

Fairolive Limited

Fairolive

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Fairolive is a domiciliary care agency providing personal care to people living in their own homes. Some people receiving the care may be living with dementia, a physical condition or a health condition.

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 our inspection, the agency was providing care to 75 people.

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

People told us staff failed to arrive on time and did not stay the full time expected. We also heard from people that they had experienced missed calls. Some people said staff did not treat them with respect or care.

Although staff could tell us what to do if they suspected abuse, they failed to keep people safe due to their timekeeping, missed visits, lack of information about risks to people and poor infection control practices. People said staff did not always wear masks or gloves.

There was a lack of support plans for people and despite being told documentation would be in place shortly after someone commenced with the agency, we found this not to be the case. Although the registered manager responded to these shortfalls following our inspection, their own systems audits had failed to highlight the shortfalls we found.

People said they would not know who to raise a complaint or concern with and felt any feedback they gave on the care they received was not listened to. We found a lack of records for complaints received meaning the registered manager could not review information for themes or trends.

People told us they felt staff were competent and where people required the input of a healthcare professional they were supported in this respect. However, we identified some shortfalls in staff practice. Some people told us they were happy with their care worker and that they provided the care they needed. We read compliments received by the agency in relation to people's care.

Staff received supervision and support from management and were happy working for the agency. In turn, management valued their staff and looked for ways to improve the service.

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 09/06/2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people not receiving appropriate care, staff not staying the full amount of time that people expected or being unwilling to carry out personal care tasks. We had been told staff did not follow good infection control processes, medicine practices were not good and records falsified. We were also told there was a lack of management oversight of the service and a response to complaints. 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 five key question sections of this full report. You can see what action we have asked the provider to take at the end of this full report. We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 consistently 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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Fairolive

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 Care Act 2014.

Inspection team

The inspection was carried out by five inspectors. Two inspectors reviewed documentation from the office and the other inspectors carried out telephone interviews with people who received the service as well as staff.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to check there would be someone available at the agency's office to assist us with the inspection.

What we did before the inspection

We did not ask the provider to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. This was because requirements relating to the completion of PIRs during the pandemic changed.

We reviewed the information we held about the agency internally and contacted the funding authority to obtain their feedback about the service.

We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager and senior office staff. We also received feedback from a social care professional.

We reviewed a range of records. This included 17 people's care records and medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We carried out telephone interviews with people receiving the care and staff.



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 for 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.

Systems and processes to safeguard people from the risk of abuse

- We had received concerns from the safeguarding authority about lack of care for people and a potential missed call for one person. Some of these concerns equated to abuse by the agency. We spoke with the registered manager who was aware of some issues and had responded to us and the safeguarding authority with the outcome of their investigation.
- Three people and a relative told us they had experienced missed calls. One person told us, "Yes, this happens quite a lot. I never get a phone call to let me know. It can be quite frustrating." A second person said, "Yes, missed and late calls." A relative told us, "There have been times when they have not even done the visit." A second relative said, "Night-time carer walked into the home at 10pm and went straight to sleep on the sofa. There was no engagement with [person's name], they didn't check on them, they went straight to sleep. I have evidence of staff falling asleep."
- A relative told us they felt staff did not always demonstrate care with their family member. They said, "Because of her medication she has very delicate skin, but they don't take any notice."
- The registered manager was unable to tell us how they could ensure people received their calls as they did not have a 'live' system which showed them whether staff had turned up. They said they were introducing a call monitoring service which would resolve this. They did say they carried out more spot checks and phone calls to people living on their own, particularly those who may be living with dementia. But added that they may not know about a missed call until much longer after the event. Where there was an allegation of a missed call, the registered manager had reported this to the local authority safeguarding team and CQC.

The lack of systems and processes to effectively prevent abuse of service users was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of the process to follow however should they suspect abuse, or someone was subject of a safeguarding concern. The agency reported such concerns to the appropriate authority and notified CQC as per their registration requirements. A staff member told us they had a body map form to complete if there were marks on the body and they would let the office know.
- Where there were reports of potential abuse, the agency worked with the local authority safeguarding team to assist with any investigation.

Preventing and controlling infection

- We had been told of a lack of good infection control practices by staff and our inspection highlighted the same concerns.
- We had variable feedback from people about the providers use of PPE effectively and safely. One person

said a staff member did not have any gloves when they needed support with mobilising to the toilet. Other people said staff wore face masks under their nose or removed their mask when arriving at their house. One person told us, "The guy who came today didn't have any gloves on him and I didn't have any in the home. Some are wearing masks, and some are not wearing them." However, other people told us staff wore masks, with one person telling us, "In general they are wearing gloves and masks."

- We raised feedback with the registered manager during our inspection. They told us they had not received any reports of staff not using PPE correctly and had undertaken donning and doffing and correct use of PPE with staff. They also said they were consistently reminding them of its correct use through their spot checks.
- Despite the registered manager's comments to us, when visiting the office, we found there was a lack of social distancing taking place between management. This put the management team at risk as well as care staff should they visit the office.

Assessing risk, safety monitoring and management

- We reviewed the documentation for people and found not everyone had a support plan in place. This meant any potential risks to the person had not been identified, recorded or guidance in place to mitigate risks. We have addressed the lack of support plans in the key question of Well-Led. This included a lack of detail on how one person's diabetes or stroke could affect them or a second person who had leg ulcers. A staff member told us, "When they take a new package, they don't always do the risk assessments quickly enough – especially when they take too many packages." We had also heard from a social care professional, "I think they may have overloaded themselves."
- We spoke with the registered manager about the support plans we were unable to find and in relation to three people, they were also unable to find the care plan documentation for people.

The lack of robust infection control processes and risk assessments was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment; Learning lessons when things go wrong

- At the time of our inspection, 75 people were receiving care from the agency and we were told by the registered manager they employed 40 care staff and as such they felt they had enough staff to cover the care calls, despite the pandemic.
- Our inspection was partly prompted by concerns raised that staff did not stay the full time expected of them and we heard similar feedback following our telephone calls with people. We heard numerous reports from people that staff were not staying the full length of time expected, not completing tasks expected and they were rushed. One person told us, "On most occasions I would say they stay five minutes and not much more." A second person said, "(She) doesn't stay the full time." A third person informed us, "They don't stay the allotted time of 30 minutes – they are there approximately ten minutes." A relative told us, "We were lucky if we got four or five minutes." Adding, "I have sent a photo of the book where the carer has signed in and then out after three minutes"
- We reviewed the care logs for two people and noted occasions when staff cut visits short, staying for 10 or 15 minutes, rather than half an hour. In one person's care log there were no finishing times recorded which meant management would be unable to determine how long staff had stayed for.
- In addition, the staff rotas provided to the inspection team showed one staff member was regularly working 15-hour shifts without a break. We spoke with the registered manager about this who told us, "I should have noticed that, I will look into it in the future." Following our inspection, the registered manager told us, "We are happy to start offering breaks to carers as we have not done this before."
- When people had accidents or incidents these were recorded and action taken. We read how one person had regular incidents which were reported to their care manager. As such additional visits were instigated.
- However, we did not see any evidence of what had been done about the delay in producing support plans,

missed calls for people or staff not staying the full length of time at care calls.

The lack of manager oversight to effectively monitor care calls or learn from incidents was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. We reviewed the recruitment records for staff and found appropriate checks had taken place in advance of employment. This included ensuring the person had the right to work in the UK, had displayed appropriate conduct in previous employment, had a full employment history and were physically fit to enable them to carry out their role. Prospective staff also underwent a Disclosure and Barring Service check.

Using medicines safely

- We had received concerns in relation to medicines practices prior to our inspection and identified some concerns during the visit.
 - People had told us staff did not follow good medicines administration practices, with one person saying a staff member had tried to give them their evening tablet in the morning. This concern was raised with the local safeguarding authority, investigated and addressed by the registered manager.
 - We reviewed a sample of people's Medicine Administration Records (MAR). We found handwritten medicine details for people which lacked prescription information (such as amounts).
 - The handwritten entries did not have two signatures. This is important to ensure the information transposed onto the MAR is correct. One person's MAR had very poor handwriting, making it difficult to decipher which medicine the person required, this meant staff may not know exactly what medicines to give to the person.
 - The MARs we looked at only had people's first names, no GP information, no record of allergies or how a person liked to take their medicines. On one MAR we found a gap where it appeared someone had not been given their medicines.
 - Where people required topical medicines (medicines in cream format) there was a lack of body maps showing where staff should apply the cream.
 - No evidence was found to say that people had not received their medicines. However, accurate recording of medicines is essential to ensure people receive medicines in line with their prescription.
 - We spoke to the registered manager during the inspection about the shortfalls and signposted them to guidance around good medicine recordkeeping. Immediately following our inspection, the registered manager
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- In the records for seven people, we found information for staff on any safety issues. One person had a mobility risk assessment which stated, 'not co-ordinated in the right hand as a result care worker to ensure he grabs things properly with his left hand'. Another person's recorded, 'left hand side weakness – place pillow underneath arm while in a restful position. Always use loose fitting clothing for ease'.

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.

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

- We received mixed feedback about assessments for people prior to them receiving a care package. One relative told us, "Has never had an assessment and has never seen a care plan. There isn't one in their home, only care notes." A second relative, who had the right to be involved in their family members care plan, said they had never been contacted by the agency to do an assessment. However, one person told us, "We have worked it out between ourselves over time and we do it together."
- Staff told us they were made aware of people's needs before visiting them for the first time. One staff member said, "Usually they send you a printout." Another told us, "We are given documents stating what their needs are."
- When reviewing the documentation, we found some funding authority assessments and hospital discharge information. The registered manager said they used this information to base people's care needs on initially whilst developing their own support plan for the person. Although we found there was a lack of assessment in some people's support plans as these contained only the hospital discharge information.

Staff support: induction, training, skills and experience

- People gave us various feedback on staff competency. One person told us, "She is very good and knows what she's doing, very competent. I know she has training." A relative said, "I'm not sure how much training they get for dementia." We checked the training records for staff and found dementia training was provided.
- We also received comments from people about staff communication as some staff did not have English as their first language. A relative said, "None of them speak English properly but she says she has now worked out a bit of what they are saying so that are managing okay." A person told us, "Their English isn't that great, so their notes are very basic."
- We spoke with the registered manager about this who confirmed there were literacy and numeracy tests being completed with new staff. They were able to show us examples of these.
- Records showed staff received wide-ranging training, most of which took place during their induction period. This included moving and handling, nutrition and hydration, first aid, fire safety, the Mental Capacity Act, safeguarding and medicines.
- Staff confirmed this, telling us, "I have done all the basic training -moving and handling, infection control, safeguarding. All e-learning and I had one to one with manager for one week," "Manual handling in the office with just a few of us because of social distancing – we did hoists and moving people" and, "They gave me training and the [manager name] came out with me to support me even though I was experienced." Despite staff receiving the opportunity to take training in areas such as infection control and safeguarding, we identified shortfalls in their practices.

- Staff were given the opportunity to speak with their line manager on a one to one basis during supervision and appraisal and we saw evidence of this. A staff member told us, "Usually they are done on the phone once a year. My last one was about December. I would raise any concerns, they are approachable." A second staff member said, "We do have them every few months, it's a good opportunity to raise concerns."

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

- Where people were supported with their food and nutrition by staff, we did not receive any concerns.
- There was evidence in people's care plans of the support needed. Such as one person who was on a modified diet. Their support plan stated, "Only serve food provided by daughter. Hand weakness. Carers to feed him at present."

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

- There was evidence of the agency working with external agencies, such as a referral to the tissue viability team in respect of one person. We also found fact sheets in some support plans for people's individual health conditions, such as diabetes or hypertension.
- A staff member said, "I saw a man recently and noticed redness around the groin area which I reported to the office and they got the right medication to him straight away. Excellent response."
- Although risk assessments had been completed in relation to COVID-19 and how this could impact on people's care, we had identified some shortfalls in staff's practices in relation to the spread of infection. We have addressed this in the key question of Safe.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff were following the principles of the MCA as people's consent had been sought before they received care from the agency.
- People told us staff asked for their consent before they carried out tasks or personal care.

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 did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback from people about how staff treated them, with half of the people we spoke with telling us they were unhappy. One person said, "They started to help me with a stand-up wash in the morning, but they kept turning up so late I got fed up waiting to get ready." A relative said, "They would write down they were changing her clothes and keeping her clean. I can assure you they were not doing this and leaving her in dirty clothes."
- Other people told us they were happy with the care staff. One person said, "They are good. They do their best." Another told us, "Can't grumble. They come in and see me when I need them." A third said, "[Name] is a really good lad – sympathetic and caring. They turn up on time and are easy to communicate with."
- Staff told us, "I love helping people. I love talking to people, being kind and to make sure that they know we care. I love making a difference to people's lives" and, "I am the only person they see so I must let them know that I am caring for them."
- We gave the registered manager some initial feedback of people's comments to us and they told us, "I am going to introduce 360 (staff review) for staff and get feedback from various people. That is the only way I will get to know staff and their personalities." They added, "We do spot checks and we audit care logs, but this does not always give us an idea of how staff leave people feeling. It is something we need to do more about."
- The negative feedback we received and the lack of robust monitoring of staff meant people may be at risk of not being treated with respect.

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

- Similarly, the feedback we received from people about their involvement in their care was mixed. One person told us, "No one really gets to know me or my home"
- Yet other people said, "She is extremely respectful and thinks of his dignity. She encourages him to wash which I think is really good," and "She will help me with anything. Sometimes I don't even need to ask."
- A staff member told us, "We give them choice, always as what clothes they want to wear. We make sure the doors are closed for personal care and keep them covered." A second said, "One lady I saw the other week just wanted to feel the snow, so I took her outside and she loved the feel of it. It made her so happy." A third member of staff commented, "I always say good morning. I understand that they may want things differently today, so I ask them what they choose today and make sure that is being done that day. They might want things done in a different order sometimes."



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; End of life care and support

- There was a lack of person-centred information in the support plans we reviewed. People told us they did not feel staff took the time to get to know them. One person said, "It's rarely the same person. The guy who came today seemed a nice enough bloke, but I have never seen him before. The girls who come in are like robots. I don't blame them, and they have a job to do but I don't know the names of anyone." They added, "I just feel like a dot on the map." A second person said, "Yes, they are good at helping me but there is no talk about my life, my family or what I like." A relative said, "No one has taken anytime to get to know her."
- We asked staff how they got to know people and their needs. They told us, "80% of the time there is all of the information," "Care plan at the client's home. It tells us everything. We do usually get the same clients on a regular basis. Its good when you know the clients," Care plan folders are in each home which we can refer to and we fill in the communication book with what we did for them, how we left them" and, "Usually they send you a printout of the client's needs. Sometimes the family can tell you more." Two people we spoke with told us they had not seen a care plan and we did not find personal history for people in the support plans we reviewed.
- We spoke with the registered manager about ensuring people's support plans were person-centred, gave information about people's life history, their likes and dislikes. They told us as they were moving to an electronic monitoring system next week and they would be reviewing and updating each person's support plan which would enable them to add additional information.
- There was an end of life form in people's support plans. However, we noted this was generally not completed, with people saying they did not feel ready to discuss this aspect of their care. We did however read a compliment from a family which said, 'very grateful for care during her last days and for sending our condolences'.

Improving care quality in response to complaints or concerns

- The agency did not hold a complaints log giving information on complaints received, action taken and outcome. We noted one person had given some negative feedback. Although management were able to demonstrate to us the action taken in response to the person this was not formally recorded to enable the registered manager to analyse complaints for themes or trends.
- People told us they were unsure on who they could report complaints or concerns to. One person said, "I don't know who to speak to about any concerns. I get a call from [management staff name] occasionally, but I don't have regular contact with anyone." A second person said, "Who would I make it to and how would I do it?" However, a third person was able to tell us, "[Management staff name] has been out to see me when I've complained, and I've had the manager here."
- Following our inspection, the registered manager sent us a complaint matrix which they had developed.

This logged both complaints, action taken and outcome. It also logged compliments received. We noted several complaints relating to staff lateness or not staying the full length of time which was a common theme throughout our inspection.

- Compliments we read included, '[Person's name] has improved a lot since he came back from the hospital and he is very grateful for the support from the team', '(relative) feels that [person's name] is looking well since he came back from hospital' and, '[person's name] can't stop singing the praises of care worker [staff name]'.

The lack of robust response to complaints raised was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.

- The registered manager told us they did not currently provide care to anyone who required another form of communication. They did say they had two people who had a vision impairment. One of whom knew their living space well and it was important staff made sure items were kept in the same place. The second person was able to hear staff clearly and this enabled good communication.

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- From the comments we received from some people it was clear they did not view the care received from the agency in a positive way. People had told us how they felt some staff did not show them respect or dignity and they did not display a caring approach.
- We heard mixed views on the management of the service, with two people telling us, "I have never spoken with the manager" and, "Never heard of the manager [manager name] who is that?" A third told us, "I don't think [registered manager] understands her responsibility and how to take action. She seems to just fob us off with a response that makes no sense." A relative commented, "I am not sure [registered manager] really understands how people living with dementia need to be supported." However, we received positive feedback about another senior manager, with one person telling us, "He is very professional and very kind and very aware of expectations."
- We heard from people that staff did not stay the time expected and were rushed and we saw evidence of this in the records, however, the registered manager had failed to pick this up through their auditing of care logs.
- Concerns had been raised with us prior to our inspection about record keeping of staff and we identified issues on the day. Despite auditing of care logs, management had not identified and taken robust action on staff's arrival time or checked whether staff stay the full length of time. We noted the outcome of audits stated, 'dates and times were adequately recorded' and yet, on one person's log sheets staff had repeatedly not filled in leaving time. In another's, staff had not stayed the length of time in line with the person's support plan. There was little evidence to demonstrate this had been picked up with staff. A relative told us, "They used to write down full wash and dress and prepared and supported with food. No way they can do this in the time we observed them being there." One person said the carer rarely stayed longer than 30 minutes and described the times written in the care log as being very, 'open'.
- Similarly, people's MAR charts were audited, but the shortfalls we identified with the records had not been picked up. Where we found the gap in one person's MAR, this had not been addressed and there was a lack of evidence demonstrating the registered manager addressed shortfalls with staff.
- The registered manager told us, "We have signed up for an electronic call monitoring (ECM) system which will provide us live updates of call times, lateness and completed tasks." The ECM had an electronic MAR embedded in the system.
- We had difficulty finding some people's support plans and asked the registered manager about these, however they were also unable to find them in the electronic records. We noted a document stating 37

people did not have a support plan. We reviewed some of this list and found no support plans for nine people. This meant a lack of information for staff on potential risks to people and guidance around people's care needs.

- Despite the registered manager telling us people's support plans would be drawn up within two days of the care package commencing, we found this not to be the case. We found commencement dates of June 2019, November 2019, June 2020 and December 2020 amongst those without a support plan.
- For the support plans we did view, we found a lack of person-centred information about people which included their likes, dislikes or personal history. Following our inspection, the registered manager told us care plans were in place for people, saying, "All items have been placed in their right folders based on your feedback." They told us that although they tried to keep all information in the same place, this did not always happen with more than one senior staff member accessing the data base.
- There was a general failure of systems and processes to effectively monitor the quality of the service provided to people and as such take action where shortfalls were identified. This was down to a lack of robust management oversight.

The lack of monitoring of the service to ensure good outcomes for people, robust auditing, contemporaneous record-keeping and general governance of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they heard from the agency on occasions to ask their views. One person said, "[Senior manager] has asked me a couple of times and I have mentioned a few of things that I have mentioned to you, but I never hear anything more and I don't see any change. So, I think what the point of that was in mentioning it." A second person told us, "We've had very little contact really. They've rung a couple of times."
- We noted records relating to calls to people and spot checks with staff. Feedback appeared positive. The registered manager told us, "We carry out direct observations alternatively with supervisions. So, every 12 weeks staff will have one or other." We found evidence of these in the electronic records held by the registered manager.
- Staff meetings were held, although the registered manager said these had not been as frequent as usual due to the pandemic. They said, "I am gradually bringing back live (electronic) meetings and we can use the larger offices to hold face to face ones." During the pandemic the registered manager had communicated with staff via phone calls and via a phone app. In addition to staff meetings, branch meetings with senior staff took place. This enabled management to discuss the service as a whole, changes and future plans.
- A monthly newsletter was circulated to staff. This gave details of any up and coming changes, reminders, feedback from people and general news.
- Staff consistently told us they enjoyed working for the agency and felt supported. We heard, "It is the best company I have worked for," "We have a very good registered manager. She is very approachable and supportive" and, "We got £20 Christmas gift. Such a good company to work for."

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

- From the complaints log sent to us following our inspection, we read entries where the manager had apologised to people in response to incidents or concerns.

Continuous learning and improving care

- We heard how a, "Dedicated mobile app for easier and more effective system for planning, administering

and documenting care" was being introduced by the agency. Training was due to commence the week following our inspection. We will review its effectiveness when we next visit the agency.

Working in partnership with others

- The service worked with external agencies to share information, upskill staff and discuss people's needs. This included Skills for Care, the hospital discharge team and the funding authority.

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>The registered provider had failed to ensure robust infection control processes were in place. They had also not ensured risk assessments were in place for people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered provider had failed to ensure systems and processes were in place to effectively prevent abuse of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider failed to demonstrate a robust response to complaints, or a record of complaints received.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure people had good outcomes from the care they received, that auditing was robust or record keeping contemporaneous.</p>

The enforcement action we took:

We have issued a Warning Notice against the registered provider for a lack of management oversight and systems or processes to ensure people received a good quality of care. We have given the registered provider a timescale to improve the service they provide.