

West Sussex Care Services Limited

# Support Solutions (West Sussex)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Support Solutions (West Sussex) is a domiciliary care agency. At the time of our inspection the service was supporting 22 people. The service provides personal care to adults living in their own homes, some of whom were living with long term health conditions, as well as conditions associated with old age and 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

Since our last inspection it was evident the provider and staff had made improvements which had raised the standard of care people received and improved the management of risks to people's health and safety. Improvements were still required to ensure quality assurance systems were effective in providing managerial oversight of all risks to people's safety, people's care, staff recruitment and medicines.

People at risk of falls were not always protected from avoidable harm because contributory risk factors had not been identified. Some staff had not undergone pre-employment checks in line with the providers policy to ensure they were safe and of suitable character to work with people.

People told us they felt safe and were cared for by staff who knew them well. People were administered medicines by staff who were assessed as competent in the task. There were enough staff to meet people's needs and people told us staff arrived on time for their care calls. One person told us, "They [staff] are very strict on that. They are never late; I can't fault them." Another said, "They are really good at time keeping. Carers don't leave until [person] is comfortable."

People's needs were assessed and regularly reviewed. People told us they felt involved in their care and were invited to provide feedback. Staff completed an induction and underwent training the provider considered essential to their role. People were cared for by staff who received regular supervision and felt supported by the provider.

People were supported to eat and drink enough and access healthcare services when required. People received personalised care that met their needs and preferences. Staff worked with external agencies to provide effective care. 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.

People spoke warmly and positively about staff and said staff treated them with respect and dignity. One person said, "Carers listen, look at me and treat me with respect. They are very polite and caring." Another told us, "Carers call me by my Christian name and always give me a hug."

People and staff were complimentary about the provider, their colleagues and the culture of the service. One person told us, "I would always ring the manager. They are very easy to talk to." A staff member said, "This is a good company to work for." Another told us, "The manager is very approachable."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 21 January 2022) and there were five breaches of regulation. The provider was served a Warning Notice and completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of four regulations. However, improvements were still required in relation to the overall governance of the service and there was a continued breach of regulation 17.

#### Why we inspected

The inspection was prompted in part due to concerns received about the culture of the service, medicines and the providers response to concerns and safeguarding. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We also needed to follow up on action we told the provider to take at the last inspection and check whether the Warning Notice we previously served in relation to regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has not changed following this comprehensive inspection and remains Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Support Solutions (West Sussex) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified a continued breach in relation to the governance of the service. Please see the action we have told the provider to take at the end of this report.

#### 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.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

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

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, and the registered manager was the provider for this service.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 25 July 2022 and ended on 05 August 2022. We visited the location's office on 27 July 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included information the provider, local authority and members of the public had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. The Expert by Experience made calls to people and relatives remotely by phone.

We reviewed a range of records. This included eight people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, this included quality assurance and monitoring information, policies and procedures and staff training records.

### After the inspection

We continued to seek feedback about the service and review evidence collated during the inspection. We sought clarity from the provider about their recruitment, safeguarding and risk management processes.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to 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; Preventing and controlling infection

At the last inspection 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.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Since the last inspection improvements had been made to ensure most risks to people's health and safety were assessed, identified and mitigated. People's risk assessments and care plans contained more detail and were regularly reviewed to ensure information was current and in line with people's needs. For example, risks to people with health conditions which increased their risk of complications should they contract COVID-19 had been considered and assessed. People who required equipment to move and reposition had care plans with clear guidance for staff on what equipment was required and how to use it safely. When people experienced changes in their health, staff made outward referrals to enlist the appropriate support. Although the provider had acted to improve people's safety in some areas, further improvements were required to ensure all risks to people's health and safety were managed effectively.
- People's health conditions and other contributory factors such as medicines had not always been considered when assessing people's risks. For example, one person prescribed medicine to thin their blood had experienced several falls around their home due to a decline in their mobility. This increased the potential risk of harm, yet their risk assessment did not reflect this. Actions to mitigate the risk in the event of a fall had not been implemented or considered. Although no harm had occurred, this was an area of practice which required improvement to keep people safe.
- People living with long term or specific health conditions were assessed and risks associated with their health regularly reviewed. For example, people living with diabetes had care plans which guided staff on signs to look out for and action to take if a person's health was deteriorating. This included monitoring people's eye health and foot health, as well as actions to take in an emergency. One person told us about a time their blood sugars were low and how staff supported them. They said, "The carer found me and called the ambulance."
- Following the last inspection, the provider had immediately implemented a testing regime for staff which was in line with current government recommendations. Staff completed a lateral flow device (LFD) test twice a week and sent the provider their results. This ensured the provider was aware of all staff's COVID-19 status and could take appropriate action based on results received.

- People told us staff wore personal protective equipment (PPE) before providing care and disposed of PPE appropriately. One person told us, "They wear gloves and masks, and put them in a bin I have."
- Staff had undertaken training on COVID-19, infection control and hand hygiene. Staff confirmed how they keep people safe from the spread of infection. One staff member said, "We're provided with masks, gloves, aprons and alcohol gel. We self-test and send the results to [provider]."

#### Staffing and recruitment

- Staff were not always recruited safely and in accordance with the providers policy. Appropriate references for new staff had not always been sought to enable the provider to determine the conduct of the person in their previous employment. References had been requested but were not always returned prior to new starters commencing their role and there was a lack of robust systems to ensure recruitment processes were safe. When these concerns were raised with the provider they responded promptly. During and after the inspection we were provided with evidence to demonstrate people were supported by staff who were safe to provide care.
- The provider ensured that other essential pre-employment checks were undertaken such as the Disclosure and Barring Service (DBS), prior to new starters commencing work. 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.
- People told us there was enough staff to meet their needs. Most people told us staff stayed for the duration of the call and calls were never missed. People said they had regular staff members and were informed by phone if staff were running late. People said they did not necessarily know which staff were coming as they did not receive a rota. This was shared with the provider who told us a rota for people was something they were working on. One person told us, "I have different carers but a core of regulars on the whole." Another said they had, "A regular small team."
- Although the service had vacancies, the provider had an ongoing recruitment programme to recruit additional staff. The provider and co-ordinator had effective oversight of how many staff were required to deliver safe care. Referrals to the service were reviewed prior to taking new people on to ensure there were enough staff to meet people's assessed needs. However, due to current staffing levels the provider was unable to take on any new packages of care for people.

#### Systems and processes to safeguard people from the risk of abuse

At the last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes in place to safeguard people from the risk of abuse had been revised and updated. This ensured the provider and staff understood their safeguarding responsibilities and adhered to local authority guidance when allegations of potential abuse were identified or reported. The provider conducted investigations as required and reported concerns to the local authority and CQC.
- People and their relatives told us they felt safe and knew who they could speak to if they had any concerns. Comments included, "I feel safe with them [staff]. They close the door and lock up. I have a key safe", and, "I absolutely feel safe with them [staff]. I feel really at ease."
- Staff had undertaken safeguarding training and understood how to recognise and report signs of potential



abuse. Staff were confident the provider would report any concerns. One staff member witnessed an incident involving a family member. They told us, "I contacted the office who raised a safeguarding immediately. Any issues with safeguarding we report to the office and they deal with it."

#### Using medicines safely; Learning lessons when things go wrong

At the last inspection the provider had failed to mitigate risks relating to the administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Safe care and treatment.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines care plans had been updated, were detailed and had guidance for staff to ensure safe administration of medicines. People's care plans and daily routine records advised how people preferred to receive their medicines and what actions staff should take to offer support, such as whether the person required prompting or if staff were to administer their medicines.
- People and their relatives told us they were satisfied with the way their medicines were managed. One relative said, "[Person] has medication twice a day from a blister pack. Carers check they are taking them." A person said, "Carers give them to me. Always at the proper times. They watch me take them."
- Staff had completed medicines training and were assessed as competent before supporting people with their medicines. Spot checks were undertaken to ensure staff were administering medicines safely. Records confirmed that staff completed regular medicines training updates and had their competency assessed.
- The electronic system for monitoring medicines ensured any omissions or errors were flagged immediately to the co-ordinator and the provider. Where errors were identified, actions were quickly taken to resolve. For example, one staff member could not complete the task on the recording system as a person's medicines were unavailable. This was flagged to the provider who, following further investigation identified the person had not re-ordered their medicines in line with their wishes to remain independent. The medicines were ordered, and their care plan updated to ensure staff monitor medicines and offer support with re-ordering when medicine stock is getting low. This promoted the persons independence and ensured they continued to take their medicines as prescribed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

At the last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The service was supporting one person who was assessed as lacking capacity to make a specific decision regarding their care. The decision taken in their best interest was lawfully made in consultation with the appropriate professionals and views of family members. The service was not supporting anyone who lacked capacity and had restrictive interventions in place, for example, the use of bedrails or locking medicines away. Therefore, there were no further concerns relating to the providers practice identified in this area.
- At the last inspection people's protected characteristics under the Equality Act (2010) had not been considered or assessed. At this inspection the provider had updated their assessment tool to include information about people's protected characteristics such as their marital status, gender and religion.
- The provider had sought guidance and advice from the local authority to enhance their knowledge and application of the MCA in their day to day practice. This meant that where there was professional doubt

about a person's capacity, consideration was given to whether a capacity assessment was required and the outcome documented accordingly.

- Staff had completed training on MCA and understood their role and responsibilities. People and their relatives told us staff respected their dignity and obtained consent before supporting them. A relative said, "Carers always ask before they change [person's] pad. They tell [person] what they are doing." Staff confirmed they always ask permission before providing care. One staff member said, "I would always ask for someone's consent, for example, 'do you mind I help you get dressed'."

Staff support: induction, training, skills and experience

- People and their relatives thought staff were equipped with the skills and knowledge to undertake their role. When asked their views on whether staff were suitably trained, one person said, "They seem to know what they are doing." Another told us, "They are lovely carers. They are professional."
- Staff had undertaken suitable training and had the skills and competence to meet people's needs. Staff received a comprehensive induction and were assessed as competent before they could support people. One staff member told us, "I had to do three or four shadow shifts and online training which you had to complete before you go out to people."
- Staff were required to complete the Care Certificate as part of their induction and ongoing development. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of carers working in health and social care. Records confirmed staff had either completed or were in the process of completing the care certificate as part of the requirement for their role.
- Staff received regular supervision and felt supported by the management team. Staff were provided with opportunities to broaden their experience and learn new skills. Some had completed educational courses in care. One staff member told us, "I've completed my NVQ two and the Care Certificate is already done."

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff were aware of people's individual dietary needs, their preferences and this was reflected in people's care plans. One person told us, "Carers provide all my food. I always have porridge and toast. Lunch time a salad. I never go hungry. There is always a bottle of water and orange juice left on my trolley." A relative said, "If I leave a meal out for [person] the carers will heat it up for them."
- Staff received training in food hygiene and applied this when preparing food for people. 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 told us they took people shopping and out for lunch if they wanted.
- People with specific dietary needs had care plans to guide staff on people's requirements. For example, a person living with diabetes was supported to make healthy and low sugar food choices.

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

- People were supported to live healthier lives, access healthcare services and support. People told us they were confident staff would contact professionals if they needed or would help them do it. For example, people were seen by private chiropractors and hairdressers, occupational and physiotherapists. One person told us, "Sometimes they [staff] phone the GP for me because I want a visit about my [health concern]."
- The provider and staff worked in collaboration with professionals and other agencies to ensure people's needs were met in a consistent and timely way. People whose social needs had changed were referred to the local authority for review. One person who had developed pressure damage to their skin was referred to a health professional for assessment. Records showed, and people told us they had been supported to meet a variety of health and care professionals as required. One person told us, "They [staff] do listen. In the past I

have had appointments with the dentist and GP and carers have made sure I am ready to go."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection people were not always appropriately supported to make decisions about their care, and their needs were not robustly assessed. Processes did not always ensure people were well treated as the provider had failed to implement safe measures to protect people from COVID-19. This meant people were not always well-supported, cared for, or treated with dignity and respect. At this inspection improvements had been made. These improvements are reflected in the safe and effective sections of this report.
- People and their relatives were supported to express their views and were involved in decisions about their care. Care plans were regularly reviewed and updated when people's needs changed. One person told us, "The assessment was with [co-ordinator] and we talked about everything." Another said, "I was involved in care planning at the beginning."
- People and their relatives spoke positively of staff and said staff were kind, caring and polite. Comments included, "Staff are kind and friendly, I am impressed by their attitude," and, "They [staff] are caring. They ask me things and tell me what they are going to do. This is especially necessary due to my memory loss." A relative said, "They're brilliant. I don't know what I would do without them [staff]. [Person's] face lights up when they see them."
- People were treated with kindness and respect, and their equality, diversity and human rights upheld. Staff had completed equality and diversity training and demonstrated these principles in their practice day to day. One person told us, "Carers speak to me respectfully. I've no complaint's there."
- The service worked to ensure that people and staff were protected from discrimination. One staff member said, "I know people have human rights and have the right to make choices. Just because someone had dementia, they can still make decisions." Another staff member gave an example of a time they attended an evening care call for a person who did not want to go to bed as they were watching football. The staff member said, "They had capacity, I made sure they could get to bed themselves, checked they were safe. I respected their choice."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who ensured their privacy and dignity was maintained. Staff had undertaken training in how to ensure people were treated with dignity and respect. Staff were discreet when supporting people with personal care and promoted their privacy. One person told us, "Staff always close the bathroom door and bedroom door when giving me a wash or shower."
- The provider and co-ordinator talked to people regularly and carried out direct support if required. People

said that communication between themselves and the agency was effective, and they were invited to give verbal feedback about their care. One person told us, "I do sometimes see the main lead, they come as a carer. That's really good as they see what goes on."

- People were supported to maintain their independence. People's care plans guided staff on aspects of care people could do for themselves as well as how staff should support them. One person told us, "Carers ask me if I want to wash myself. They encourage me in that sort of thing. I choose what I wear." A staff member said, "I encourage people to do things for themselves and support them to do the things they can't."

- People's privacy and confidentiality were respected and information that was held about people was securely stored on password protected computers, in the secure office or in their own homes. People told us staff were confidential. One person told us, "I have no worries. I've ever heard them [staff] talk about anyone else."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection 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).

At this inspection improvements had been made and the provider was no longer in breach of regulation 9.

- People received personalised care that was responsive to their needs. The provider had reviewed people's care plans to ensure they were person centred and contained information which included their preferences and personal histories. Care plans guided staff as to how people preferred to be supported. People's records included a daily routine which detailed the requirements of the care call and people's preferences. For example, how they liked their hot drinks or what they preferred to have for lunch. People told us they were given choice about whether they preferred female or male carers; every person we spoke with was happy with the care they were receiving.
- Staff knew people well and supported them to make choices about their care. Staff responded when there were changes in people's needs or circumstances. One staff member told us about a person who had a new medicine delivered, they said, "I phoned through to the office and straight away this was added to the care plan." A relative said, "I have let [provider] know about [person's] recent diagnosis. They were very responsive. They said they would keep an eye on them and report any changes or observations. The carers are aware of [person] and their [health condition]."
- For people who required an additional care visit, or more time during a care call for staff to meet their needs, this was quickly actioned. The provider was flexible to meet people's preferences. For example, one person preferred a later morning care call as they did not enjoy an early breakfast, and this had been accommodated.

Meeting people's communication needs

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

- At the last inspection people's support plans did not contain information about people's communication needs. At this inspection improvements had been made. For example, aspects of people's communication needs were assessed and recorded, such as hearing and eyesight. People who required assistance had care plans which informed staff to support them with glasses or hearing aids. One person did not use English as their first language, their care plan guided staff on how improve interactions and communicate effectively. For example, to speak slowly and clearly to facilitate better understanding of what was being said.
- Staff understood people's communication needs, one staff member told us about a person whose speech was affected following a decline in their health. They told us the person could say some words, but it was important to give the person time to respond, to enable them to communicate their needs and wishes should they want to.

#### Improving care quality in response to complaints or concerns

- At the time of the inspection the service had received no formal complaints. People told us that they knew how to raise a concern and were confident concerns would be dealt with. One person told us, "When a new carer started, they were a bit rough. My [relative] complained and said we didn't want them back. They didn't come back; we were happy with the result." Another said, "There is always someone to contact. They are brilliant. If I have any worries, I just speak to one of the staff."
- The provider regularly provided care and support to people. This enabled people and their relatives to discuss any concerns with them directly so any issues raised 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.

#### End of life care and support

- People were supported to be comfortable and without pain at the end of their lives. People had end of life care plans which recorded their wishes and contained guidance for staff as to how they wanted to be supported.
- People's records contained information regarding their resuscitation status and who to contact should their health decline. This included information about whether they had chosen to be treated in hospital or remain at home for care and support.
- People were supported at the end of their lives by staff who demonstrated their understanding of how to care for people. One staff member said, "We make sure they're comfortable, make sure you are working with a staff member they know, and offer support to their family. If there are any problems, we speak with [provider]."
- The provider had a positive relationship with palliative care teams and knew to access support from the district nurses and GP if end of life care was required.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems in place were not robust and fully embedded to consistently provide effective oversight of all risks to people's health and safety and care provided. Processes for monitoring records had not identified that health conditions and factors which could increase the risk of potential harm had not been considered. Auditing systems had not identified that recruitment processes had not always been followed, or that records did not always correlate with tasks completed by staff. For example, one person's daily record showed they had not taken their medicine, yet this had not been flagged to the provider as staff had marked the corresponding task as complete. This meant the provider could not always be assured that what was recorded in people's records was a true reflection of care provided.
- Prior to the inspection we received concerns about the management of medicine errors. At this inspection we identified that systems in place to monitor and record medicines errors were not robust enough to ensure all reported errors were recorded. This did not provide assurance the provider had effective oversight of all errors from which any themes and trends could be identified and acted upon to reduce the risk of reoccurrence.
- Although we found no evidence that people had been negatively impacted by these concerns, improvements were still required to ensure quality assurance and monitoring systems always provided managerial oversight of people's risks and care.

The provider had failed to ensure there were systems and processes that enabled them to always identify, assess and mitigate risks to the health, safety and welfare of people. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems to monitor accidents, incidents and safeguarding concerns had been updated since the last inspection and improved oversight of accidents and incidents that occurred. Incidents and accidents were analysed, and actions taken to reduce the risk of reoccurrence. For example, one staff member's medicines training and competencies had been re-visited following a medicine error.
- The provider worked closely with the local authority to develop and review their service improvement plan. The plan was updated to ensure improvements were completed and sustainable. Where further areas for improvement were required, these were identified and added to the providers plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well managed and were complimentary about the provider. Staff spoke with passion about people and their achievements whilst being supported by the service. For example, one staff member told us about a person whose mobility had improved, and they were enjoying the independence this gave them. They told us, "I see [person] improve and it makes me so proud, they are so much better, they are washing independently now and able to walk by themselves to the commode, when we first started, they couldn't do that."
- The provider was visible in the service, approachable and took an interest in what people, staff and family had to say. The provider and co-ordinator worked directly with people and led by example. They had a good understanding of people's needs and provided direct guidance and reassurance to staff as required.
- Staff spoke positively about their role and morale of the team. Comments included, "I love my job, I love care, this is one of the most rewarding jobs ever", and, "I love talking to people, getting to know them, it's brilliant, morale is very good."

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

- The provider understood their responsibilities under the Duty of Candour and was honest with people when their care had not gone according to plan.
- The provider had notified CQC of accidents and incidents that had occurred, and any lessons learnt, or actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives felt involved in discussions about their care and the service. Feedback was collected and acted upon to make improvements. People told us they would recommend the service to others. One person said, "I would recommend because they know what they are doing. They explain everything." Another told us, "In fact a friend of mine is looking for an agency and I have already said to them mine was terrific."
- Staff were kept up to date with changes in the service and people's care. Staff meetings were regularly held and gave opportunity for staff to express any concerns and share their views. Records confirmed issues were acted upon and shared with staff to help drive improvements within the service. When asked about staff meetings a staff member said, "You get to speak up, they're really useful. You can give advice to other staff, get points of view across and get advice from others."
- The provider and co-ordinator worked professionally with external agencies such as the GP, pharmacy, community nursing teams and occupational therapist. Staff were aware of the importance of working with other agencies and sought their input and advice when needed.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there were systems and processes that enabled them to always identify, assess and mitigate risks to the health, safety and welfare of people.</p>