

Pheonix Healthcare Ltd

Pheonix Healthcare

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pheonix Healthcare is a care at home service providing personal care. The service provides support to older adults, some of whom may live with physical disabilities. At the time of our inspection there were 13 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People said their support visits were always completed. However, there were multiple instances where the visits did not last for the scheduled period of time. Visits were sometimes not carried out at the planned time. Risk assessments such as premises, food hygiene and moving and handling were completed however some without much detail. Staff personnel files required improvement. There were conflicting start dates against when criminal history checks were obtained and some missing staff employment references. There was, however, evidence of remedial actions to try and fill some of the gaps and omissions made historically. There was sufficient personal protective equipment (PPE). Investigations of incidents and accidents were satisfactory.

The quality of the information in people's care documentation was not consistent; the templates used were satisfactory. Tasks written in people's daily notes were included within their care plans but for some people the information was not recorded, for example a task of applying a skin cream. The training matrix did not list training about mental capacity, and there was no evidence of catheter awareness training. Consent forms were in place and were signed. Some staff competency assessments were missing. There were satisfactory supervision records.

People and relatives said staff were kind and caring. There were some compliments recorded by the provider. The care records indicated whether people and relatives contributed to the care plans or care plan reviews.

Person centred language was not always used in people's daily notes. We made a recommendation about care plans. Most of the notes were focused on the tasks that were completed with little to no information about the person's physical, emotional or social wellbeing. Examples included pads being changed and creams being applied. Complaints management was satisfactory and there were good investigations. Information about do not resuscitate orders in the electronic care system required review. There was no record of people's end of life preferences.

There was no manager registered with CQC. The provider was carrying on the service from a location that was not registered, but had submitted applications to CQC. There were some people, staff, and relatives'

surveys but they did not have analysis completed to understand key themes and trends. Staff meetings were held, however where there were actions to be taken there was action plan and not always a due date or named staff member responsible. A service or continuous improvement plan was not in place to capture actions where the provider found improvement was needed. Audits had taken place on personnel files, care files and staff training. However, audits were not completed on a regular basis and did not always follow up what was found at the previous audit.

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 however did not support this practice.

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 13 January 2021 and this is the first inspection.

Why we inspected

This was a scheduled inspection based on the date of the provider's registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pheonix Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager 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 it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 4 March 2022 and ended on 8 March 2022. We visited the office location on 4 March 2022 and completed telephone calls to people and relatives on 7 March and 8 March 2022.

What we did before the inspection

We reviewed information we held and had received about the service since the time of registration. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's

website. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and six relatives about their experience of care and support provided by the service. We spoke with the nominated individual about their oversight of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a care worker and the care coordinator. We contacted the local authority safeguarding and commissioning teams. We reviewed a range of records. This included eight people's care records, medicines administration records and eight staff personnel files. 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 requested and received further care records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

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 of 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.

Assessing risk, safety monitoring and management

- Satisfactory risk assessments were in place for most people. Further improvement is required to ensure risks are effectively assessed, mitigated and reviewed to ensure people's safety.
- The service had changed from paper-based documentation to an electronic system. Risk assessments were transferred from the paper records to the computer system. Care workers had handheld devices (mobile phones and an 'app') where they entered the care records whilst at people's houses.
- One person had missing risk assessments which included medicines management, personal care, moving and handling and risk of malnutrition and dehydration. The service had not determined the risks, mitigated them and therefore the person was at risk of harm.
- One person's skin integrity risk assessment stated staff needed to monitor their skin during each visit and 'check their bottom' for redness or marks and apply prescribed creams. This was not referred in staff guidance for the person's daily routine care plan, or in staff daily notes. We were concerned the service user's needs in relation to skin integrity were not fully assessed to meet their needs. This meant they were at increased risk of skin damage.

The service did not always assess and do all that was reasonably practicable to mitigate the risks to people who received personal care. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People had other risk assessments appropriately in place such as environmental (home) assessments, falls risks and food hygiene safety.
- The service had a business continuity plan which listed preparedness for extreme events, however it still contained information from the prior franchise the service operated under.

Staffing and recruitment

- All of the people and relatives we contacted confirmed they had never missed a personal care visit.
- However, there were issues with the times visits were carried out and how long they lasted. This included visits that were very late and visits which were short. People who self-funded their care did not receive the full amount of care they paid for.
- Records we reviewed showed some visits were two hours later than planned, and as short as 10 minutes, which were not in accordance with the contracted package of care. There was a risk that people did not receive all of the care they needed.
- There were no care worker or office notes to show why visits were late, or did not last for the planned

period of time. However, we found management notes that stated care workers must stay for the full length of the call.

- Whilst people and relatives confirmed no missed calls, they provided some negative feedback about timing of calls and continuity of staff.
- Feedback included, "They call him if they are going to be really late, but that is rare", "There is a 30 minute window, but mum is very strict about time keeping", "It [calls] can vary. They used to come as early as 6.30am but we changed that", "There have been a couple of times that they called to say will be late and maybe three times I had to call them" and "There is no consistency with the carers and this would help mum out. We have had 6 different carers. This is one of the things I specified."
- The service had previously used third-party drivers to transport most care workers. The nominated individual confirmed this had ceased; some care workers walked to their calls, a small number drove and the management drove some staff to the calls.
- There was no evidence that insufficient staff were deployed to provide care. However, improvement in care calls occurring on time and for the correct length of time was required.
- Personnel files did not always contain all of the required information which must be in place at the point of staff employment to ensure only 'fit and proper' persons provide personal care.
- The local authority confirmed this in 2021 when they completed routine contract monitoring. They informed the provider of their findings. We were also alerted and asked the provider to send us evidence as part of our monitoring process. We reviewed the evidence and were satisfied steps were taken to complete necessary checks. At the site visit, we found the provider had audited all staff personnel files. They completed risk assessments and tried to obtain missing documentation, such a gap in employment and checks of prior conduct.
- All staff had criminal history checks on file. However, some were completed after the staff member had commenced employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider has acknowledged their failing in safe recruitment processes and taken steps to mitigate risks. People have not sustained harm as a result of these missing documents.

Systems and processes to safeguard people from the risk of abuse

- There were satisfactory systems and processes in place to protect people from abuse and neglect.
- There was a suitable policy and the nominated individual had knowledge of which agencies to contact if there were any allegations of harm to people.
- Staff were required to attend training on protecting adults at risk.
- A staff member we spoke with was not aware of 'self-neglect' as a type of abuse and had not made this link with a person they told us regularly declined support with their personal care. We raised this with the nominated individual who said they may need to make a safeguarding alert. This had not been identified by the service prior to inspectors raising the potential increased risk to the service user's health welfare.
- People and relatives commented that the care was safe. They said, "She requires a lot of reassurance. They are not doing anything that would make her feel unsafe" and "It's easy to communicate with them which, makes her feel comfortable."
- The local authority advised there were no concerns of abuse or neglect raised against the service.
- The nominated individual had not completed management of safeguarding training. We have signposted them to resources so they can access the training they require.

We recommend the management team complete appropriate training, so they can identify and respond to safeguarding concerns.

Using medicines safely

- Not everyone who used the service required assistance with their medicines, but those who did received them as prescribed.
- Most staff had completed medicines theory learning online. Some staff had competency assessments. We advised the nominated individual that staff required competency checks completed by a competent assessor. They stated they would ensure that all staff who supported people with medicines would complete a competency assessment.
- Medicines administration records were satisfactorily completed and contained the necessary information to ensure safe administration and management.

Preventing and controlling infection

- People were protected from the risks of infection.
- Staff received training in infection prevention and control.
- The service had adequate supplies of personal protective equipment.
- Staff were completing testing for COVID-19, in line with government guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated appropriately.

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 of 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

- Assessment templates covered people's holistic needs including physical, emotional and sensory needs. However, information captured did not always reflect people's needs accurately or in enough detail.
- For example, a person's diagnosis of dementia was not documented in their medical history and there was no information about the type of dementia and associated support needs.
- Another person's care plan identified they had a 'cognitive impairment' and associated confusion and difficulties understanding. There was no further information about the person's diagnosis in relation to this.
- Pressure ulcer assessments were completed to identify the level of risk. However, service one person's document dated January 2022 did not go on to state what mitigating actions staff should follow. Another person's assessment, November 2021 was incomplete; it did not identify the level of risk or agreed mitigating actions.
- Where a person was identified as having diabetes, care plans contained generic information about the disease, but did not provide guidance for staff about monitoring for signs and symptoms or how to respond.
- This meant staff did not have enough information to understand or meet people's needs.

The service did not always assess and do all that was reasonably practicable to mitigate the risks to people who received personal care. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The staff training records matrix did not always accurately reflect the same dates or training courses found in staff files.
- For example, staff told us and records confirmed, that two people received support to empty and change their catheter bags. 'Catheter and continence' was listed on staff 'induction checklists'. However, this was not reflected on the training matrix or training certificates in staff files.
- The nominated individual explained that some training listed in the induction checklist was delivered by the previous registered manager, but they did not have the content of this training to show us. This was the same case for 'challenging behaviour' training. This meant we could not be assured staff received appropriate training in these areas.
- The training matrix showed that all staff had a 'Care Certificate' and we saw care certificates for some staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- However, there was no evidence of staff workbooks or observations that mapped to the 15 standards. It was unclear how the provider monitored staff knowledge in practice before signing them off as competent.

Some staff did not have the knowledge and competencies required to effectively provide support to people. This meant people were at risk of receiving care from staff without the necessary skills to protect them from harm. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There were up to date staff training certificates for theoretical and practical moving and positioning of people and for supporting, assisting and administering medicines.
- People and relatives gave mixed feedback about staff knowledge and competency. Comments included, "They are perfect they know how to use the equipment...", "Some are better than others, due to experience", and "There are two excellent carers. Not all of them are brilliant. Some of them don't have a clue...even on how to boil potatoes."

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

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

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

- The service did not always comply with the requirements set out in the MCA and associated codes of practice.
- There was evidence of consent to care forms within the documentation.
- Where people's needs indicated they met the criteria for an MCA assessment, there was no reference to their mental capacity in care plans.
- A staff member we spoke with showed a basic understanding of their responsibility to gain people's permission before providing care. However, they could not describe the principles of MCA or areas covered as part of assessment.
- When we asked the nominated individual and staff if anyone lacked capacity to make specific decisions, they confirmed everyone had capacity to consent. They referred to one person who may lack capacity only after we signposted them to the person's fluctuating mental state.
- However, this had not been considered in relation to potential self-neglect and actions the service should take to report this to the local safeguarding authority.
- The service did not identify anyone else as meeting the criteria for an MCA assessment. However, we found a person's care plans stated they had a 'cognitive impairment', causing confusion and lack of understanding. There was no reference to the person's mental capacity in their care plans. There was a 'consent to care' form signed by a relative. This indicated the service did not follow the principles of MCA code of practice.
- There was no information contained in care plans about whether people had a registered power of attorney or court appointed deputy.

The provider had not documented who was able to make decisions for themselves, and who required best interest decision making. The provider did not always follow the requirements set out in the MCA codes of practice. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Nutrition and hydration assessments were completed.
- However, a person's assessment dated February 2022, stated they needed 'assistance with feeding'. Staff who supported the person said this was inaccurate, as they were able to eat and drink independently but required encouragement and monitoring as their health was in decline and they were losing weight.
- Staff documented the person's food and drink intake in their electronic daily notes and handwritten log which was kept at the house for a relative to view. However, it was not known how frequently they visited to ensure this was monitored.
- Oral hygiene assessments were not consistently completed. 'Oral care' was left blank on two people's assessments. Where the service had identified support required with oral hygiene, there was some instruction to staff about how to do this, 'Pass my toothbrush and I can brush my teeth...'

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 of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said they were generally satisfied with the care and support received. They told us that the care workers were caring and kind.
- Comments included, "100% happy", "I mean I think in the family we have had times we weren't happy, but when we complained they have always been responsive and they listen. We have two really good carers and two that are OK", "I suppose so...you can't expect things to be perfect" and "I have no issues with them and my daughter would tell you the same."
- The provider maintained a log of compliments. Examples of feedback included, "Good care. [The person] has 'come out of their shell' and makes me feel comfortable", "Very gentle and hard-working...makes mum feel like a princess", "Good care" and "Most gentle carer and amazing at what she does."

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

- People and relatives confirmed they were involved in decision making about care and support.
- Where people were unable to contribute to their care plan, staff provided the details for the care plan based on their knowledge of people's needs.
- Care documentation demonstrated periodic updates to risk assessments and care plans.
- Comments included, "She likes them as they do everything for her", "They ask if I need anything else doing" and "They normally ask if she wants anything else before they leave; super helpful and polite."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said care workers treated them with dignity and respect.
- Feedback included, "When I get up, I go straight to the toilet and they will shut the door", "It's just the way they [the care staff] work. If they are washing or changing him, they will cover him" and "Whenever I am there, they come in and address him by name. He is quite old-fashioned, they check in and ask what he wants. Basically, they know how to treat him."
- People's independence was encouraged by the care workers. People were encouraged to complete as much personal care as they could manage themselves. Care staff prompted, supervised or completed care in line with people's individual needs.
- Comments included, "They supervise me", "We're getting there", "Yes, which is not always easy [to do things myself]" and "[The person] is in a bad way at the moment but previous to this, they would cook together and make it enjoyable."
- The local authority expressed concerns about the risk of inappropriate access to people's confidential personal information, as the service was using third-party drivers to transport care workers to visits. There

was no evidence of any data protection breaches. The nominated individual acknowledged they should have assessed the risks of using drivers not employed directly by the service, and confirmed they no longer used them to transport staff.

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 of 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

- Assessment and care plan templates included aspects of people's background, hobbies and diverse needs, such as culture and religion. People's protected characteristics and sexual orientation were not included.
- Information captured was incomplete in places. Other information was basic and did not provide staff with enough information about how to provide personalised support. For example, one person's daily routine advised staff to offer personal care, but did not provide details about their preferences (such as shower, bath, wash in bed, or shave).
- The culture and religion section on the same person's care plan stated 'n/a' which did not tell staff anything about their holistic needs. 'Specific aims' stated, '...to promote as much independence as possible'; this was not specific. Information was recorded about the person's social interests, such as they used to enjoy cycle rides.

We recommend care plans are reviewed by staff to ensure they consistently record person-centred information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans identified people's communication needs. Visual and hearing needs were recorded as well as basic information about how staff should meet their needs, such as checking the person was wearing their hearing aid.
- A person was identified as speaking another language and was unable to communicate in English. Their care plan stated their relative would support them to communicate with care workers. There was no information about whether the service tried to match same language speaking staff or having the written care plan translated in order for the person to understand their care plan.
- The training matrix showed three staff members had completed 'communication' training in 2022. All staff had completed the Care Certificate according to the training matrix, which included basic communication skills.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. However, it referred to the prior manager who had left the organisation. It also provided CQC contact details to share concerns but did not provide information about people's right to complain to an Ombudsman.
- A complaints log was in place including a summary of complaints, findings and outcome.
- There was a complaints response letter to one complainant with findings, outcome and an apology. Actions taken by the service were listed. This led to supervision with staff as part of lessons learnt and action for all staff to complete training and be spot checked. This was thorough.
- For another complaint, only e-mail correspondence was on file, with no clear outcome recorded. The nominated individual explained the circumstances of the complaint to us. The investigation however was thorough.
- People and relatives confirmed they knew how to complain. A relative stated, "Yes I have contact with management. I feel comfortable enough to do that."

End of life care and support

- There was a lack of information on file for people's end of life preferences.
- We received a copy of one person's do not resuscitate form (DNACPR) dated December 2021 and reasons why CPR was unlikely to be successful. Section one of the DNACPR 'discussed with person/relevant other' was left blank, as well as section 4 in relation to 'who had been informed of decision'.
- This was not in accordance with DNACPR standards and people's human rights. At the time of our site visit there was no evidence the service had taken appropriate action to check or follow-up the unsatisfactory form.
- The nominated individual was asked for an explanation of actions they would take. They wrote, "The service has now implemented [a section on our] system where we must tick and confirm [we] are aware of the DNACPR...when a carer attends to a call, they will need to read the DNACPR task and tick yes to understand...I will also consult the GP myself to confirm if they are aware of this DNACPR being in place. We will put a copy of this on the front of the service user's care plan folder for all relevant parties..."
- The training matrix showed that six staff members had completed end of life training in 2022. There was no evidence other staff had completed the 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.

This is the first inspection of 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.

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

- There were several failures in the effective oversight, governance and leadership of the service.
- The provider had moved office without applying first to CQC to change location. We wrote to the provider advising of the potential criminal offence. They provided a written acknowledgement of their failing, an apology and immediately submitted the correct application forms. We carefully assessed the provider's response and decided to take no further action in this instance. Our registration team are processing the applications.
- There was a rapid turnover of managers at the service. Since the date of registration, the first manager had registered with us, then left the organisation and deregistered. Another manager was then employed but prior to our site visit, the manager had resigned leaving the nominated individual to oversee the service. There was no written record of handover between managers and the provider did not have a satisfactory contingency plan for leadership continuity of the service when the managers left their posts.
- The nominated individual had appointed a care coordinator, but they were new in their role and still learning their duties. They did not have an effective mentor to show them systems and processes. The nominated individual explained that another manager had been recruited and would commence "soon". They told us the manager would register with CQC. At the time of the inspection, the service had no manager registered and no application was received.
- The provider was previously part of a franchise. They left the franchise, but failed to notify us of changes to their contact details, such as e-mail addresses. This had affected the provider receiving important information from CQC, such as the provider information return (PIR) and the annual registration fees invoice.
- The provider was also using policies, procedures and other document templates from the former franchisor, without permission. They had placed their new logo onto them. However, they were not updated by the provider and some contained outdated or contradictory information not relevant to the service.
- Basic audits of the quality of documentation were completed. For example, these included care plans and personnel files. However, where the audits had detected issues for improvement, the provider had not created a service improvement plan (or similar). They could not be assured that improvements were listed, assigned, risk assessed and completed in a timely way.
- The nominated individual told us at the site visit no one was responsible for completing spot checks or supervisions with staff. This was because the care coordinator was still learning and there was no registered manager. The nominated individual said their own knowledge and skills were not up-to-date to undertake these tasks themselves.

The service did not always effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service sought the opinions of people, relatives and staff. However, the service failed to effectively act on feedback they collected.
- Feedback about management included, "If it's [the nominated individual], he is always helpful and available", "They could do with more help. They did have a manager last year but they keep leaving" and "I know they have had some changes, but the people I have had interaction with have been fine."
- A staff satisfaction survey was last completed in July 2021. There was some feedback from respondents which required action. For example, staff identified they would like more training. Whilst there was a letter from the registered manager at the time to one staff member, there was no analysis of the entire findings and no action plan created.
- Another staff survey was completed in December 2021. Several staff identified that they would like to progress a career in leadership or management of adult social care. However, no analysis of the survey responses was completed, no action plan was completed and information about the training requests was not placed into staff personnel files for future use.
- Staff meetings were held regularly. Some were management meetings and others with all staff. Repeated themes were identified within the meeting minutes, for example lateness of calls and calls being shortened. However, there was no action plan and the same issues continued.
- We were advised that surveys with people were completed. Although we requested copies and results of the survey, they were not provided.

The service did not effectively act on feedback from relevant persons and other persons on the services provided, to continually evaluate and improve people's care. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The nominated individual demonstrated a desire to enhance the service, in particular areas which we identified required improvement.
- Electronic call records had an alert system if an identified personal care task was not completed by staff. We found several 'amber' and 'red' flags throughout February 2022 and some of these did not have an outcome recorded.
- The nominated individual told us they expected staff to address these flags by recording what action they had taken, however this was not completed. The nominated individual said that currently no one was monitoring the alerts due to there not being a manager, and the nominated individual and care coordinator were still learning about the system. We raised concerns about the lack of monitoring people's health and welfare and the nominated individual said they would take action to address this.

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

- There were no serious injury events which required the duty of candour to be used by the service.
- The nominated individual understood the provider's responsibilities when things went wrong.
- The provider accepted that some failures in processes and documentation had occurred during the operation of the service. They were already working with the local authority to implement some changes.

Working in partnership with others

- The service worked with the local authority, health and social care professionals.
- Where needed, the staff referred people to other services to promote their health. In other instances, they contacted people's GP or other medical professional to seek help when people were unwell.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>The registered person failed to ensure care and treatment of service users must be provided with the consent of the relevant person.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not always assess and do all that was reasonably practicable to mitigate the risks to service users who received the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not always effectively assess, monitor and improve the quality and safety of the service.</p> <p>The registered person did not always effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people at risk who received personal care.</p> <p>The registered person did not effectively act on</p>

feedback from relevant persons and other persons on the services provided, for the purposes of continually evaluating and improving the services.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure persons employed by the service provider received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.