

Redspot Care Limited

Redspot Care Limited

Inspection report

151 Fairfax Drive
Westcliff-on-sea
SS0 9BQ

Tel: 01702338865

Website: www.redspotgroup.co.uk

Date of inspection visit:

13 November 2019

15 November 2019

21 November 2019

13 December 2019

Date of publication:

30 December 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Redspot Care Limited is a domiciliary care service. It provides personal care to people living in their own houses and flats within Southend on Sea.

The service was supporting 34 people at the time of inspection. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Information relating to people's individual risks were not always recorded or provided enough assurance that people were safe. Suitable arrangements were not in place to ensure the proper and safe use of medicines. People were often not informed if staff were running late and call preferences were not always followed. The monitoring of missed and late calls were not robust. Required recruitment checks on staff were not safe to ensure staff were suitable. Lessons were not learned, and improvements were not made when things went wrong. People were protected by the prevention and control of infection but staff did not always have sufficient supplies of disposable gloves.

Staff received training but a large number of courses were completed over a two day period and not all staff had been trained to provide safe catheter and stoma care. Staff's competence to carry out their role and responsibilities had not been assessed. Robust induction arrangements for staff were not in place. There was little evidence to demonstrate staff had received spot check visits or regular formal supervision. People were supported as needed with meal and drink provision to ensure their nutritional and hydration needs were met, however this was not always managed as well as it should be because of missed and late calls. People received ongoing healthcare support to ensure positive outcomes. 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. However, people's capacity to make decisions had not been assessed and recorded.

Though people using the service and their relatives said staff were caring and kind, our findings did not suggest a consistent caring service. People and their relatives stated they had little input and involvement in the development of their care plan. People were able to maintain their independence where appropriate.

People and those acting on their behalf knew how to raise a concern or complaint. However, the management of concerns and complaints was very poor, with investigations either not undertaken or robust. People using the service and those acting on their behalf could not be confident or assured their concerns would be listened to, taken seriously and acted upon.

The leadership, management and governance arrangements did not provide assurance that the service was well-led, that people were safe, and their care and support needs could be met. Quality assurance and

governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. There was a lack of understanding of the risks and issues and the potential impact on people using the service. The lack of effective oversight of the service has resulted in continued breaches of regulatory requirements.

The rating at last inspection was requires improvement (published May 2019). There were five breaches of regulation. These related to breaches of Regulation 12 [Safe care and treatment], Regulation 16 [Receiving and acting on complaints], Regulation 17 [Good governance], Regulation 18 [Staffing] and Regulation 19 [Fit and proper persons employed].

Why we inspected

This was a planned inspection based on the previous rating.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider and request an action plan to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, Local Authority and CCG 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Redspot Care Limited

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.

The inspection team consisted of one inspector and one 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. The Expert by Experience made telephone calls to people using the service and those acting on their behalf.

Service and service type

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

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 November 2019 and ended on 13 December 2019. We visited the office location on 13 and 21 November 2019. Telephone calls to people using the service and those acting on their behalf were made on 15 November 2019 and staff were contacted on 13 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with two people who used the service and four people's relatives about their experience of the care provided. We conducted the inspection with the registered manager, care manager and care coordinator.

We reviewed a range of records. This included seven people's care records and two people's medication records. We looked at seven staff files in relation to recruitment, training and 'spot checks'. A variety of records relating to the management of the service, including policies and procedures were viewed.

After the inspection

Following the inspection, we spoke with four members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

At our last inspection in April 2019, risk assessments were not completed for all areas of risk. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

Assessing risk, safety monitoring and management; Using medicines safely

- Although there was no impact for people using the service, not all risks for people were identified and recorded. Where these were in place they primarily related to people's environmental and moving and handling risks. Other risks relating to people's health and wellbeing, for example where a person had a catheter fitted, were at risk of poor skin integrity and developing pressure ulcers or where bedrails were in place, these had not been considered or recorded.
- Suitable arrangements were not in place to ensure the proper and safe use of medicines. Some entries on the medicine administration records [MAR] were blank and not initialled by staff to confirm the person's medication had been administered or the reason for the omission.
- Although not all people using the service required critical medication to be administered at a specific time, not all people using the service received their medication at consistent times.
- Staff had received training to administer people's medication but had not had their competency assessed to ensure they remained competent to undertake this task safely.

This demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in April 2019, the provider had failed to ensure people using the service received a consistent and reliable service from staff. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

- Records demonstrated not all call times were for the benefit of people using the service or in line with people's call time preferences. This was confirmed from records viewed at the time of our site visit and by relatives following the inspection. This was despite the service using an automated checking system [CM2000] that enabled the Local Authority and management team to know when a member of staff has entered a person's home, the duration of the visit and when the member of staff has left.
- An example provided was during a review of a person's care package with the Local Authority. Concerns

had been raised by one person about missed and late calls. In particular, the morning calls could be extremely late and not in line with the person's wishes and preferences. This was for their morning call to be before 10.00am. Records viewed for the period 1 October 2019 to 21 November 2019, showed morning calls could be anytime between 7.08am to 12.10pm. The impact of this, was the person using the service was unable to independently get out of bed or eat whilst they remained in bed due to the position of their body.

- One person told us their morning and lunchtime calls were sometimes merged into one. Although the person's call time preferences were not recorded within their care plan, CM2000 recorded the 'planned time' for their morning call as 7.00am to 7.45am, lunch time call as 1.00pm to 1.30pm, teatime call as 4.00pm to 4.30pm and their bedtime call as 8.30pm to 9.00pm. Records viewed for the period 1 October 2019 to 31 October 2019, suggested what the person told us was accurate, but could also refer to the person's lunchtime and teatime calls being too close together. For example, on 1 October 2019 the person did not receive their lunchtime call until 3.18pm and this was followed closely by their teatime call at 5.25pm. On the 2 October 2019 the person received their morning call at 10.32am and this was followed by their lunchtime call at 12.26pm. Additionally, their bedtime call could be as late as 11.35pm.
- The Local Authority's target of compliance for providers with CM2000 was set at 90%. However, meeting minutes for August 2019 which were shared with the inspector, recorded Redspot Care Limited's compliance was 18%. More up to date information showed this had improved by 17 November 2019 to 36%, still significantly below the Local Authority's expectation.
- People or those acting on their behalf were not always contacted by the domiciliary care office if staff were running late. One person stated, "I am reasonably happy with the service, the care I get is very good, it's just I wish they [staff] could come at the time they say they will be here." One relative told us, "[Relative] can't always recognise people so I am supposed to get a phone call so I can ring [relative] to tell them if the carers are running late but this doesn't always happen." Another relative told us, "I feel sorry for the manager as I do believe she does care for the people they look after, but the top and bottom of it is, they don't have enough staff to make calls when they are supposed to."
- Until recently, staff told us they only received their roster one day in advance and often the rosters were not accurate. This could refer to the person's name and key codes not corresponding. Additionally, staff told us they could be scheduled to support several people at the same time. Staff told us this had only recently improved with the appointment of a new care coordinator.

This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in April 2019, the provider had failed to ensure newly appointed staff were robustly recruited in line with regulatory requirements. The registered provider was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. We found not enough improvement had been made and this was a continued breach of regulation 19.

Staffing and recruitment

- The action plan provided by the registered manager following our last inspection to the service, stated recruitment procedures would be managed from the organisation's head office by the provider's compliance team. The date for compliance recorded by the registered manager was 1 May 2019.
- At this inspection, staff recruitment practices remained unsafe and not operated in line with the registered provider's own policies and procedures or with regulatory requirements. The provider's arrangements did not provide assurance these were safe and improvements made.
- Written references were not received for three out of four staff members before they commenced employment. The written references for one member of staff were received after they began employment. A recent photograph had not been obtained for one member of staff.

- The Disclosure and Barring Service [DBS] certificate for one member of staff was issued six days after they started employment at the service. Although two members of staff had a DBS certificate from another organisation, an Adult First Check was not completed prior to their start date at Redspot Care Limited.
- One staff member's DBS recorded them as having two police convictions. However, the prospective employee had failed to declare this on their application form. We were not able to determine if this had been discussed as part of the interview process as their DBS was issued after the applicant commenced employment and no interview notes were evident to demonstrate the discussion held.
- A written record was not completed or retained for three out of four members of staff, to demonstrate the discussion taken place as part of the interview process and the rationale for staffs appointment. This showed robust measures had not been undertaken to enable the provider and registered manager to make an initial assessment as to the applicant's relevant skills, competence and experience for the role and; to narrow down if they were suitable.
- The application form for one member of staff made reference to them having a health related condition which possibly could impact on their ability to carry out functions which were essential for their role. We were not able to determine if this had been discussed as part of the interview process as there were no interview notes available to demonstrate the discussion held. A risk assessment had not been completed to demonstrate how the staff member was to be supported to fulfil their role and any potential adjustments needed by the organisation.

This demonstrated a continued breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Systems and processes to safeguard people from the risk of abuse

- The incidence of safeguarding concerns was low and information available demonstrated one safeguarding concern had been raised with the service. This included involvement of the Local Authority and the police. However, the Care Quality Commission had not been notified. We discussed this with the care manager and they told us they were not aware of the service's responsibility to inform us where safeguarding concerns were raised with them directly.
- People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the care coordinator and external agencies, such as the Local Authority or Care Quality Commission.

Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care.
- Staff told us they did not always have access to sufficient PPE, such as gloves, as the correct glove sizes were not always readily available despite requests made to the care manager.

Learning lessons when things go wrong

- When things go wrong, lessons are not learned to support improvement and this was evident from our findings at this inspection. This meant the service did not achieve learning, reflective practice and improvement. There was no root cause analysis undertaken to determine the length of time it was taking for progress to be made since April 2019.
- Shortfalls identified at our previous inspection in April 2019, had not been addressed by the provider and registered manager. Breaches of regulation relating to risk management, acting on complaints, quality assurance, missed and late calls and staff recruitment practices remained outstanding.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection in April 2019, the provider had failed to ensure effective arrangements were in place relating to robust staff inductions and staff supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

Staff support: induction, training, skills and experience

- The training matrix provided by the newly appointed care coordinator showed staff completed training in 2019. Training information for staff, showed they completed 14 training courses within two days, either as part of their induction [if newly appointed] or as a 'refresher' for permanent staff. There was no evidence to demonstrate staff's competence to carry out their roles and responsibilities had been assessed, particularly given the number of training courses completed in such a short space of time.
- Staff told us they supported people who required catheter or stoma but had not received specific training for this. Staff told us guidance and instruction was provided by existing work colleagues.
- Evidence of robust induction arrangements for staff were not in place. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff had not received regular supervision or 'spot check' visits. The latter is where a representative of the organisation, call at a person's home just before, during or after a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.
- Staff stated they did not always feel valued or supported by the provider or registered manager.

This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People's needs were assessed prior to their admission to the service. However, the information was not as robust as it should be. Assessments provided limited information about the person's needs. It was unclear how the person completing the assessment was able to determine if the person's needs could be met by the

service based on the information recorded.

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met. However, as previously stated, the impact of missed and late calls by staff could affect when people received their meals or drinks.
- One relative told us, "I buy all the food and the carers cook what [family member] wants, there is always a choice."

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 health professionals as required. If staff were concerned about a person's health and wellbeing they relayed these concerns to the care manager or care coordinator for escalation and action.

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.

- People told us permanent staff sought their consent prior to providing support and enabled people to make their own decisions and choices.
- People's capacity to make decisions was not assessed and recorded.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

- Though people using the service and their relatives said staff were kind and caring, our findings did not suggest a consistent caring service.
- As already stated within the 'safe' section of this report, where comments were less favourable, people told us they were not always notified if staff were running late and call time preferences and wishes were not always adhered to. There were concerns about the overall impact this had on the quality of the service provided and received. One person told us it didn't matter to them if staff were late in the morning, however it was very important staff arrived at a consistent time in the evening as they required support with meal preparation and could not always manage to do this themselves.
- People using the service and their relatives were positive about the care and support provided. Comments included, "[Relative] is very reluctant to try and have a relationship with the carers, so it can be quite awkward but none of them [staff] have shown nothing but kindness" and, "All of the carers are very kind and caring and nothing is a trouble to any of them and before they leave they [staff] always check if there is anything else they can do." One person's relative told us, "The carers I have met seem to be so kind to my [family member] and I believe they do genuinely care about them."

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

- The care manager told us people and their relatives were given the opportunity to provide feedback about the service through the completion of a feedback form and this was completed with the field supervisor. No areas of concern were highlighted.
- Not all people and their relatives stated they had input and involvement in the development of their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with dignity and respect by staff and where possible staff helped them to maintain their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate.

This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Not all people using the service had a care plan in place detailing, the level of support required, the number of staff required to provide support each visit, the length of time for each visit and call time preferences. We discussed this with the care manager as directed by the registered manager. Neither the registered manager or care manager could provide a rationale for this discrepancy other than the responsibility to complete the required documentation had been the responsibility of the field supervisor. We were told, the field supervisor left the service's employment at the end of October 2019.
- One person's assessment from the Local Authority referred to them requiring support twice daily. This included support to have their personal care and comfort needs met, support with all transfers using specific moving and handling equipment, meal and drink preparation and for their medication to be administered by staff. No information was recorded detailing the delivery of support to be provided by staff.
- Staff did not always have sight of a person's care plan prior to them visiting the person's home and delivering the care required. This meant the staff member had to speak to the person to ascertain the level of care required before providing actual support. Staff comments included, "I have had to literally walk in to a person's home without knowing what I am going to find" and, "It has been embarrassing having to ask a service user about their care because I have not been given the information and there is no care plan available."
- No information was available to demonstrate people's care plans and their communication books had been audited. Therefore, gaps in care plans were not picked up until the inspection.

Assessments detailing people's care and support needs were not always available. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At our last inspection in April 2019, the provider had failed to ensure effective arrangements were in place for recording, handling and responding to complaints by people using the service and others acting on their behalf. This was a breach of Regulation 16 [Receiving and acting on complaints] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

Improving care quality in response to complaints or concerns

- Effective arrangements were not in place to manage incidents and complaints made about the quality of

the service provided. Although there was a complaints policy and procedure in place, this was not being followed by the management team.

- Details of the investigation and action taken were not robust and had to be repeatedly chased by the Local Authority. For example, one person complained directly to the Local Authority about missed and late calls. Information suggested, despite the person's representative complaining to the care manager and field supervisor, nothing had improved. A letter of apology was provided by the care manager but no information was recorded to demonstrate this had been investigated or how conclusions had been reached. The care manager confirmed no investigation had been carried out. This was not an isolated case. This meant people using the service and those acting on their behalf could not be confident or assured their concerns would be listened to, taken seriously and acted upon.
- The complaints log was not up-to-date to reflect the number of complaints received at the service since our last inspection in April 2019. No arrangements were in place to analyse and identify any complaint trends or patterns.
- No records of compliments were recorded to capture the service's achievements.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was no evidence to demonstrate information by the domiciliary care agency was provided in line with the Accessible Information Standard (AIS), because of a disability, impairment or sensory loss.

End of life care and support

- The care manager told us they were not currently providing care for people who were at the end of their life. However, they advised if a person required end of life care support, the domiciliary care service would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.
- No staff had received end of life care training.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same.

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.

At our last inspection in April 2019, the provider had failed to ensure effective arrangements were in place to monitor the quality of the service for people using the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 leadership and overall management of the domiciliary care office did not ensure the service was consistently well-managed and demonstrated not all people using the service received positive outcomes.
- The quality assurance and governance arrangements in place were not reliable or effective in identifying shortfalls in the service. The lack of effective oversight and governance of the service has resulted in continued breaches of regulatory requirements, particularly in relation to complaints management, managing missed and late calls and ensuring safe recruitment practices.
- We were concerned about the length of time it was taking for the provider and registered manager to make the required improvements.
- Following our last inspection to Redspot Care Limited in April 2019, the registered manager provided an action plan to the Care Quality Commission, setting out what they would do to achieve compliance and by a given date. However, we found no evidence to support the actions recorded had been completed as stated.
- Specific information relating to the improvements required is cited within this report and demonstrated the provider's arrangements for identifying and managing the above were not robust and require significant improvement. There was a lack of understanding of the risks and issues as detailed throughout this report and the potential impact this had on people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Lessons were not learned as failings identified had not been addressed by the provider and registered manager to make the required improvements. During our last inspection to the service in April 2019, the registered manager assured us measures would be put in place to address the identified shortfalls, including providing effective support to the service's care manager.

- The care manager confirmed someone from head office had visited the domiciliary care service on a few occasions, however they were there to undertake the care coordinator's role and provided little support and guidance to them to enable them to upskill and expand their capabilities.
- There was no evidence given our previous concerns that the registered manager had increased their presence at the domiciliary care service or provided effective supervision to the care manager. The latter was despite the registered manager stating the care manager's performance was being reviewed and monitored. There was no evidence to show the care manager had received formal supervision from the registered manager since our last inspection in April 2019. This was confirmed as accurate by the care manager, however they told us they regularly spoke to the registered manager by telephone and saw the registered manager twice weekly.
- The care manager demonstrated a basic understanding of the Key Lines of Enquiry [KLOES] for Adult Social Care Services but was not familiar with regulatory requirements. This meant they were unaware of the potential risks and issues facing the service and the impact on people which could place them at risk of harm and which may not ensure good outcomes.
- The care manager was not able to demonstrate the provider's vision, values, aims and objectives. The care manager was unaware this information was recorded within the service's Statement of Purpose.
- Staff told us they rarely saw the registered manager and the majority of their communication was with the care manager and care coordinator.

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

- The care manager told us people and their relatives were given the opportunity to provide feedback about the service through the completion of a feedback form and this was completed with the field supervisor.
- Staff meetings were not routinely held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us these were infrequent and did not enable positive two-way conversations. Staff told us they often felt "talked at" and received little positive feedback.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and support needs were not routinely recorded setting out their needs and the delivery of care to be provided.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks to people were routinely recorded and providing sufficient detail as to how these were to be mitigated for their safety and wellbeing.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints Effective arrangements were not in place for recording, handling and responding to complaints by people using the service and others acting on their behalf.

The enforcement action we took:

We are imposing conditions on the registered provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Arrangements to monitor the quality of the service for people using the service were not effective and significant improvements were required.

The enforcement action we took:

We are imposing conditions on the registered provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure compliance with regulatory requirements.

The enforcement action we took:

We have issued a Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvements were required to ensure people received a consistent and reliable service. Appropriate arrangements must be in place to ensure staff receive a robust induction which prepares them for their role and they receive regular supervision.

The enforcement action we took:

We are imposing conditions on the registered provider's registration.