

Mrs Jane Marie Somai

Caterham Domiciliary Care Agency

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

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.

About the service

Caterham DCA is a domiciliary care agency providing personal care to people living in their own homes and supported living settings. The service provides support to people with a variety of health needs. At the time of our inspection there were 31 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 14 people being supported by staff with personal care.

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

Right Support: Some areas of concern were identified with the assessment and management of risks and the effectiveness of the safeguarding policy which left people at risk of abuse. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People were receiving care and support in a person-centred way. The care promoted people's dignity, privacy and human rights. People's care was provided in line with their preferences and choices.

Right Culture: Some of the management oversight was not completely effective, however, other areas were. For example, we found audits including accidents and incidents and safeguarding concerns had not been effective. Whereas staff competencies were checked regularly and the registered manager had oversight of this. Staff were aware of the values of the provider and ensured people led confident and inclusive lives. Staff treated people with kindness and were caring when offering support.

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 17 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider was also issued a warning notice in relation to good governance. At this inspection we found some improvements had been made, however, some concerns were found which meant they remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The

second day of an inspection visit was prompted in part due to concerns received about safeguarding service users from the risk of abuse. A decision was made for us to inspect and examine those risks. 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.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding service users from the risk of abuse and good governance at this inspection. Since the last inspection we recognised that the provider had failed to keep people safe from risks and the risk of abuse. This was a breach of regulation. We imposed conditions on the provider's registration.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 ●

Caterham Domiciliary Care Agency

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 carried out by two inspectors 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 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

On the first day of inspection on 14 February 2023 we spoke with 7 people who used the service and 2 relatives about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, registered manager, senior care workers and administrative staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. On the second day of inspection visits on 14 April 2023 we spoke with 4 people who used the service and 3 members of staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. 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.

At our previous inspections in April 2021 the provider had failed to ensure safe infection control practises. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements had been made regarding how infection control risks were managed, there were concerns regarding aspects of the provider's risk assessment and safety management. This meant the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were not always assessed or managed. Two people were at risk of choking, however, there was no choking risk assessment in their care plans.
- Referrals to the Speech and Language Therapist (SALT) team had not been managed when no response had been received from one referral on the 05 July 2022, this was to confirm they were receiving the correct modified diet. This left them at risk of choking incidents.
- There was also inconsistent information about the risk of choking throughout care plans. One person's care plan stated they were at risk of choking, however in another part of the care plan it stated that they had a normal diet and there was no information of the choking risk on their hospital profile. This meant if that person was taken to hospital, medical professionals may not be aware of the choking risk and provide them with incorrect meals, increasing the risk of choking.
- One person had a catheter in place, however there was no risk assessment for this in the person's care plan. This meant there was no guidance or advice for staff to ensure medical advice was sought if there were signs of a blockage for example.
- Where people received care in a supported living location there were no personal emergency evacuation plans. This meant emergency services would not know how to evacuate the people safely.
- There was a person at risk of skin breakdown, however there was no skin integrity risk assessment in their care plan. This meant there was no guidance for staff in how to manage the risk to the person's skin.
- Another person had restricted visits of friends and family. There was no explanation in the care file or risk assessment to accompany this restriction. This meant staff were unaware of what the risk was.
- There was an accident and incident procedure in place. However, this had not identified a number of incidents that involved unwitnessed falls a person had sustained. No trends or patterns had been identified and no preventative measures had been put in place to ensure the risk of reoccurrence had been reduced. This meant the person was at risk of continued falls causing injuries.

The failure to ensure the management of risks to people's safety was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action in response to us identifying missing information around people's risks and sent us assurances of updated care plans and healthcare referrals.

- We found other examples where people told us staff knew their risk well. One person said, "All the care has felt safe and they have been very aware of my risk of falling, so the way they have worked with me has increased my own confidence to keep myself safe."
- Staff were confident in how to identify any changes and managing people's risks. One staff member said, "Keeping people safe I feel is knowing people and being able to identify their needs and wants. Being able to notice a change in their behaviour, moods etc. Observation, awareness and ability is key."
- Staff knew how to respond quickly to errors made. One staff member said, "We all make mistakes, but we know the protocols of what to do. If we made an error, we ring 111, explain what we have done, let the office know, fill out a medication error form."

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place. However, we saw evidence this had not been followed by the registered manager or the provider. For example, following an allegation of abuse, the registered manager and provider had not notified CQC of a serious safeguarding concern.
- The registered manager and provider had also not followed the safeguarding policy to ensure a dismissed member of staff had been referred to the appropriate organisations. This meant the member of staff would be able to apply for other roles in the care industry and place other people at risk of abuse.
- Where there had been an allegation of abuse, there was no evidence of support offered to the person involved or other people living in the same supported living setting. This meant people could feel vulnerable and not be able to have the opportunity to seek support.
- Where there had been an allegation of abuse, there was no evidence of support offered to other staff members. This meant staff members were not specifically told about the allegation or refresher training and education on reporting a safeguarding concern had not been offered. Some staff were unaware of the exact procedure to whistleblow. One staff member said, "I would whistleblow through you (CQC)." And when we asked what the internal process was they confirmed they were not sure.
- Safeguarding concerns were not appropriately recorded to be audited. There were two separate spreadsheets for people receiving the regulated activity and people who were not. There was also confusion about which people were receiving the regulated activity. This meant there was a lack of oversight of the safeguarding concerns at the service.

The failure to ensure safeguarding concerns were appropriately recorded, reviewed and reported left people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other staff members were knowledgeable in how to identify and report safeguarding concerns. One staff member said, "In order to safeguard people from harm you need to be aware of changes to their behaviour. If you believe they are at risk of harm you would need to report your concerns immediately."
- People felt safe, one person said, "The staff keep me safe, I have always felt very safe."

Preventing and controlling infection

- People told us staff used appropriate PPE and followed infection control policies. One person said, "I've had no worries about cleanliness, they use (PPE) as they should." We saw staff follow correct guidance.
- Staff told us they had always had access to any required PPE. One staff member said, "We have full access to all PPE and any aftercare supplies including hand gels, small bags and disposable hand towels."
- There was an infection control policy in place and we saw evidence of staff receiving training in this area.

Staffing and recruitment

- People and relatives told us there were enough staff and care calls were regularly met at the time they requested. A person told us, "Timekeeping has been reliable, I know when to expect them and if they've been delayed, they let me know. I know when my regular carer will be off, and cover is always by someone I already know." Another person said, "I've never felt rushed, in fact they have stayed on longer when needed. Every day they ask if I need anything else doing." One relative said, "They have been very reliable for timekeeping, and always stay for the full time. Once they were delayed, and we had a phone call to advise us."
- We observed staff appearing relaxed and not rushed in their day-to-day work. One staff member said, "Yes, we definitely have enough staff, we never seem to be short."
- The registered manager followed safe recruitment processes. This included ensuring any gaps in employment had been reviewed, reference checks, full interviews and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People and relatives told us staff supported them with their medicines safely. One relative said, "I am very satisfied with the reliability. The care staff give [person] meds, we have an agreed storage place and they keep a record of administering them. They also keep a record of bowel movements, at my request, and they let me know if she isn't eating properly."
- Staff were knowledgeable about the management of medicines and how to record any mistakes. One staff member said, "We complete the MAR (Medicine Administration Record), daily records, and we make sure we check the box, who it is (receiving the medicine), the quantity, etc. I do spot checks in the house. They (staff) do follow the right procedure."
- Overall, the management of medicines was clear and completed correctly by the staffing team. Where we found errors, these were quickly corrected by the management team. For example, one person did not have a protocol for 'as and when' medicine. This was corrected and added to the care plan.

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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure oversight of staff competencies. The failure to assess and monitor staff competence to ensure people received safe and effective care was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us how training prepared them well for their role. One member of staff said, "With a combination of on-line training shadowing carers and double ups I started to find my feet in my role and started to make a difference."
- Staff competencies had been regularly completed. This ensured staff maintained a good level of care and gave the management team an opportunity to observe staff practise. This also gave the registered manager the opportunity to ensure staff received refresher training if required.
- Staff received regular supervisions. This gave staff members the opportunity to raise any concerns or ideas and set personal goals for their future careers.
- All new members of staff completed an induction period. This included a period of 'shadowing' an experienced member of staff until they felt confident to start their role.
- The registered manager had full oversight of training completed and upcoming refresher training for the staffing team. We also saw evidence of the staff team completing 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.
- Staff received training relevant to their roles. This included training to include how to support people with a learning disability or autistic people.

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

- People and relatives told us the provider had ensured a full assessment had been completed prior to the care package commencing. One relative said, "There was an assessment at our home to begin with. I felt it was a full exchange of information that established the care that was needed, and a good working relationship was started from there." A person told us, "I had a home visit at first, they asked lots of questions about what I needed and carried out a risk assessment of my home. They have provided what we

agreed, which included getting breakfast if I needed it, which was a great help."

- We saw assessments had been completed prior to the service starting a package of care. This ensured the service could meet the needs of the person and provide effective care. This detailed people's needs and choices of how they wanted to receive care.

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

- Other than the examples of the incorrect guidance for people on a softened diet, care plans generally included people's preferences. This detailed people's favourite drinks, meals and some had preferred meal plans.

- We observed staff encourage people to access the kitchen and prepare healthy food for themselves. Staff also spoke to people about items of food and planned shopping trips to ensure people had enough food to maintain a balanced diet.

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

- People and relatives told us staff supported them, when required, to access healthcare services and support. One relative said, "Carers alerted me to a sore toe, which enabled me to get medical attention; another time they advised me to refer abnormal sweating to the GP. When care staff have reported [person] was not eating, the manager has rung me to discuss this." A person told us, "The carers are responsive to days when I'm not so well. They inform the office and I'm sure they'd get an ambulance or refer to the GP if necessary."

- Staff were knowledgeable about when to alert the registered manager and when to refer people to health professionals. One staff member said, "I would speak to my management at the office and advise them of my concerns, speak to the person. If they are uncomfortable it shows, I would observe them as well."

- Staff were knowledgeable in what action to take and what health professionals to contact if necessary. One staff member said, "If I believe a person is unwell or in need of another specialist I would speak with the office and report my concerns and get advice. Unless in an emergency I would report after calling an ambulance."

- A health professional working with the service told us staff followed advice well and contacted them in a timely way. They said, "The staff are very quick to call us if they have any concerns and my past experience has been that they follow our advice well."

- The registered manager had worked with social care professionals to ensure people received effective, 'joined-up' care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

At our last inspection we recommended continued monitoring of the MCA process to ensure systems are consistently followed and embedded into practice. The provider had made improvements.

- People and relatives told us staff respected their decisions and always offered them choice. One relative said, "When providing personal care, they always ask 'shall I do this, will it be all right like that', they definitely always work with their understanding and consent." A person told us, "They always check my understanding of what they need to do, and make sure I consent." Another person said, "Personal care is all respectful and carried out with my consent. I am aware I've become much slower, but I never feel they rush me. We always have a nice chat."
- Staff showed good understanding of the mental capacity assessment procedure and giving people consent. One staff member said, "We make sure people make their choices. If they haven't got capacity we make sure that's evidenced and carry out best interest meetings." Another member of staff said, "I understand that capacity should always be assumed. I have always observed people's human rights, treating everyone as an individual and acting in their best interest."
- There was evidence that the correct procedure had been followed to ensure the least restrictive options had been found for people. This ensured people had the best quality of life.

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 requires improvement. At this inspection the rating has changed to 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

At our last fully comprehensive inspection in February 2019 the provider had failed to ensure people were always made aware of their choices around care and this was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us they were asked for feedback from the service. One person said, "I've had an annual questionnaire asking about the service, and some of the questions seem particular to me. I make decisions and feel I am in control of my care."
- Staff told us they were led by people's choices in how they provided care to people. One staff member said, "We respect peoples' choices. Everything we do, we do for them. For example, they all like a fry up once a week." Another staff member said, "I ask people questions and listen to what they say. I provide people, in whatever way works best for them, with information and tangible choices. I encourage people to do as much as they can for themselves."
- Staff also told us they encouraged people to make as many choices as possible. One staff member said, "Every person has the right to make their own choices. We assist in helping them make the choices that will keep them safe from harm and encourage them to let us know what they want and what makes them happy."

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

- People told us staff were kind and caring when supporting them. One person said, "They always think of little kindnesses that improve my quality of life; I feel that my comfort is important to them." Another person said, "They all have the same kind attitudes."
- People and relatives told us how staff treated them with respect. One person said, "They (staff) show complete respect for me and my home."
- Staff told us how they found common interests with people they supported to ensure they spent quality time supporting people. One staff member said, "I love listening and communicating with the clients. They always seem happy to talk about their past and for some clients that is more relatable than the present. We normally find a subject that we are both passionate about (children or pets) and hold lengthy conversations." Another staff member said, "Some people have no one. We are their someone. The care we

provide is essential to most people we see."

Respecting and promoting people's privacy, dignity and independence

- People told us how staff had helped them be more independent. One person said, "The carers helped me get back to walking, so I think having care has done its job, I am much more confident now and determined to get better. It has also been a help to my husband, and we now feel we can do more between us." One relative said, "If [person] has managed to get half-dressed by the time the carer comes, they take it from there and give encouragement to him to continue as independently as possible."
- Staff told us how they respected people's privacy and dignity when supporting with personal care. One staff member said, "When we wash we will cover the areas we are not washing, blinds are down and doors shut." Another staff member said, "Knocking on doors and waiting for reply, by asking, generally, rather than telling. I have always tried to treat people how I would like to be treated."

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; End of life care and support

- People told us staff ensured they supported them in line with their preferences. One person said, "I have a main carer and we have a really good working relationship, although all the carers have been respectful and competent, and happy to chat. They all took on my preferences for how to do different things." Another person said, "It takes a while for new staff to get used to how I like things done, but I feel treated as an individual, for example I am particular about how my crockery is put away and can rely on them."
- People and relatives told us how staff ensured people received person-centred care. One relative said, "It's a very relaxed service that fits in with how [person] is on any day."
- Staff gave examples of how they provide care in line with people's choices. One member of staff said, "We have one person who likes to get up very early so we use this time to go through in detail what they would like to do that day, i.e. shower before or after breakfast, what to wear, where to go and then share the information with the rest of the staff team to make sure this all happens."
- Staff told us how they took time to ensure they were supporting people in a personalised way. One staff member said, "[Person] is very specific in what they do and don't like. I took time to find out as much as I could about them. I find the little things are just as important as the big things when it comes to their needs. This ensures they're always happy with what I give them."
- Staff were knowledgeable in how to support people at the end of their lives. One staff member said, "I haven't done a lot of end of life care, but for the people I have I feel it is about maintaining their dignity throughout, which had been a big thing for them before."
- End of life care and decisions had been discussed with people. Some people had not wanted to discuss this area of care and staff had respected this decision. At the time of the inspection nobody was receiving end of life care.

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 told us staff communicated well with them. One person said, "Staff take their time as sometimes I need some extra time to understand."
- We observed staff communicate effectively with people. One person was appearing frustrated, and a

member of staff quickly approached them and used various communication techniques to establish what they wanted.

- People had their communication needs detailed in their care plans. This ensured staff had quick access to advice on how best to communicate with people in their individual ways.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt confident to raise any issues. One relative said, "It is clear how to complain, and I'd feel comfortable to do so." One person said, "Some time ago I made a complaint about one of the care staff, and they ceased working for them. So, I'd be confident any other problem would be taken seriously, although I have absolutely nothing to complain about."
- Staff knew how to follow the provider's complaints policy. One staff member said, "I would write the details of the complaint, in the persons own words and follow the complaints procedure, making sure the person was made aware of the outcome."

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. 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.

At our last inspection we found the provider had failed to implement robust governance of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made in some areas at this inspection, there were continued concerns regarding the governance of the service. This meant the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although improvements had been made, audits still remained ineffective in certain areas. For example, the lack of people's risk assessments and management of these risks had not been identified in the care plan audit process.
- Safeguarding audits had not always been effective. This was shown by the delay in reporting an allegation of assault to CQC and making other relevant professionals aware of a dismissed member of staff.
- Oversight of accidents and incidents was not always effective. One person had sustained a number of falls and not all appropriate action had been taken to prevent further occurrences.
- People and staff had not always been appropriately supported by the registered manager following a safeguarding investigation into an allegation of abuse. This meant people were not always included in learning from potential mistakes made or supported following allegations of abuse.
- Medicine audits also had not identified other areas where we found inconsistencies. Such as 'as and when' protocol in people's medicine files.
- A person had a restriction relating to their visits and regularly refused visits, however, no context had been detailed in the care plan. There was no risk assessment in place and no explanation of the risk. The registered manager had not shared this risk with all staff and staff subsequently were not aware of what the exact risk was. The restriction had also not been thoroughly assessed through the MCA. The registered manager explained this had been a recent risk identified and sent us updated documentation following the first day of inspection.

The provider had failed to have full oversight of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff, however, felt the provider promoted a positive culture. One staff member said, "The culture is that all staff are expected to provide great quality care, treat people as if they were family members and we are given the tools and support to do this."
- People told us staff supported them in a person-centred way. One person said, "I find staff know me very well and they adapt their approach to meet my needs."
- The registered manager had clear oversight of other areas of the business. This included staff training and competencies and other quality assurance checks were completed effectively.

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

- It is the role of the registered manager to ensure CQC are notified of all significant accidents or incidents. Our records show that we had not always been notified of all relevant incidents in a timely way.
- The provider had a duty of candour policy and process to follow. We saw examples of when this had been sued appropriately.

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

- People felt confident to speak with the manager and senior management staff whenever they felt they needed to. One person said, "The manager is [registered manager], who often answers the phone if I ring. I can talk any time, it's a small company that knows me." One relative said, "The office staff are very responsive to any queries or problems."
- Staff felt involved with the running of the service and listened to by the registered manager. One staff member said, "If I had any issues, I know I could go to them and it would be addressed. I don't have any problems. There is so much communication between staff and the management team." However, we found concerns relating to how effective the communication was between staff and the registered manager. Another staff member said, "Managers are always receptive to ideas and will always try their best to put into practice if appropriate."
- Staff told us how they benefitted from regular meetings and supervisions. One staff member said, "We have meetings and appraisals to keep us updated and make us aware of what is expected of us."
- Staff felt supported by the management team. One staff member said, "We have an amazing management team in place. They are very supportive in both a working environment and if you are having personal issues."

Continuous learning and improving care; Working in partnership with others

- We saw evidence of staff working well with both health and social care professionals. This ensured people had the most effective care in a timely way.
- The provider had an improvement plan in place. Both the nominated individual and the registered manager told us how they wanted to learn from CQC inspections and work together to ensure people receive the best level of care possible.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure the management of risks to people's safety was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

NOP conditions added.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The failure to ensure safeguarding concerns were appropriately recorded, reviewed and reported left people at risk of harm.

The enforcement action we took:

NOP conditions added.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have full oversight of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

NOP conditions added.