Emmcare Limited

Emmcare

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Emmcare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection they were providing a personal care service to 10 people who are supported by a team of three care staff.

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. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People's needs and choices had not always been appropriately assessed to ensure effective outcomes of their care.

We found weaknesses in risk assessments, risk management and care planning. Risk in relation to people receiving personal care were assessed, however the service failed to provide clear plans and guidance in how to manage such risks.

People had care plans in place. However, these did not include information about people's likes, dislikes or preferences. Information was not recorded clearly to guide staff to provide care and support.

Staff had not always received training to equip them to support people, understand their individual needs and mitigate associated risks.

The provider was not working in line with the principles of the Mental Capacity Act 2005 (MCA). We gave a recommendation to the provider to research current best practice guidance to ensure they were are following the principles of the MCA and updates their practice accordingly.

The provider's recruitment practices were not safe or robust, which meant people were at risk of being supported by unsuitable staff.

People were at risk of harm due to poor medicines management. There was a lack of information to ensure staff understood when to give medicines which were prescribed 'as and when required'. We could not be sure people received their medicines safely, as prescribed or by staff that had been sufficiently trained and competent to do so.

The provider was not following current government guidance regarding COVID-19 testing.

The provider worked in partnership with other professionals, although the documentation from these professionals was not always up to date. We gave a recommendation to the provider to review the process

in place for working with other agencies to ensure staff have access to up to date professional guidance.

The service quality assurance system was not fully effective and did not address the shortfalls we found during our inspection. The lack of governance measures in place and poor management oversight meant people were at risk of receiving care which placed them at risk of harm.

We found no evidence that people were harmed but these shortfalls put them at increased risk. We discussed these concerns with the provider/registered manager who was responsive to feedback and started making changes to how the care was monitored and organised to improve it for people.

People told us staff were kind and caring and that people felt safe with staff. Relatives spoke positively about the care provided. Relatives and people told us the staff team were familiar and made them feel safe. One relative said "If [provider] wasn't here, [family member] would be in a home as I couldn't cope".

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 6 April 2021 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, risk management, infection control, safeguarding, recruitment, assessment and care planning, staffing and management of the service.

We have also made recommendations in relation to the Mental Capacity Act and working with other professionals.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider and request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will alert the Local Authority and work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Emmcare

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 one inspector.

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

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. The registered manager is also the provider. Throughout this report we will refer to them as the provider.

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.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). 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
Inspection activity started on 10 June 2022 and ended on 8 July 2022. We visited the location's office on 10

and 16 June 2022. We communicated/spoke with three people who use the service, four relatives and three staff. We also sought feedback from one professional who works with the service.

We reviewed a range of records. We looked at three staff files in relation to recruitment. We looked at four people's care records. We reviewed a range of policies, training data and quality assurance records. After the inspection we asked the provider to send us an initial improvement action plan to address the issues found during inspection.

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 of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- The provider had failed to ensure that medicines were safely managed.
- Care plans and medication risk assessments were in place, but did not provide clear guidance to ensure the safe administration of medication. For example, people were supported to have prescribed creams applied including PRN (as required). Care records did not describe when or where staff should apply these topical creams. One person's medication risk assessment stated, "[Family] administers [service users] medication. Carers to use cream as per current [Medicine administration records] MAR". The persons MAR or care plan contained no details of where on the body prescribed creams should be applied. The provider acknowledged this lack of detail and advised that this would be detailed within a daily care routine that will be put in place.
- Another person's medication risk assessment states that the person self-medicates, although we were told by the provider that carers support with liquid paracetamol every four hours as it is "Difficult for [Service user] to undo the top".
- Medication administration records (MAR's) were not regularly audited. We found a number of gaps on a person's MAR. The provider was not able to assure us that gaps noted were as a result of the person not receiving their medication, or the service not supporting the person on that day.
- Staff administered medicines to people without being sufficiently trained to do so. Staff had not received up to date training or competency assessments in medicine administration. We were told that staff know how to support the individual as they had shadowed the provider.

Medicines were not managed safely. We found no evidence that people had been harmed however, this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although there was a lack of guidance, relatives told us that staff do support individuals to apply their topical creams
- One staff member told us that the, "Manager will oversee we are following correct procedure E.g. right person, right dose, right route, right time and right documentation."

Assessing risk, safety monitoring and management

- Risks were not assessed, managed or monitored in order to keep people safe from harm.
- Although risk assessments were in place in relation to moving and handling, environment, medication, falls and catheter care, not all risk in relation to individuals needs had been considered. For example a tissue viability risk assessment was not in place for one person, although this person's assessment/care plan stated the provider needed to monitor their skin integrity.

● Risk assessments did not reflect people's current needs and there was a lack of clear guidance on how to support people safely.
● Risk assessments lacked detail and did not always provide the required information to ensure that people who used the service were protected from risks in relation to the care they received. For example, one person's minimising falls risk assessment stated that "[Person] needs assistance of two carers when walking". This risk assessment was completed on 3 May 2021 and had not been reviewed. Relatives told us that this person had not been able to walk for a while. This was updated during our inspection.

People were at risk of unsafe care and support due to inadequate risk management processes. We found no evidence that people had been harmed however, this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● The provider had failed to ensure that measures to prevent and control the spread of infection including COVID-19 were being adhered to.
● The provider's infection prevention and control policy was not up to date. The infection control policy viewed was dated March 2021 and had not been reviewed to ensure it reflected current guidance.
● An infection control audit had not been completed. We were told that although a template was in place, this has not been completed.
● All staff had not received up to date training in infection control.
● We were not assured that the provider was accessing testing for staff in line with government guidance. One staff member had significant gaps in their testing records and had provided support to people during these times. The provider could not provide assurances that testing had been completed.

Infection control practices were not safe. We found no evidence that people had been harmed however, this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider has sufficient stocks of PPE available.
● Staff were observed to be using personal protective equipment (PPE) effectively and safely.
● Staff risk assessments in relation to COVID-19 had been completed.

Systems and processes to safeguard people from the risk of abuse
● People were not always protected from abuse and improper treatment as systems and processes were not established and operated effectively.
● Although the provider had policies in place to help protect people from harm, they had not actioned a robust system to ensure staff had access to them. The provider told us that staff did not have access to the safeguarding policy and therefore staff had not read the provider's safeguarding policy. We were told there was not a system in place for staff to access them, and that staff have no access and have not read the provider's safeguarding policy.
● A Care Quality Commission (CQC) monitoring call was held with the provider on 17 February 2022. The provider told us staff had initial training in safeguarding and then annual refreshers. Records showed that all staff had not received training. One staff member had last received training in 2017 and another staff member had last completed training with a previous employer in May 2019.

Systems were not in place to ensure people were protected from abuse and neglect. We found no evidence that people had been harmed however, this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● Staff said they understood their responsibility to report abuse and neglect and felt confident to do this.
● People using the service and relatives we spoke with told us they felt safe and well cared for by care staff.

Staffing and recruitment
● People could not be confident that staff were safely recruited. Staff files did not give evidence that safe recruitment practices had been followed. Three staff files looked at did not contain application forms and two did not contain a full employment history including details of any gaps in employment.
● The provider did not have effective processes in place to ensure staff were assessed for their suitability to work with vulnerable adults. For example there was no system in place should further action in relation to staff Disclosure and Barring Service (DBS) checks be needed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Recruitment practices were not safe. We found no evidence that people had been harmed however, this was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Although there were adequate numbers of staff to keep people safe, this included the provider who told us they currently provide between 40-55 hours support per week. We were not assured that should the provider be unable to provide this support; effective contingencies were in place to ensure people still received the support they require.
● The provider had completed DBS checks on staff before they started to work for the service. However the provider was not clear about their policy regarding rechecking these.
● Following the inspection, a company application form, recruitment checklist and interview checklist were provided which the provider confirmed they will be using.
● Relatives told us they received care from a familiar staff team. One relative told us "It works well only having two staff. I don't think it would be good if [relative] had lots of people, continuity suits [relative]."

Learning lessons when things go wrong
● The service had a system to document accidents and incidents.
● Care workers told us they were confident using the process for reporting incidents or accidents.

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.

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

- People's needs were not always fully assessed prior to the service providing support. The provider visited people and their family in their home before they started with the service. We were told that the assessment completed was used as a care plan. Some assessments/care plans were not regularly updated to reflect people's current needs and were basic in the level of detail recorded. The provider acknowledged this lack of detail and advised that further detail would be added within a daily care routine that would be put in place. However, at the time of the inspection we were not assured systems were in place to ensure essential information was recorded within people's care records prior to receiving a service and this placed people at risk of harm.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their assessments/care plans. For example, gender, race, sexual orientation religious or cultural needs. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.

Failure to assess people's individual needs, including their health, personal care, emotional, social and cultural needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider had a Training Development and Qualifications Policy. This had not been completed and adjusted to meet the requirements of the service. A list of mandatory training that staff were required to complete was not available, therefore we were not clear that staff had received the required training to meet people's needs.
- The provider did not have a training matrix to show what training staff had completed and when refresher training was required.
- We found no evidence of up to date training certificates in staff files. For example, for one person a safeguarding training certificate viewed expired in 2020, and for another medication training was last undertaken in 2018. The provider confirmed that these were out of date and would ensure staff update their training.
- Staff did not receive training specific to people's individual needs. For example, catheter care. We were told that staff know how to support the individual as they had shadowed the provider.

● The provider told us that there was an induction process for new staff. One staff member told us, "I have an induction and was only allowed to do my job unsurprised when my employer was happy, and I felt confident." However, there was no record of this. We were therefore not assured that new staff had the necessary skills to support people appropriately.
● The provider told us that new staff carried out shadow shifts before being able to work alone. Staff confirmed they had completed shadow shifts, but these were not recorded. There were no records to show staff competency had been assessed during their induction and shadowing shifts to ensure they had the skills to support people safely.
● Although the provider was aware of the Care Certificate, only one member of staff had completed it with their previous employer although there was no evidence of this. 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.

Staff did not receive relevant training to enable them to carry out their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, an induction checklist was provided which the provider confirmed that they will be using.
● Relatives told us they were confident with staff skill and knowledge. When asked if they were felt staff were trained one relative told us "yes, it gives me peace of mind which I need at the moment, very pleased"
● Staff told us they felt supported in their role. One staff member told us "In the past year I have had face to face supervision and spot checks. Because we are small company we cannot get together as clients need to be covered, but we always communicate by text or call if any needs change and adjusted in care plan."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People received personal care from the provider and their health needs were met by other professional agencies.
● The provider told us that both they and family members liaised between agencies when healthcare support was required.
● People's care records showed how the service worked in partnership with other professionals, although the relevant documentation was not always up to date. For example a moving and handling care plan completed by an Occupational Therapist in February 2021 had not been reviewed and contained out of date information.

We recommend the provider reviews the processes in place for working with other agencies to ensure staff have access to up to date professional guidance.

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.

● We were not assured that the provider was working in line with the principles of the Mental Capacity Act 2005.
● Some people's relatives, without the legal power to give consent on their loved one's behalf had provided this consent. This meant best interests decisions had not been completed and there was a risk the person's views were not reflected in the decision-making process and that restrictive practices were not reviewed. Where people had appointed a legal representative to make decisions about their health and welfare they had not always been asked to do so.
● The consent forms viewed state that 'this will be reviewed annually or sooner should the need arise'. One person's consent form had not been reviewed, although their needs had changed, and this person now had a relative who has legal power to give consent.
● All staff had not received updated MCA training.

We recommend the provider researches current best practice guidance to ensure they are following the principles of the MCA and updates their practice accordingly.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported some people with nutritional needs.
● One person told us that " [Carers] are excellent cooks. I tell them what I want, and they cook it".

Good

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 good: This meant people's needs were met through good organisation and delivery.

Supporting people to express their views and be involved in making decisions about their care
- People were supported by a small team of staff who knew them well and had developed good relationship's.
- People were involved in the day to day decision making process. Staff always asked people's views before providing support.
- The provider had not completed an annual survey to seek people's views. The provider told us that as they frequently support people, they gain feedback during this time, but this was not recorded. One person told us that feedback is an, "Ongoing conversation, they are very adaptable, if I say I can't do it that week they will accommodate it."

Ensuring people are well treated and supported; respecting equality and diversity
- People and their relatives were extremely positive about how staff provided support. Staff had built up positive and caring relationships with people they supported. People told us they felt supported by care workers. Comments included "They are very good; I am very lucky. They don't need telling anything twice" and "I am always so pleased when they come and do things."
- Relatives told us the staff were kind and caring. One relative said, "Mum gets on fine with both of them, they are kind and caring". Another relative told us "I know what I wanted and got that with [provider]" and "I couldn't wish for any better."
- Staff told us "I love building a relationship with clients getting to know them."

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity and independence were respected and promoted.
- Staff understood the importance of supporting people to be independent. One staff told us "It's a very rewarding job and I very much enjoy helping people to live as independently and safely and to a way in which it works for them"

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

- The information within a number of assessments/care plans was limited and did not provide sufficient information to ensure people have choice and control, and to ensure their needs and preferences were met.
- Assessments/care plans lacked person-centred detail and guidance for staff. For example, one person's assessment/care plan stated that "Help is needed with daily washing/showering/dressing/continence tasks". There was no detail about how staff should support this person, such as if they liked to use a flannel or a sponge, if they could wash some areas themselves. We were told by the provider that staff know how to support the individual as they had shadowed the provider.
- Assessments/care plans did not cover the full range of people's needs or provide guidance for staff to ensure effective support. For example one person's assessment/care plan states that the person has a catheter fitted with no further detail regarding the support required in relation to the catheter.
- For another the assessment/care plan stated that support was provided "2 x 1-hour morning visits". The provider advised that this needed updating as they support for five mornings per week.
- Although it was not recorded, we were told that assessments/care plans and risk assessments were regularly reviewed to accurately reflect people's needs. However, as detailed above some care records viewed were not up to date.
- The impact on people using the service was minimal as it was a very small service and people had the same care workers who knew people's needs. Some people also lived with their families who were able to give input regarding care planning. There was a risk that new staff or in the case of staff shortages, agency staff would not know how to support people appropriately.

Care plans were not always personalised and did not provide care workers with the necessary information to provide person centred care to people who used the service. This was a breach Regulation 9 person-centred care of the HSCA 2008 (Regulated Activities) Regulations 2014.

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.

- Care plans captured people's preferred form of communication.
- One relative spoken too told us that staff were "Good at communicating at the level [relative] needs"

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People looked forward to staff visiting and said they enjoyed their company, which helped to avoid social isolation.

● Some people using the service lived with their families which helped to reduce social isolation. They also had consistent staff which helped the staff to understand about the people they were caring for and helped them to build relationships.

End of life care and support

● The provider told us no one using the service was receiving end of life care and support at the time of our inspection.

Improving care quality in response to complaints or concerns

● The service had a complaints policy in place. The provider advised that the service had received one complaint since being registered.

● We checked the complaints record and saw that the complaint had been investigated and overall action had been taken where required to address areas that had been identified and needing to improve.

● People who used the service told us that they had no complaints about the care provided.

● Due to the small number of people being supported by the service, the provider had regular contact with people and their relatives and was able to address issues before they escalated.

Inadequate

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A Care Quality Commission (CQC) monitoring call was held with the provider on 17 February 2022. The provider recognised that they required additional staff to enable them to undertake less care duties and complete managerial duties. They confirmed that they were recruiting an additional member of staff so the provider could spend more time on management processes and improving governance arrangements. This had not been actioned.
- The provider did not have a robust quality monitoring process in place to enable the effective management of the service. The registered manager told us that they currently provide between 40-55 hours care per week, this detracted them from the management and governance of the service
- The staff team was small, and they knew people and their families well. However, should the management of the service be unable to work at short notice the records did not contain adequate information to guide other staff members in the provision of care and support.
- The provider had a Business Continuity Plan template was available, but this had not been completed and adjusted to meet the requirements of the service.
- The provider had policies in place which had been purchased from a policy provider. These had not all been adjusted to reflect service requirements.
- The provider did not have a system in place to ensure staff had access to the providers policies and procedures. This meant they did not have clear direction and guidance if required.
- The service did not always have effective systems in place to monitor quality and safety. The registered manager had not fully established formal quality assurance systems or processes to enable them to assess, monitor and drive improvement in the quality and safety of people's care. During our inspection we highlighted a number of concerns and shortfalls with the provider.
- Audits and checks of medicines were not being completed. This meant the provider could not be assured that people were receiving their medicines safely. For example gaps in medication administration records (MARs) were not explored to ensure people had received their medicines.
- Although it was not recorded, we were told that feedback was routinely sought from people who use the service.
- There was not a robust system in place to ensure oversight of records relating to the care and treatment of people using the service contained up to date information and guidance. Although it was not recorded, we were told that care plans and risk assessments were checked regularly. However, we found some errors and information which needed updating as detailed within this report.
- Systems and processes were not in place to identify what training staff were required to undertake or

where staff training had expired. This meant there were staff that had not completed training, or it was out of date. This put people at risk of care that was not being given by competent staff.
● The system to monitor safe recruitment practices was not effective.
● Although the provider had identified areas which required improvement, there was no service improvement plan in place at the time of inspection or formed a plan or quality monitoring process to drive improvements. We asked the provider to send us an initial improvement action plan to address the issues found during inspection. This was received and included the recruitment of two new care staff, to enable the registered manager to undertake managerial duties and to improve the service. Although the service is not currently taking on any new people to support, the provider told us they had a waiting list. Assurances were given to CQC that when the two planned newly recruited care staff were appointed this would enable the registered manager to have the time to sort the issues identified and that the provider will not start to provide support to the people on the waiting list.

We found no evidence that people had been harmed however, systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider demonstrated a clear understanding of their responsibilities in regard to compliance of regulations and showed willingness to make the improvements required. They told us at the beginning of the inspection that they recognised they had fallen behind in their managerial role and quality monitoring because they had needed to undertake care visits.
● The provider was keen to grow and develop the service and welcomed all feedback to support this process.
● Care workers spoke positively about the support they received from the provider. One staff member told us "Management team and more than appreciable and are very willing to listen and support me." And "I feel I can raise any concerns with management, and it will be dealt with immediately."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider had not actioned a robust system for seeking feedback about the service from staff, people who used the service or their relatives and stakeholders.
● Although there were no records of service users feedback, relatives told us the provider regularly visited their home and they felt able to provide feedback on the care which they received during these visits.
● People and their relatives very much valued the care staff who supported them. People and their relatives praised the provider and care staff for the service that they receive.

Working in partnership with others
● Information within people's records demonstrated the provider worked with other health care providers to support the delivery of care, although the relevant documentation was not always up to date.

We recommend the provider reviews the processes in place for working with other agencies to ensure staff have access to up to date professional guidance.

● Feedback from professionals praised the service. One professional told us "They seem to go above and beyond for this lady in terms of supporting her with her care".

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

outcomes for people

● The provider had promoted a positive culture within the staff. Relatives were positive about the care and support they received. Comments included it "Couldn't be going any better" and "[Staff] have worked so hard and managed always to arrive for their visits whatever hazards and problems they have found on the way and despite all the Covid restrictions. We thank them very much and would recommend them to anyone."

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 service understood the underpinning principles of the duty of candour and had a policy in place.

● The provider understood their responsibility regarding the duty of candour. They were open and honest and took responsibility when things went wrong, for example they took immediate action following this inspection to put in place systems to improve the service.

● There was an open culture at the service, and the provider demonstrated a good knowledge of people's needs and the needs of the staffing team. Staff were encouraged to report all accidents, incidents and near misses.

● Relatives told us "I trust them to tell me anything I need to know"

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 had failed to carry out thorough assessments of people's care needs. Care plans were not always personalised and did not provide care workers with the necessary information to provide person centred care to people who used the service. This was a breach Regulation 9 person-centred care of the HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not in place to ensure people were protected from abuse and neglect. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment practices were not safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive relevant training to enable them to carry out their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Medicines were not managed safely, people were at risk of unsafe care and support due to inadequate risk management processes and infection control practices were not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

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Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

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