West Sussex Care Services Limited

Support Solutions (West Sussex)

Inspection report

Units 3 - 4
20 Northbrook Trading Estate, Northbrook Road
Worthing
BN14 8PN

Tel: 01903866959

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Support Solutions (West Sussex) is a domiciliary care agency. At the time of our inspection the service was supporting 15 people. The service provides personal care to adults living in their own homes, some of whom were living with conditions such as dementia, diabetes, respiratory conditions and general frailty. CQC only inspects the service being received by people provided with 'personal care', which includes 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 in people's care records and staff knowledge was not enough to ensure safe care. Processes were not in place to ensure support plans contain detailed and person-centred information to accurately reflect the needs of people. There was a failure to assess and mitigate known risks to people such as those associated with reduced mobility, falls, cognitive impairments and diabetes. Processes failed to ensure medicines were administered in line with people's assessed needs.

People were not protected from the risk of contracting COVID-19. Processes were not in place to identify or mitigate risks to people who were considered to have increased vulnerability if they contracted COVID-19. Processes were not in place for staff to undertake COVID-19 testing in line with government guidance.

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

People and their relatives told us the service they received was safe. The provider carried out checks before staff commenced employment to ensure their suitability to work with people. Staff received comprehensive training to ensure they had the required knowledge and skills to undertake their role.

People were very positive about the service and the provider. People told us they were cared for by staff who were kind and compassionate. Feedback received included "They are nice, friendly and efficient". And "I would recommend them to anyone for the attention they give to me". People told us the service they received was reliable and flexible to suit their needs.

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 11 September 2020 and this is the first inspection.

Why we inspected
This is the first inspection for this newly registered service.

Enforcement
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.

We have identified breaches in relation to providing safe care and treatment, medicines, protecting people from harm, consent to care and treatment, person-centred care and support and the management of the service at this inspection.

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 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 safe. Details are in our safe section below	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective section below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring section below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive section below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led section below.	**Requires Improvement**

Support Solutions (West Sussex)

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 undertaken by one inspector on site. Seven inspectors were involved in seeking feedback about the service.

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

The service had a manager registered with the Care Quality Commission. The manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was announced the day before. 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.

Inspection activity started on 27 September 2021 and ended on 14 October 2021. We visited the office location on 30 September 2021.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We received feedback from seven people who used the service about their experience of the care provided. We spoke with five members of staff including the provider.

We reviewed a range of records. This included twelve people's care records and multiple medication records. We looked at two 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 feedback about the service. Clarification was sought from the provider about their policies and processes.

Inadequate

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

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were not supported in a consistently safe manner. This was because the provider had failed to do all that was reasonably practicable to mitigate risks to people. This included risks associated with people's personal care and support needs and COVID-19 testing for staff. This placed people at risk of harm.
- The provider had not consistently acted to prevent, detect or control any potential spread of COVID-19 infection. This included a failure to ensure robust systems were in place to make sure staff were regularly testing for COVID-19 in line with current government guidelines, which state staff working in people's homes should undertake a polymerase chain reaction (PCR) test every week.
- People told us they assumed staff were undertaking regular COVID-19 tests and this made them feel protected against COVID-19. However, the provider told us they could not be sure all staff remained COVID-19 negative while continuing to work because they were not asking staff to undertake any COVID-19 testing. This included an absence of rapid flow devise (LFD) testing. Although there is no legal requirement to undertake LFD testing on a regular basis, good practice recommendations are that all people should undertake LFD testing twice weekly. This meant that some staff could be going into people's homes without knowing if they were infected with COVID-19.
- Systems were either not in place or robust enough to demonstrate that risks to people were sufficiently mitigated. Some people supported had underlying health conditions which put them a greater risk if they contracted COVID-19. This included respiratory conditions and the use of oxygen. Risks to people with such health conditions had not been considered or mitigated.
- The providers infection control policy referred to 'separate COVID-19 risk assessments'. The policy did not make it clear if these related to people or staff, however the provider told us that risk assessments of any kind were not being undertaken. This placed people at increased risk from COVID-19 because the provider had failed to implement additional measures in line with their own policy to ensure the safety of people. Subsequent to the inspection the provider informed us that COVID risk assessments related to staff. Following our findings at inspection the provider undertook COVID-19 risk assessments for staff working in people's homes and for working in close contact with people.
- There was a failure to consider and mitigate risk. Where the provider had recorded a known risk, processes were not in place to consider these or ensure they were mitigated. For example, risk management processes and falls prevention care plans were not in place for people with reduced mobility or who were identified as being at risk of falls. There was an absence of guidance to ensure staff knew how to move people safely and any equipment they required to do this. Where people used equipment in their home such as bath boards, bed rails and oxygen canisters consideration had not been given to mitigating the risks associated with their use and care plans failed to record or provide guidance to ensure they were used safely. This increased the risks to people of not receiving safe care.
- Information in people's care records and staff knowledge was not enough to ensure safe care. Where

people had health conditions such as diabetes, dementia or cancer, care plans, guidance and information were not available to ensure staff knew how to support the person safely and consistently.
● For example, where people had significant terminal health conditions care plans were not in place to provide information to guide staff on the care or treatment they required. A person's daily routine requested staff to empty and clean a 'night bag', however there was no reference or care plan to inform staff that the person wore a catheter. The lack of information about catheter care increased the risk that staff may not know how to keep the person safe from risk of infection. Some people had diabetes and there was an absence of any information within the care plans to ensure their diabetes was managed and monitored safely. This meant there was a risk that staff could miss the signs that a person's health was deteriorating and the required action to take.

The provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. There was a failure to robustly consider the risks posed by COVID-19 towards people using the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider was transparent about the areas where improvement was required and was responsive to our feedback during the inspection. They confirmed they would be following their own policy on risk management and would be reviewing all care plans for inaccuracies and improved information.
● The provider responded immediately to undertake COVID-19 testing of all staff and confirmed that no staff would deliver care to people without COVID-19 testing. They put interim measures in place to ensure people's safety and sought government guidance. They provided us with an action plan and confirmed that regular staff testing would resume in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Systems and processes were not robust to protect people from the risk of abuse. The provider had not consistently followed their own and the local authorities safeguarding guidance when an allegation of abuse had been made to them.
● There had been a failure by the provider to act when a person had made a disclosure of alleged abuse to them. The person repeated the disclosure to staff on a different day. On that occasion senior staff sought advice through the duty social work team rather than following the local authority's guidance about raising a safeguarding concern. Advise form the duty team resulted in a safeguarding referral being made and provision to ensure the person's immediate safety. The delay in acting upon the disclosure meant the person may have been exposed to continued harm.
● A review of the providers accident an incident records showed there had been no entries since 8 March 2021. The provider told us this was because there had been no incidents to report. There was a failure to document the incident regarding the allegation of abuse made in September 2021 and an incident that resulted in an allegation of financial abuse in April 2021. This meant that we could not be assured the providers systems and processes for reporting and recording accidents and incidents were effective or that the provider was acting upon and responding to all accidents and incidents appropriately. After the inspection the provider updated the incident log to reflect an up to date record of accidents and incidents.
● Processes in place to ensure people were not deprived of their liberty for the purpose of receiving care without lawful consent were not consistently applied. For example, a restrictive practice was in place for one person regarding medicines kept within their home. Written guidance to staff was to lock the key to the person's medicines away and not tell them where the key was. It is acknowledged this action was to keep the person safe however this was implemented without the provider seeing seeking lawful consent regarding this decision.

The provider's processes did not ensure the right level of scrutiny and oversight to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 (safeguarding people from abuse and improper treatment)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Subsequent to the inspection the provider has raised a safeguarding concern appropriately and in line with local authority and CQC guidance and requirements.
● Safeguarding training was completed by new staff during induction. Care staff had an awareness of the signs indicating a person might be vulnerable to abuse. Care staff understood their responsibilities for reporting concerns. A member of staff told us they would report any concerns they had immediately to the most senior person on duty.
● People and their relatives told us that they felt safe with the care they received and with the staff who were supporting them.

Using medicines safely
● Systems and processes did not ensure people received their medicines safely. Medicine care plans failed to provide guidance to staff about people's medicines. There was an absence of information to guide staff about how people preferred to receive their medicines and how staff could support people to maintain their independence. Care plans did not make it clear if staff were to administer or prompt medicines. This meant people could not be assured of receiving their medicines safely and in line with their personal preferences and the prescriber's instructions.
● Staff told us they used an electronic rostering system that told them what task to undertake for each person's care call. Where the task was to provide medicines support, information was provided as to where people kept their medicines and what support they required. Once the task was marked as completed the electronic medicine administration record (eMAR) updated to reflect the support the person received and if the medicine was administered. This meant the provider was able to monitor in real time any missed medicine and act to remedy this in a timely way.
● We reviewed people's eMAR and found that these were not always consistent with people's support needs. For example, one person's eMAR showed over a four-week period they had been administered prescribed cream. The person's care plan made no reference to the cream. A senior member of staff told us this was because the cream had not been available or required for the period it was being signed for. The provider told us this was an operational error caused by staff marking tasks as complete without checking if they were required. There was no evidence of a negative impact for people or that medicine errors had occurred, however were not assured as to the accuracy of the information that was being recorded.

The provider had failed to mitigate risks relating to the administration of medicines. This is because there was a failure to align people's care and treatment assessments, care plan information and medicine administration records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Safe care and treatment.

● Staff had received training in the administration of medicines and only those staff who were assessed as competent were able to administer medicines to people. People told us they received their medicines safely by staff who were competent to do so.

Staffing and recruitment
● The service had recently expanded, and the provider was actively recruiting staff to meet new packages of care. The provider was currently providing direct care to ensure people's care needs were met. There was no evidence of any missed care visits.

● People told us they were aware the service was short staffed but did not feel this had impacted on their support. One person told us their relative had a 45 minute care visit and said, "They do stay that long and may even go beyond that if needed". Another person said, "Calls haven't been moved. They are very flexible, especially if I need to go into hospital. I speak to them about changing, and they say this is fine."
● Staff were recruited safely. Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references.

Requires Improvement

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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

- Where professional doubt had been recorded about a person's capacity the providers assessment and care planning was not robust to ensure people's capacity to consent to care and treatment had been considered in line with the Mental Capacity Act 2005.The providers assessment process and care planning failed to consider people's capacity to consent to care and treatment.
- Mental capacity assessments had not been undertaken. The provider told us this was because everyone being supported had capacity to make decisions about their care and treatment. A review of people's care records showed this was incorrect and decisions had been made on behalf of people where professional doubt had been raised about their capacity without the principles of the MCA being followed. For example, the provider told us that a person's family had fitted bedrails to prevent the person wandering at night. The provider had not considered this as a restrictive practice and had failed to undertake a MCA assessment or explore if they had been fitted lawfully in accordance with the MCA and Deprivation of Liberty Safeguards.
- There was an absence of documentation to show decisions had been made in people's best interests. Where family members made decisions on behalf of their loved ones the provider did not have a process to check they had the legal authority to do so. Where best interests' decisions had been made prior to people using the service such as 'Do not attempt cardiopulmonary resuscitation' (DNACPR), processes were not in place to check these documents remained valid and were complete. This meant we were not assured of the providers knowledge of MCA and the process of how decisions should be made for people who lacked capacity.
- The provider had failed to ensure people's needs were assessed in line with good practice guidance and the law. People's protected characteristics under the Equality Act (2010), such as disability, ethnicity and

religion were not considered in a meaningful way during the assessment or care planning process.

The provider had failed to consider and implement current guidance on the principles of the Mental Capacity Act (2005). Where consent had been provided on a persons' behalf processes were not in place to ensure the person providing consent had the legal authority to do so. This is a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The providers assessments process did not accurately reflect people's needs and the information gathered was not robust enough to inform care plans and ensure people's needs could be met. For example, we reviewed assessments that failed to identified people's health concerns and risks such as reduced mobility, falls risk, diabetes and dementia and where information from assessments undertaken by health professional had not been considered. The lack of effective assessment and care planning meant people could not be assured of receiving consistent and effective care to meet their needs.
● People who had capacity told us that staff sought their verbal consent before assisting them and provided them with choices. A person told us, "They always check with me before they do anything". After the inspection the provider sent us a blank consent form. The provider told us they completed this form with people as part of their assessment for care.
● People told us they had discussed their needs with staff prior to using the service. Feedback received from people and their relatives was they felt that staff had a good understanding of their needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were met. People's nutritional care plans failed to provide information on specific dietary needs such as diabetes. However, there was no evidence this had impacted negatively on people.
● People told us staff encouraged them to make healthy food choices and ensured that they had enough food and drink available to them. People told us they chatted with staff and felt staff had a good understanding of their dietary needs and preferences.
● Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. People were supported to retain as much independence as possible with meal preparation and were involved in planning and shopping for food.

Staff support: induction, training, skills and experience
● New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well.
● Staff had opportunities to learn skills to enable them to support people's needs. Staff told us that they had good access to training and were able to request additional training to meet people's specific needs.
● People told us they were introduced to new staff before they provided them with support and staff shadowed experienced staff before they provided support alone. People who shared their experiences with us said, "No concerns about their training," and, "The staff absolutely have the right skills".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records showed that staff communicated with other health professionals such as GP to make sure people's health care needs were met. For example, records showed that a referral to physiotherapy had been made when there was concern regarding a person's safety during moving and positioning. Equipment

was provided that resulted in the person feeling safer and more confident during this task.

● Staff told us they always contacted the office with any health concerns and supported people to arrange health appointments. A person told us, "They work very closely. When I get nurses in and when the GP visits, sometimes they coincide. It all works very amicably".

Requires Improvement

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.

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

- People were not always appropriately supported to make decisions about their care. People's needs were not robustly assessed to ensure their needs and preferences could be met. This is covered in the effective section of this report. Processes did not always ensure people were well treated. The safe section of the report reflects a failure to implement measures imposed by the government to protect people from COVID-19.
- People told us they were involved in planning their care and spoke about this with staff. Some people told us they were not aware of their care plans but felt staff had the knowledge to support them well and this was mainly gained through good and open conversation.
- Where people were able to, they were encouraged to contribute and have their say about the care and support they received. Feedback received included, "They always ask if I need anything else and they know what they need to do". Another person said, "There is very little that needed to be better. The carers are top drawer and first class. I'm very happy with it".
- Relatives told us they were kept informed about any changes in their family member's health and or wellbeing. They also said they were able to discuss any issues with the management of the service, such as any changes in their loved one's care needs.
- People told us that they were treated well, and that staff were kind and caring. People said, Support Solutions are very caring and want to make sure I'm am okay". Another person said of the staff "Friendly but professional, they get on with things and they are cheerful. Always nice to have a cheerful face".
- Relatives commented positively about the service and the care and support provided by staff. Feedback received included, "Very happy with the service", and, "I consider myself very lucky, they are all good".
- Staff received equality and diversity training. This ensured they understood the difference between people and the need to treat people's values, cultures and lifestyles with respect. One staff said," I treat people the way I would like to be treated, to be able to build a bond with someone." Another staff said "I wouldn't treat anybody differently, no matter what. Whether it was to do with the colour of their skin or anything, I would always treat them how I would like to be treated".

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were upheld whilst the were being supported with their care. People provided examples of the individual and personalised actions of staff which meant people's dignity was respected. A person told us, "They respect me and my privacy perfectly well. We have a routine; they support me and do all the necessary personal care things. They respect everything as it should be."

● The provider had policies relating to privacy and dignity, which were linked to current legislation. Staff told us they received guidance around people's preferences and how to manage social relationships and professional boundaries.

● People told us they believed their confidentiality was protected. Feedback received was that staff were professional and they had no reason to distrust them where confidential information was concerned. We received positive feedback about the professionalism of staff and the provider. One person said, "I think they maintain confidentiality; I have no reason to doubt it" Another said, "They never talk about other customers, only themselves and about their families".

Requires Improvement

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

- Care plans were not always holistic and did not always reflect people's needs and aspirations. Assessed needs and identified risks had not been incorporated into people's support plans. Support plans were brief and contained basic details only. They did not contain information about the way people wanted to be supported and did not reflect a person centred approach to supporting people. There was a risk this could have a detrimental effect on those using the service.
- People's care records included a daily routine. This was an overview of the requirements of the care call. We reviewed the information contained within people's daily routines. Information was personalised and provided some information about people's preferences to aspects of their care and support. This information was not reflected within people's care plans and this was something the provider told us they were planning to improve upon.
- Staff told us they used information provided in an electronic rostering system to inform them of people's care needs. This included information from people's daily routines which was broken down into individual tasks to be undertaken during each call. Staff felt this information was enough for them to provide personalised care and support whilst they were getting to know people.
- People told us they received a personalised service which was flexible to meet their needs. One person told us how they could request their care calls to be put together to enable them to wash their hair and have a special meal cooked for them. Another person told us they were able to move care calls around to fit in with their medical appointments which they found helpful. People told us the service they received was reliable and they never had to worry about a care call being missed.

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.

- The provider was aware of their requirement to follow the AIS. Systems and processes were not robust to ensure AIS were applied consistently to assessment and care planning processes. This meant people could not be assured their communication needs would be met in a consistent way..
- Peoples' support plans did not contain information about people's communication needs. For example, one person did not have English as their first language and another person told us they had impaired eye sight because of cataracts. This information was not reflected in their support plans and there had been a failure to consider any communication needs in relation to their care. However, there was no evidence that this had impacted upon either person or staff knew how to support their communications needs despite the

lack of records.

The provider failed to ensure care and treatment plans were appropriate and met the needs and preferences of people. This included information about people's specific needs in relation to communication and personal preferences. Assessments did not accurately reflect, or detail people's needs and preferences and failed to consider current legislation. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 (Person-centred care).

End of life care and support

- The service supported people who required end of life care. During the inspection processes the registered manager told us no one was receiving end of life care.
- The registered manager understood which health and social care professionals to contact and who would need to be involved to support people who were living with a life limiting illness.
- Staff received training in supporting a person at the end of their life. This enabled staff to understand the importance of providing personalised and compassionate support to people who were nearing the end of their life. Staff were aware of professional service to contact should they need advice about people's care or if staff noted a change in a person condition.

Improving care quality in response to complaints or concerns

- People told us that they knew how to raise a concern and felt confident they could do this and that they would be listened to.
- There had been no formal complaints made. The provider told us they regularly provided care support to people and this helped people to discuss any concerns with them immediately so they could be quickly resolved.
- The provider had a complaints policy that included information on how to make a complaint and what people could expect to happen if they raised a concern.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; Continuous learning and improving care

- Governance and quality checks were not robust and had failed to identify areas of risk. Systems and processes were not effectively operated to monitor and improve the quality and safety of support provided. Audits which had taken place were not robust at identifying areas of concerns and did not provide oversight to demonstrate how improvements could be made. This meant the provider was unable to ensure learning, reflective practice and service improvement was adopted.
- There was a failure to ensure robust assessments for people new to the service or that information was transferred to people's care plans. Records did not provide enough guidance on how to support people appropriately and mitigate identified risk. The provider could not be assured that people's care records reflected their ongoing needs or that staff were meeting these appropriately.
- The providers monthly medicines audit had failed to identity the discrepancies with people's medicine records. This included a failure to identify and explore why medicine audits were being undertaken for people who did not have medicine support as an assessed need. This meant staff could be administering medicines to people when this was not an assessed need.
- Accurate, complete and contemporaneous records detailing the care and treatment provided to people had not been maintained and decisions relating to those were not effectively recorded. Where there was recorded professional doubt about a person's capacity there was no evidence that decision specific MCA assessment's or best interests' decision had been considered. Where decisions had been made that restricted a person's liberty, people's care records did not provide evidence of their involvement in the decision making process. This meant the provider could not be assured people's human rights were being protected.
- Processes were not in place to identify individuals at greater risk from COVID-19, such as those with diabetes or other underlying health conditions. We identified concerns in relation to the provider's processes for testing staff for COVID-19. After the inspection the provider took immediate measures to address this and implement testing in line with government guidance.

Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had taken on new care packages in the six weeks prior to the inspection. It is acknowledged

that in order to ensure people received their care the registered manager had been required to undertake care calls on a full time basis. This had led to the registered manager having a reduced amount of time to undertake direct management duties and ensure they were meeting the requirements of their registration with CQC. The provider was currently recruiting new staff and once they were fully inducted the provider planned to spend more time ensuring records and management tasks were completed in line with requirements.

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

● Although reported to other stakeholders, an allegation of abuse had not been reported to CQC. Providers are required by law to notify CQC of all allegations of abuse. This is so we can be assured that events and incidents have been appropriately reported and managed. The provider told us they had not consider this to be a reportable incident. A review of the information we hold about the provider demonstrated the provided had notified CQC of other events appropriately. Subsequent to the inspection the provider has demonstrated improved practice in reporting allegations of abuse.

●There was an effective complaints process, where complaints were recorded and actioned in line with the providers policy. People told us that they had not needed to make a complaint but felt confident that any concerns would be listened to.

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

● Surveys were completed with people that used the service. These survey results recorded positive feedback. The provider told us they would act upon any negative feedback if this were to happen.

● The people who used the service, their relatives and staff told us they felt supported by the registered manager and that they were available and approachable.

● All of the people we spoke with felt involved in their care and told us the service consistently kept them updated regarding such aspects as which staff would be assisting them and timings.

● People, their relatives and staff were consistently positive about the provider. People told us the provider was visible in the service providing direct care and support alongside staff. People told us this was important to them as they felt the provider knew them well and they were able to speak openly to her about their care and support. Staff told us they felt supported by the provider and enjoyed working for Support Solutions.

Working in partnership with others

● The service contacted relevant healthcare professionals if needed.

● The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Staff were aware of the importance of working with other agencies and sought their input and advice.

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 The provider failed to ensure care and treatment plans were appropriate and met the needs and preferences of people. This included information about people's specific needs in relation to communication, end of life care and personal preferences. Assessments did not accurately reflect, or detail people's needs and preferences and failed to consider current legislation.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to consider and implement current guidance on the principles of the Mental Capacity Act (2005). Where consent had been provided on a persons' behalf processes were not in place to ensure the person providing consent had the legal authority to do so.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's processes did not ensure the right level of scrutiny and oversight to ensure people were protected from abuse and improper treatment.

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 provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. There was a failure to robustly consider the risks posed by COVID-19 towards people using the service. The provider had failed to mitigate risks relating to the administration of medicines.

The enforcement action we took:

Warning notice for regulation 12

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. The provider failed to ensure care records provided guidance for staff. This included information about people's specific needs in relation to communication, end of life care and personal preferences.

The enforcement action we took:

Warning notice regulation 17