

Tamworth Home Care Limited

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tamworth Homecare Limited is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to children aged 4 years to 18 years, to people with a learning disability or autistic spectrum disorder, to people with a sensory impairment or physical disability and to people with dementia and to younger and older adults.

People had individual packages of care ranging from 15-minute care calls to 24-hour supported living. At the time of our inspection the service was supporting 97 people; younger and older adults who were receiving 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.

We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support: The service did not always follow a Model of Care that maximises people's choice, control and independence.

Risks associated with people's care were not always assessed and staff did not always have important information available to them to prevent risks of potential avoidable harm. Where risks had been identified, the management of those risks were not always sufficiently recorded to demonstrate people had received the right support.

Staff had received training, and some had the right skills enabling them to provide the right support. However, some staff lacked skills and knowledge or had not always completed the training they needed.

Overall, staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Overall, people were supported by staff who understood and were trained in recognising the signs of abuse. However, people had not always been protected from abuse.

Some people experienced consistency in their care staff and were happy with their care and support. However, other people experienced inconsistencies with their care staff and were not always satisfied with the care received. People's preferred communication needs had been assessed, but systems were not always in place to ensure people and / or their relatives could access plans of care or notes made by staff in an accessible format. Not everyone knew they could request access to the electronic 'app' for their care plan.

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; overall the policies and systems in the service supported this practice.

Right Care: Care was not always person-centred. The service did promote people's dignity, privacy and human rights

People's needs were assessed, and everyone had a plan of care. Overall, these were personalised, but a few people's plans of care contained information that was either not relevant to them or was contradictory because information had not yet been updated. Some areas of risk management needed improvement.

Staff supported people's privacy, dignity, and cultures. Training was available to staff on human rights and protected characteristics under the Equality Act.

Overall, staff were aware of people's nutritional needs and supported people to eat and drink where this was required.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services led confident, inclusive and empowered lives.

The provider had not always had effective oversight of the service. Whilst the registered manager had some systems and processes in place to make checks on the quality of the service, these had not identified issues we found where improvements were needed.

Records across the service were not always clear to demonstrate effective systems were in place to capture people's feedback and demonstrate any issues for improvement had been acted upon. Staff recruitment checks had not been fully completed and / or recorded before they started to work for the service to confirm they were safe and suitable to work with people.

People and relatives felt some staff demonstrated a positive, caring attitude but this was not everyone's experience.

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

Rating at last inspection

The last rating for this service was requires improvement (published 15 March 2023).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns shared with us from staff and complaints about poor care services from relatives. Two local authorities had shared recent reports with us where they found improvements were needed.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full 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.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, fit and proper persons employed and

good governance at this inspection. You can see what action we have asked the provider to take at the end of this full 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.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not 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 ●

Tamworth Home Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 2 inspectors and 2 Experts 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

The provider (owner of the business) was the nominated individual. They had registered with us as a (second) manager but had delegated day-to-day management of the service to their employed manager who was also registered with us. It is this person, within our report, we refer to them as registered manager.

During our inspection, we were informed the nominated individual intended to de-register as manager with

us. They would retain their role as nominated individual. The nominated individual is responsible for the oversight of the regulated activity and service management.

Notice of inspection

This inspection was announced. We gave short notice on 5 July 2023 to the registered manager. This was so they would be available to support the inspection process. We sought feedback through telephone calls to people, relatives and staff on 7, 10 and 11 July 2023 and also visited a 24hour supported living service on 11 July 2023. We undertook a visit to the provider's office location on 12 July 2023.

Inspection activity started on 5 July 2023 and ended on 12 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. The local authority purchase packages of care when people do not purchase their own care and support. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all the information to plan our inspection

During the inspection

We had telephone conversations to gain feedback on the service from 9 people and 18 relatives. We visited 1 person and gained their feedback. We also spoke with 7 care staff, 2 care coordinators, 1 field supervisor, 1 senior carer and the training coordinator and registered manager.

We reviewed a range of records. This included 11 people's care plans, risk management records and medication administration records. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 5 staff employment records.

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 as requires improvement. The rating for this key question has remained requires improvement. This meant people were not always safe or protected from avoidable harm.

Assessing risk, safety monitoring and management

- During our inspection we were made aware of a near-miss moving and handling incident where potential avoidable harm to a person could have occurred. We discussed this with the registered manager who confirmed they had been made aware of this 4 days prior to our inspection. However, the registered manager confirmed they had taken no action to investigate or ensure the person's safety. The registered manager reflected that they should have done so. At our request the registered manager commenced an investigation and took action to ensure the person's safety.
- Whilst most risks were assessed and risk management plans were in place to inform staff on safe practices, this was not consistent. For example, we found no detailed guidance to inform staff how to safely attach a hoist sling for 1 person who used a hoist for transfers. Not all staff understood how to use this person's sling and they did not have important information to refer to within the person's care plan. This posed potential risks of harm.
- One person had diabetes and guidance to staff directed them to take specific actions based on the person's blood glucose reading. However, the plan of care stated this person had no blood glucose monitoring machine, so staff were unable to follow the directions.
- Another person had a diagnosis of mental ill health which included high levels of anxiety. This person had no risk management plan to guide staff on actions they should take if they observed a deterioration in this person's wellbeing.
- Where people had identified risks, the management of those risks were not always sufficiently recorded to demonstrate people had received the right support because risk management plans were not in place. For example, 1 person was dependent on staff for all their hydration and nutritional needs but ate and drank very small amounts. This person had no risk management plan related to their hydration or malnutrition needs.
- Staff daily notes recorded 1 person had skin damage. We acknowledged the district nurse was involved in supporting this person, but there was no care plan or body map for staff to follow related to the current skin damage. Senior care staff told us they were unaware this person had any skin damage.
- Some people had specific health conditions, including asthma, chronic obstructive pulmonary disease, arthritic conditions and Parkinson's Disease. However, basic information to inform staff about these conditions and how they impacted the person was not always included in their care plan. This meant staff did not always know what they should observe for and actions to take if deterioration was observed in the person's day to day wellbeing.
- At our last inspection, the registered manager informed us they had taken action to address staff not always following the provider's dress code policy. At this inspection, we saw senior care staff had long nails and had undertaken care calls to people. This continued to present a potential risk of skin damage to

people during personal care. This meant previous improvements had not been sustained and the registered manager's expectations were not role-modelled by all senior care staff.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- We could not be assured that staff had always been recruited in a safe way. Of the 5 electronic staff files reviewed, we found missing information on each. For example, 2 files contained no references. The registered manager confirmed to us important information was missing and told us, "These were before my time as manager here, I agree the information should be there."
- The registered manager assured us Disclosure and Barring Service (DBS) checks had been undertaken for all staff. However, on 1 staff's records a disclosure about previous convictions had been made, but we found no risk assessment had been completed by the registered manager or provider. On another file, we saw 1 staff's most recent DBS was dated 2018. There was no evidence to show further checks had been completed to ensure information remained current.
- The registered provider had not ensured that the registered manager had any process or system in place to undertake ongoing checks on staff to ensure they remained suitable for employment. The registered manager told us, "I am not aware of any system we have and have never re-done any DBS checks yet on staff."

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and senior care staff were committed to ensuring care calls were covered. The registered manager told us they had sufficient staff and there had been no missed care calls. Feedback from people and relatives informed us about 2 missed care calls but these had been attributed to missed communication related to hospital discharge times.
- There was a care call monitoring system which senior care staff had oversight of. Whilst some people and relatives told us they had experienced late calls, of up to an hour, the records we spot checked showed care calls had taken place within the agreed slot.
- All senior care staff that were office-based also covered care calls and on occasions this included the registered manager. Whilst this ensured care calls took place, it potentially impacted negatively on other areas of managerial oversight of the service.

Systems and processes to safeguard people from the risk of abuse

- People had not always been protected from incidents of abuse. We found no investigation record related to a specific allegation and no actions to put safeguards in place. During our inspection, the registered manager amended a person's care plan to include additional checks to reduce future risks.
- Whilst the registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse and serious injury, they had not always identified when an incident was potential neglect and had not always sent notifications to us (CQC) in a timely way as legally required.
- Most people and relatives told us they felt protected from the risks of abuse. One relative told us, "They (staff) all wear their uniforms and identity badges."
- The provider had a safeguarding people from abuse policy and staff were trained in safeguarding people. Staff spoken with told us they would report any concerns they had to the registered manager.

Using medicines safely

- Staff had completed training in the safe handling of medicines and medicine administration records reviewed showed people had received their medicines as prescribed.
- Some relatives felt training in the safe handling of medicines needed to be improved on. For example, one relative told us, "Staff nearly gave my medicines to my relation in error."
- Since our last inspection, improvements had been made to ensure people had body maps in place to guide staff where to apply topical preparations, such as creams, to people's skin. A recent local authority quality monitoring visit (June 2023) found that further improvements were needed to ensure body maps were always in place where needed.
- Improvements had been made to introduce body maps to ensure people who were prescribed medicines through transdermal (skin) patches, received their medicines as prescribed and in a safe way according to the manufacturer's instructions. However, these had not always been effective in ensuring safe practices were consistently followed by staff.

Preventing and controlling infection

- At our last inspection, concerns had been shared with us about some staff not wearing uniforms on care calls and not always using personal protective equipment (PPE). Feedback reflected improvements had been made and spot checks on staff were recorded to have taken place.
- Staff had access to stocks of PPE and used these when supporting people with personal care. Staff continued to wear face masks in line with the provider's policy to reduce risks related to COVID-19.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents so learning could take from them and reduce risks of reoccurrence.

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 as good. At this inspection the rating for this key question has changed to requires improvement. This meant people's outcomes were not always good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they received an induction and completed the Care Certificate. Some staff told us they felt their induction was useful, whilst others felt it could be improved on and less rushed. The Care Certificate is an identified set of standards for health and social care workers giving them introductory skills and knowledge.
- Staff were trained in moving and handling and how to use one type of hoist in a training room. However, the provider's moving and handling trainer had not ensured staff were always taught how to safely use equipment in people's own homes. Equipment in people's homes included different types of mobile hoists, ceiling track hoists, sling types and stand-aid equipment. The registered manager told us this training was delegated to care staff who were not moving and handling trainers.
- Checks on staff's skills took place and the registered manager told us 'competency assessments' were planned for at 3 monthly intervals. This meant where a new staff member had received training or completed self-guided study, they might not have their competency assessed whilst supporting a person in their home until 3 months later. This potentially meant gaps in staff's skills and knowledge was not always acted on in a timely way.
- During our inspection we received two separate concerns from relatives about a few staff's lack of skills related to using moving and handling equipment. The registered manager told us they would look at how improvements could be made.
- Staff had developmental opportunities. Refresher training was offered and numerous online learning courses.
- Staff told us they attended team and individual meetings with senior care staff.

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

- The registered manager had not always made referrals to healthcare professionals, on behalf of people, when their needs had changed or to seek professional healthcare guidance.
- Staff supported people and relatives to access healthcare support. One relative told us, "They (staff) are good at talking to us and they point out anything that may require the doctor or district nurse to take a look."

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

- Overall, people were supported with their nutritional and hydration needs where this was an agreed part of their care and support. One staff member told us, "The person's relative buys food for me to cook fresh

meals for the person I support." A relative told us, "Staff prepare microwave meals and always leave a drink with my relation." However, another relative had needed to raise concerns to the registered manager when their relation's nutritional support needs were not always met.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people. People were supported in their own home, and they were not restricted by staff in how they lived their lives.
- People's plans of care contained mental capacity assessments. Where people had variable mental capacity, for example, due to living with dementia, those involved in decision making were recorded. The registered manager understood their responsibilities under this MCA.

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 as good. At this inspection the rating for this key question has changed to requires improvement. This meant people were not always supported and treated with dignity and respect; or 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

- We received mixed feedback from people and relatives. Where feedback was negative, we found themes were around staff not consistently demonstrating a caring approach towards people. This was due to staff not always having the skills they needed, not always following the provider's policies and not always following the person's agreed plan. These issues are further reported on in the other sections of this report.
- People's and relative's experience of care varied depending on the staff undertaking the care call. Positive feedback was shared with us about the caring approach of some care staff, described as 'regulars'. One relative told us, "My relation always has the same staff, they support her really well, have a great rapport and the standard of care is the same from them."
- Another relative told us, "The regular staff are good, efficient and know what they are doing. But, when other staff cover, the standard of care has been from poor to bad." A further relative told us, "I look out of the window to see which staff arrive and sometimes I think, 'oh no'. Everything is fine with the regulars but not those who cover, they don't have the skills needed."
- During our inspection, we observed positive caring support from a staff member with 1 person in their home. A staff member told us, "When I have regular clients, I know them well and how they like things done. But our care runs change so much, I don't see the same clients all the time."
- The registered manager and senior care staff responsible for rota planning told us they aimed to provide consistency in staff undertaking care calls to people, but this was not always possible due to staff changes and leave.
- People and relatives felt they had been involved in planning their care. However, a few relatives told us that when they raised concerns about agreed needs not always being met, it was suggested they could always go to another care agency.
- The registered provider had no equality and diversity policy for people they supported. The registered manager and senior care staff who completed initial assessments told us people were verbally asked and any protected characteristics shared would be fully respected. Online training opportunities were available to staff to inform them about protected characteristics under the Equality Act.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. Staff gave examples of how they covered people with a towel during personal care.
- Staff demonstrated an understanding of why people's independence was important. One staff member told us, "I support [Name] and they like to be independent in washing up their crockery, but they can no

longer do it properly. Often dirty dishes are stacked on the rack. I do not say anything to them as it would be upsetting, but I just re-do the items when the person is in the other room."

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 as good. At this inspection the rating for this key question has changed to requires improvement. This meant people's needs were not always met through good organisation and delivery.

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

- Overall, people's care was planned, and most care records were personalised. A section called 'About me' gave staff personal information about people and what was important to them. However, plans of care were not always fully personalised because a template used for care planning had not always been adapted by senior care staff when plans of care were agreed, written and put into place for staff to follow. For example, one person, who did not have a catheter, had detailed information for staff to follow about caring for a catheter.

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.

- People did not always have information available to them in a format they could access. For example, the service supported people with a learning disability. One person's care plan stated they could not read but they had no alternative format available to them about their agreed plan of care.
- We discussed the importance of information being in accessible formats, and paper versions where people may not be able to access their electronic records, with the registered manager. They recognised this and assured us these would be in place for people before the end of August 2023.
- Most people's plans of care, medication records and daily notes were all electronic. The registered manager told us that people and relatives could request access if they wished to. However, not everyone knew this. One relative told us, "I didn't know I could have access; I will ask about this."
- People's communication needs had been assessed and was documented in their plan of care. For example, staff were directed to give 1 person time to process information and answer.

Improving care quality in response to complaints or concerns

- People and relative's feedback showed they had different experiences of how their concerns and complaints were handled. Some felt issues were listened to, addressed and resolved. However, numerous people and relatives shared examples of feeling they were not listened to by the registered manager or senior care staff and their concerns were not resolved.
- We discussed people's and relative's different experiences in how concerns and complaints were handled with the registered manager. They told us they had recognised that not all verbal concerns and complaints

were recorded by staff and felt this had impacted on their ability to fully be aware of issues raised.

- The registered manager told us they had recently directed staff to record all verbal concerns and complaints in the same way as written complaints. The registered manager hoped this change would enable them to have increased oversight and handling of concerns and complaints.
- The provider had a complaints policy, including an accessible format version, which was available to people and relatives. Some people and relatives had no complaints and were happy with their care and support.

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's plans of care gave staff information about their hobbies and interests. Numerous people and relatives described being able to 'chat' and 'laugh' with their regular care staff.

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 as requires improvement. The rating for this key question has remained requires improvement. This meant the service was not always well managed or well-led. Leaders and the culture did not always promote high-quality, person-centred care.

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

- The registered provider, who owned the business, was the nominated individual. The registered manager informed us the nominated individual visited the service about every 3 or 4 months. The registered manager added they were able to phone the nominated individual if they had a problem.
- Service audits completed by the nominated individual had not always been effective in ensuring a safe and quality service was consistently provided. For example, their last audit dated May 2023 recorded 'all staff files are up to date', which we found they were not. Also, that 'all required training courses completed by all staff' but we found staff were supporting people with specific needs and had not completed training in that area; such as supporting people with a learning disability.
- In the absence of the registered manager, there was no staff member with delegated responsibility in the office to deputise for them. No other staff member in the office had access to the CQC provider portal which meant there were potential risks of information not being shared with us, as required, in a timely way.
- Some quality checks were in place, but these were not always effective. For example, checks on care plans had not always identified the issues we found. This included missing information in risk management. This meant staff did not always have the information they needed to refer to when undertaking care calls to people.
- Reviews of care plans had not always identified where information was incorrect. For example, where templates had not been amended to personalise care.
- Quality checks on staff's records about care tasks completed were not always effective in identifying where improvements were needed. For example, 1 person's 'tasks completed' had no record of staff supporting them with an incontinence pad change for 7 days.
- Some quality checks had yet to be put into place. For example, staff recruitment files were not audited to ensure they contained the information needed. This meant opportunities were missed to identify where improvements were needed.
- Improvement was needed to some records to ensure they contained the information needed to enable the registered manager to have effective managerial oversight. For example, the training matrix did not record the actual dates training had been completed by staff, but only the date when topics were next due. This meant there was no clear record of when training had been completed because the frequency of topics was also not recorded.
- Spot checks on staff took place but had not always identified where improvement was needed. Whilst additional training topics were offered to staff, the registered manager had not ensured these were completed before staff supported people with specific needs. For example, one staff member told us, "I

support a person with a learning disability but have not done training in this."

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- In conversation with the registered manager, they were able to explain what was meant by duty of candour and the importance of being honest and open.
- Whilst the registered manager understood when they should send statutory notifications about specific events, they had not consistently sent to us (CQC) in a timely way as required.
- Whilst the last inspection report and rating was displayed in the provider's office, the registered provider had not updated their website. This was potentially misleading to people reviewing information about the service.

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

- Staff did not always feel supported by the registered manager or senior care staff. Some staff shared with us that they felt they had too many care calls, often with additional ones being added throughout their working day.
- Some staff told us that they did not have time to take a break to eat or drink between their morning care calls and starting their lunchtime care calls. A relative told us, "The staff show us they are getting too many extra calls during the day, plus they work all day without a break, we can see they are tired."
- Some people and relatives recalled they were asked for their feedback on the service received. One relative told us, "Someone comes about once a year to check everything is okay."
- Prior to our inspection, the registered manager had recognised that they need to make improvements on how feedback, concerns and complaints were received, recorded and handled. A new system was in the process of being implemented which would give them greater oversight.

Continuous learning and improving care; Working in partnership with others

- The manager had been registered with us since May 2022 and was committed to continuous learning. They were part of local provider groups where information was shared.
- The registered manager was open to the feedback from two recent local authority quality monitoring visits which they told us about and where the need for improvements had been identified to them. They were also receptive to our feedback during our inspection and told us they would act on the signposting we had shared with them.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider and registered manager had not always assessed risks to the health and safety of service users. The registered provider and registered manager had not always done all that was reasonably practicable to mitigate risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider and registered manager had not always ensured persons employed for the purposes of carrying on the regulated activity were of good character.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider and registered manager had not always effectively assessed, monitored or improved the quality and safety of the services provided in the carrying on of the regulated activity. The registered provider and registered manager had not always effectively assessed, monitored or mitigated the risks related to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p>

The enforcement action we took:

Warning Notice