

London Care Limited

# London Care (Rochester)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 27 and 29 September 2016, and was an announced inspection. The provider was given 24 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

London Care (Rochester) is a domiciliary care agency, which provides personal care to people in their own homes, who require support in order to remain independent. At the time of the inspection it provided a personal care service to approximately 476 people with diverse needs such as dementia, older people, learning disabilities and physical disabilities.

There was a registered manager at the service. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection on 22 and 25 September 2015, we found breaches of Regulation 9, Regulation 11, Regulation 12, Regulation 13, Regulation 16, Regulation 17 Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of regulation 18 CQC (Registration) Regulations 2009. We asked the provider to submit an action plan by 07 December 2015. The provider submitted an action plan on 07 December 2015 which showed how they planned to improve the service by 28 February 2016. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

During this inspection, we found that London Care (Rochester) had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

The registered manager and staff carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider.

The agency had processes in place to monitor the delivery of the service. As well as talking to the provider at spot checks, people could phone the office at any time.

The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

### Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The registered manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Records were clear and robust.

# London Care (Rochester)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 29 September 2016 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

Our inspection team consisted of one inspector and was supported by three experts-by-experience who made phone calls and spoke with people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts by experience had knowledge and understanding of community health services and residential care homes. An additional inspector made calls to staff members after the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection, we made contact with 28 people who used the service and one relative. This was to gather their views and experiences relating to the service they received.

We visited the agency's office in Rochester area of Kent. We spoke with the registered manager who have many years of experience working within Health and Social care sectors and the regional director who supported the registered manager with the inspection. We also spoke with two office administrators, one supervisor, one compliance staff and three care workers.

During the inspection visit, we reviewed a variety of documents. These included 20 people's care records,

which included care plans, health care notes, risk assessments and daily records. We also looked at seven staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

# Is the service safe?

## Our findings

At our last inspection on 22 and 25 September 2015, we found the lack of updated safeguarding policy, lack of some staff knowledge and skills in how to keep people safeguarded and failure to notify CQC of a safeguarding matter. Risk assessments had not always been completed in detail. There were insufficient numbers of staff employed to carry out visits. We also found that medicines were not always appropriately managed to ensure that people received their medicines as prescribed. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, "Definitely safe, they wear uniforms and have ID cards. I have one carer four times a day and our normal carer is off every other weekend", "yes I feel safe with them. I have my regulars unless someone is off. They are very good and they do turn up on time more or less. They wear a purple top and have their ID."

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. One office staff said, "This is making sure people are in a safe environment. I will contact social services if there are any concerns. I can raise a safeguarding by completing a referral form and inform my line manager. I can contact CQC if needed." Another staff said, "Safeguarding is protecting vulnerable people from harm." This showed that staff were now knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse. Staff spoken with understood what whistle blowing is about. They were confident about raising any concerns with the provider or outside agencies if this was needed. A member of staff said, "I have whistle blown in the past to CQC, so I know what it is about. It is about reporting bad practice which are unchecked."

Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I will tell the manager if I observe bad practice." This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

At this inspection, we found that in all the 20 care plans we looked at, all risk assessment forms had been reviewed by newly recruited supervisors and a compliance officer. A new medication risk assessment form had been introduced, which was detailed and covered all areas of medicine associated risks. We found that there was a robust system of ensuring that before any care package commenced, the supervisor carried out risk assessments. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in



and out of their bed or to a wheelchair. We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. Both the registered manager and compliance officer viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. The compliance officer told us that once an accident had been reported by the care staff, the information is recorded on the computer. We looked at completed incident and accident reports over the last three months on the BRS (Branch Reporting System). The information showed steps staff had taken to support people following an incident or accident. For example, calls had been made and emails had been sent to healthcare professionals in response to one person falling at home. The care package was immediately reviewed and increased staffing was put in place. The registered manager told us that they reviewed accidents and incidents and took action which included emailing the person's care manager and other agencies if required. People's care plan had been updated to ensure that staff were aware of the action that they needed to take to minimise the potential risk to the person's safety.

Staffing levels had improved since our last visit. Staffing were provided in line with the support hours agreed with the care manager and the person receiving the service. The registered manager said that staffing levels were determined by the assessed needs when they accepted to provide the service and also whenever a review took place. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. We asked people if they felt staffing was adequate and if they felt safe with carers. They commented, "I feel very safe because I have my regulars now" and "Oh yes, I have the staff in the morning and in the evening. I always feel confident when they come."

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. This meant that people could be confident that they were cared for by staff who were safe to work with them.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people such as prompting. Care staff were informed about action to take if people refused to take their medicines. For example, the agency had designated six medicine officers to be responsible for medicine audit following our last inspection. We spoke with one of these officers and they told us that as a result of the audit carried out, they found that care staff had not been recording application of creams on the MAR chart. They took action by calling the staff involved into the office to address these and also ensured they undertook an 'impact training' training, which was introduced after our last inspection. The newly introduced 'impact training' is about 'the impact and consequences of getting it wrong, preventing harm, importance of gaining consent to care, Mental Capacity Act and support to

safeguard'. This showed that the provider had taken all necessary steps to keep people safe whenever administering medicines.

There was an emergency plan which included an out of hours' policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place, which meant that the service could be operated during severe, adverse weather and any other form of disruption to service provision.

## Is the service effective?

### Our findings

At our last inspection on 22 and 25 September 2015, we found that all staff including office staff had not been trained in areas that are required to meet people's needs. Staff were not supported through individual one to one supervision meetings and appraisals. We also found that Mental Capacity Act 2005 (MCA) training had not been given to staff and they did not have an awareness of Deprivation of Liberty Safeguards (DoLS). At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

The registered manager told us that staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Care Certificate' by Skills for Care. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. Staff told us they received a lot of training. One staff member said, "I started with training, that was intensive, but I learnt a lot." We reviewed the training matrix and found this showed training which included; safeguarding, dignity and respect, infection control, moving and handling and administration of medication along with more specialised such as catheter care and dementia. On the two days of our inspection the registered manager had arranged a training session for the staff and these were well attended.

Staff were supported through four different types of supervision namely, themed, onsite/spot check, office based and team meetings. Both one to one supervisions and team meetings took place every three months. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. Staff told us that the provider would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work. Themed supervision were carried out

whenever there were situations that required a supervision to be addressed. Office supervisions are when care workers are requested to come to the office for a one to one meeting. The group policy stated 'All employees will have an office-based supervision session with their line manager at least every three months. On-site supervision at least once every six months and group supervision (team meetings) will be carried out via three monthly staff meeting'. All staff files we looked at showed that everyone had received a form of supervision within the last three months. This showed that the registered manager adhered to their policy in ensuring staff received adequate support.

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people. Records confirmed that supervision and annual appraisals had taken place.

Staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The supervisors carried out a mental capacity assessment at the first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. They also ensured they saw evidence of lasting power of attorney. A lasting power of attorney (LPA) is a legal document that lets someone (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Staff sought and obtained people's consent before they helped them. One person told us "At the moment they are very good, they ask permission if they feel it's necessary as we get on well together". Another person said, "Yes. They ask me before doing anything". Staff checked with people whether they had changed their mind and respected their wishes.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. One relative said, "She has support with all her meals. She has frozen meals which they put in the microwave, but they'll ask her which meal she wants." Staff were aware of people's nutrition, hydration and special diet needs. A member of staff said, "I always make sure people have plenty of fluids. We get to know what people like but we encourage a healthy diet."

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses and GP in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. People commented as follows, "Yes, they do meet my healthcare needs. Previously I had blood in my water and the carer immediately rang the office and they organised for me to see a medic", "If they think I need to see a District Nurse or the G.P. they'll ask me whether I want them to ring or whether they contact my daughter" and "One time I had a nasty fall and the carer rang for the ambulance."

## Is the service caring?

### Our findings

At our last inspection on 22 and 25 September 2015, people who used the service told us that office staff who handled phone calls did not treat them with dignity and respect. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People told us, "Our regular girls are wonderful, they know what to do", "The regular girls are great more like friends than carers. So kind and considerate especially with my (wife), they can't do enough for her", "My regular girl is wonderful, so good, I can't fault her in anything and it's rare that you can say that", "They are very kind, the carers I have at the moment, very good" and "Definitely. The girls are lovely, but the office is the problem. My daughter wants me to change from this company because of all the things that go on (late visits, change of carer etc.), but I won't because I really like the care the girls give me."

We found that following our last inspection visit, the provider had provided training in 'Customer Services and Telephone' for office staff. The training covered improving knowledge and confidence, define our customers, their care and importance and telephone etiquette. This showed that the provider had implemented appropriate training for office staff, which will ensure improved relationship between them and the people.

We found that people were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. One person said, "My two sons are involved in my care plans. The service will ring my sons." Another person said, "When I first joined London Care I was asked whether I would mind a man washing me down. I said I would prefer a woman and that's all I've had."

The agency had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. An administrator said, "If we are informed by the carer that they are running late for a call, we can send the supervisor in. We can take the visit off the carer and give to another person."

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. One person said, "They are good with confidentiality."

# Is the service responsive?

## Our findings

At our last inspection on 22 and 25 September 2015, we found that people's needs were not always fully assessed with them before service started to make sure that the agency could meet their needs. The care plans were not person centred to reflect the person's life, aims and aspirations and were not always appropriately detailed. We also found that while most complaints were responded to within specified timeframe, we found that some were not. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, "I've never complained but I would just ring the office" "I don't remember any complaints sheet or anything like it." and "Yes, I do. I would take it up with the company and if I didn't get any satisfaction I would go to the CQC."

The new supervisors carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The compliance officer checks the information gathered by the supervisors before the care plans are developed. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The supervisors carried out care reviews whenever necessary with people and were in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required. The BRS system indicated when a review is due and the compliance officer allocates to the supervisor. The compliance officer said, "Our BRS system allows us to know the review dates of people's care plans and other thing for example if someone is in hospital, which is helpful." We were shown how the system worked by the compliance officer.

The agency's 'service quality survey' responses on the May 2016 survey showed that people were satisfied with the service provided by London Care (Rochester). People had been asked to confirm their views about the service by answering questions. Completed feedback form asked people 'How involved were you in the planning of your service?' 53% said 'totally involved' and 36% said 'somewhat involved'. 'Do staff uphold your dignity?' 73% said 'always' and when asked 'Would you know how to complain if you were not happy with your service?' 80% said 'Yes' and 20% said 'No'. We saw action plan in place which were on going to resolve areas where they had not achieved 100%. For example, the registered manager told us that they had started hand delivering complaints procedures to people's homes where those in the service user guide had got lost or missing. We saw other action plans in place that the registered manager and staff are working on to achieve 100%. The registered manager also carried out 'quality assurance telephone check' on people who used the service. The result showed the registered manager had been responding to feedbacks received. For example, one person requested a change of care worker. We saw that the registered manager responded immediately by changing the care worker and initiated a monitoring system. This showed that the registered manager and staff listened to people and were acting on their comments.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). The complaints procedure gave information about how long it would take for the provider to respond to complaints. We found that all complaints were responded to within specified timeframe. For example, a complaint logged on 08 June 2016 was investigated. The social worker informed of the completed investigation on 09 June 2016. The family was satisfied with the outcome. This showed that people now have confidence in making a complaint and are assured this would be responded to within specified timeframe.

The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.



## Is the service well-led?

### Our findings

At our last inspection on 22 and 25 September 2015, people told us that the agency was poorly led, with a lack of communication from the office staff and the inability of being able to talk with the registered manager. We also found that there was a lack of an effective quality assurance system. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

We asked people whether they thought the service was well managed. We got a mixed view. People said, "Yes. Sometimes when a carer can't find the exact place, they'll call me to ask. And if there's going to be a new carer, they'll call me and tell me their name.", "Yes, on the whole", "Reasonably. On a scale of 1-10, I'd say it was an 8 (10 being the highest)." And "I don't know who the manager is, it changed recently, but they don't tell us, and I don't know anyone's (office) name"

Our discussions with the registered manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. Staff commented, "I can approach the manager and she will respond. I feel much supported", "The registered manager is approachable and strong" and "I feel listened to and can make a difference."

The management team included the regional manager who is also the registered manager and the branch manager. The registered manager was familiar with their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. Other staffing includes one compliance officer/team leader, six coordinators, four field care supervisors, one administrator, one recruitment consultant, one recruitment administrator and one trainer. All had set targets for staff supervisions, spot checks, risk assessments, care reviews and telephone monitoring and this work was on-going. It was clear that the registered manager showed a passion to ensure that people were looked after to the best of their ability. .

London Care (Rochester) had a clear aim which stated, 'Our aim is to deliver care which improves the lives of our service users and that treats them, and their families, with respect, dignity and compassion. We believe that our services should not only comply with regulatory standards, but that they should also deliver excellence and promote overall wellbeing'. We asked staff if they were aware of the organisation's values. A member of staff said, "Provide quality care within own homes while maintaining independent and dignity". This showed that staff were aware of the organisation's values.

Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. Members of staff commented, "The managers are very professional. I can go to them at any time.", "Yes I am supported by the manager and the office staff, we sometimes get a well done." and "I can get hold people out hours and at weekends if I need to ask or if I am over whelmed and worried about something."

People told us that communication with the office staff was not good. They said, "I've got no complaints



about the girls, it's the office staff who mess us about.", "I'm not happy with communication from the office about who's coming and if they are going to be late, if it's going to be different staff. Weekends can be problematic with staff." and "The office never rings me if they're late." However, we found evidence that the registered manager had recently trained office staff on 'Customer Services and Telephone'. This training will eventually improve communication between office staff and people who used the service.

Communication within the agency was facilitated through meetings every three months. This provided a forum where staff shared information and reviewed events across the agency. Record of staff meeting we saw was dated 11 July 2016. Areas discussed included, care delivery, staff trainings and reflective practices amongst staff. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support to an appropriate standard. The registered manager had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and the other records written in people's homes about the care provided. These had been checked and signed by the reviewer each time they were returned to the office each month. We spoke with the registered manager about these checks and they said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary. There was a process in place to identify whether people were getting their calls at the times that had been agreed. Other areas of audits carried out were medication, care plans and recruitment audits. This showed that the registered manager had implemented adequate quality audit system to ensure people's needs were met.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Staff knew they were accountable to the provider and the registered manager. They said they would report any concerns to them. The provider had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.