raise any concerns or complaints with staff or the registered manager. They said, their complaints would be listened to and acted on appropriately. People told us they felt listened to and were taken seriously. The registered manager regularly met or spoke on the telephone with people and their relatives to make sure they were happy with the service. When one relative had complained, a meeting had been held and action had been taken to rectify the situation. Other people and relatives we spoke with did not have any complaints about the service they received.
- The registered manager recorded complaints. Complaints were investigated, responded to and satisfactorily resolved. Lessons were learned to reduce the likelihood of a repeated complaint.

End of life care and support

- People had been cared for and supported at the end of their life. Staff had received training in how best to support people at the end of their lives.
- People were asked about their wishes at the end of their lives, but this had not been fully recorded in their care plans. The registered manager and staff knew people well. Staff knew what support and care people wanted and needed at the end of their life.
- Staff worked in partnership with healthcare professionals to support people to have a comfortable and dignified death. They worked with the local palliative care team, district nurses and G. P's.
- A visiting professional said, 'The registered manager and staff have a caring manner and whenever I have spoken to the registered manager, they verbalise a passion and interest for end-of-life care.'
- Staff had received thank you cards from relatives thanking them for their kindness and the care provided.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

At the last inspection the provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Checks and audits were not consistently robust. The registered manager, and staff completed a range of checks and audits to monitor the quality of the service. Some of the shortfalls found during the inspection had not been identified by the registered manager and management team.
- When risks had occurred that could impact on people's health and safety these had not been reported and the appropriate action had not been taken.
- We found shortfalls in the records. Risk assessments had not been fully completed for all potential risks to people's health and welfare. Assessments had not been completed to assess people's capacity when they were living with dementia. End of life care plans did not contain the information on how people would like to be cared for at this time of their life's. Audits and checks had not identified that staff recruitment files did not contain all the information needed to make sure staff were recruited safely.
- Some records were disorganised and could not be accessed easily. There was a risk that the registered manager would not have full oversight of what was happening within the service.
- On a couple of occasions, the registered manager had failed to notify CQC of events that had happened at the service. The registered manager said this was an oversight and sent the notifications retrospectively.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent evidence to show that improvements had been

made since the visit. A consultant had been employed by the provider to support in developing the service. Records and audit checks had been reviewed and new systems introduced.

- People and their relatives spoke highly of the registered manager and the staff team One relative said, "The registered manager deserves praise. They find the right staff to help and support (my relative). They are a strong team."

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

- The management team and staff understood the aims and values of the service to provide personalised care and support, and this was the culture amongst the staff team.
- People were involved in all aspects of their care and support including day to day discussions with staff. There were meetings with the registered manager, and this helped drive better quality of people's care.
- Relatives and people were regularly asked for feedback about the service and about their involvement

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; Continuous learning and improving care

- The registered manager knew their responsibilities under the duty of candour. Complaints were investigated, lessons learnt, actions completed, and information shared as required with other agencies.
- The registered manager knew people and their relatives well. When things went wrong the registered manager was open with people about what had happened. They had conversations with them about how to prevent incidents happening again. the registered manager had informed the necessary healthcare and social care professionals.
- The registered manager had undertaken investigations into complaints and accidents/ incidents. They had learnt from these and had taken action to prevent any re-occurrence.
- The registered manager said they did not want to compromise the quality of care they delivered. They were developing the service slowly and ensured they had enough staff to give people the care and support they needed.

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

- People told us they felt involved in their care and the support they received was good. People told us they were contacted regularly by the office team and the registered manager to check that everything was going well. They said any concerns were addressed promptly.
- Staff told us they felt valued and supported. Staff surveys were completed and results from the most recent survey were positive. For example, 100% of staff who completed the survey felt involved in the day to day running of the service and felt they could approach the management team with any concerns.

Working in partnership with others

- The registered manager worked with external organisations, such as clinical commissioning groups, the local authority, palliative care teams, occupational therapist, GP's and district nurses. This helped to ensure people received effective joined up care, and support, which met their needs.
- The registered manager was part of local forums and received updates from national organisations.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed, however the provider had failed to fully mitigate risks to people's health and safety. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social</p>

Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.