London Care Limited

London Care Abbotswood

Inspection report

Abbotswood
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
London Care Abbotswood is a domiciliary care service providing personal care to 30 people older people at the time of the inspection. This service provides care and support to people living in specialist 'extra care' housing. People using the service lived in a block of 62 flats within one building in Rustington.

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

People's experience of using this service and what we found
The provider had not ensured that the systems and processes to assess, monitor and improve the quality and safety of the services provided were sufficiently robust. Quality assurance checks had been carried out but were not always effective at addressing and resolving areas in need of improvement.
Records were not always complete and accurate. When people had specific health diagnoses, there were not always plans in place to support staff to provide safe and consistent care. The provider had not always ensured that staff were suitably skilled to meet people's different needs. The provider had not ensured that professional boundaries between staff and people had been maintained.

The provider had not ensured the correct notification of all incidents had been sent to CQC as required.

Risks to people's health, safety and wellbeing were not always appropriately identified and planned for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records did not always accurately reflect this.

People told us they felt safe. Staff understood safeguarding and how to report any concerns about people's wellbeing and abuse. There were enough staff available to meet people's needs. Medicines were managed safely. Infection prevention and control was well managed. When things went wrong, lessons were learnt and ways to reduce the risk of reoccurrence were put in place.

People needs, and preferences were assessed before they started receiving support from staff. Staff were supported with training, such as supporting people living with dementia and specific health conditions such as Parkinson's and diabetes. People were supported with preparing meals and drinks, as needed. People were supported to access health care support as needed.

People were involved in making day to day decisions about their support and reviewing their care and support. People's privacy and independence was respected. Care plans and assessments were regularly reviewed and updated when things changed. People were confident to complain if they need to, and

complaints were responded to in an effective and timely way. People were supported in a dignified and personalised way at the end of their lives.

People's views of the service had been sought, and action taken where appropriate. Staff worked in partnership with other professionals.

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 14 January 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches of Regulations in relation to good governance and notifications of incidents at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

London Care Abbotswood

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 Care Act 2014.

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

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we wanted people to be aware that we were visiting. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with four professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found that accident and incident records did not always include investigation or actions taken to reduce the risk of reoccurrence. This was an area in of improvement.

Learning lessons when things go wrong

- Following our last inspection, the registered manager had worked with the provider's quality team to improve the recording and response to accidents and incidents.
- Staff understood what to do in the event of an accident or incident. One member of staff told us what they would do if a person fell. They said, "I'd make sure they were alright. If needed, I'd call 999 and wait for the ambulance. I fill in a form and body map if they are injured."
- When things went wrong, lessons were learnt. For example, one person was found on the floor following an unwitnessed fall. Staff offered the person medical attention and considered how to reduce the risk of the person falling again. This included ensuring the person was wearing the correct footwear, moving furniture in the home, ensuring the person had a pendant so they could call for assistance and referring them for specialist support in reducing falls.
- The registered manager had reviewed all accidents and incidents to ensure that appropriate action had been taken.

Assessing risk, safety monitoring and management

- Risks about people's behaviour were not always well assessed and planned for. For example, one person could at times show behaviour that challenged staff. There was not clear and consistent guidance for staff to follow to manage and support the person. Staff recorded episodes of behaviour that challenged on ABC (antecedent, behaviour and consequence) forms. However, records were not always descriptive or factual which made it difficult to assess and analysis the incidents. The ABC forms had not been analysed to look for trends and triggers that could lead to plans to reduce them.
- Staff had developed ways of working with the person, for example singing with them to reduce agitation and told us this helped the person. However, this was not reflected in any documentation, so staff who were not part of the person's regular care team would not have known to support them in the same manner to reduce their behaviour.
- Other risks to people's safety and wellbeing were assessed and managed. For example, one person living with dementia liked to walk in the local area but could become confused. Staff reminded them to wear a GPS tracker which notified their relatives, and allowed them to track their whereabouts, when they left the building.

● Risks of people falling or needing support with moving and transferring were assessed and ways to reduce any risks were identified. For example, by using mobility aids such as frames, hoists and stand turners. Staff were trained in supporting people with moving and transferring and using equipment. One member of staff told us, "We've had training on [equipment] and feel confident using them."
● Risks about people's skin deteriorating were considered and assessed. Where necessary, people were supported to reposition regularly and pressure relieving equipment was used.
● Risks about the environment had been considered. This included ensuring there was enough space for staff to provide care safely and that the right equipment was available.

Staffing and recruitment

● There were enough staff available to meet people's needs and care visits as planned. Some people fed back that they could not always have their visits at their preferred times. People told us that when they needed to change the time of their care visits, they had to give notice. The registered manager told us that times were discussed with people during their assessment and they had to prioritise people's care needs, for example when people needed medicine support at a specific time. We saw that care visits were planned according to people's agreed times. However, these times were not always people's preferred times, due to staff availability. Staff explained that they could run late due to emergencies or staff shortages.
● People's care visits had been planned using an electronic system. This system helped ensure consistency for people, as it displayed how often each care staff had supported the person. People and staff told us that care visits usually lasted the right amount of time. Staff told us, "Sometimes time with people is a little bit tight, but again I communicate it with the office, if I can't get it done in that time. They do listen."
● When there was an emergency, or in the event of being short staffed, staff prioritised care visits. The electronic system held information on whether a person's planned visit was high, medium or low priority. A member of staff told us, "We look at the calls and prioritise, we know which we can move, such as laundry calls." People told us staff would apologise if they were late, but that they would not be told if their visit was going to be later than expected.
● Recruitment of staff was ongoing to fill vacant posts. Hours were being covered by staff doing extra and agency staff, as needed. One member of staff told us, "We seem to manage, but it's just like your days off. I always get asked to work, to help out, it gets a bit tiring sometimes."
● Staff were recruited using safe practices. Candidates applied for the role, attended interview and proof of their identity was confirmed. References were sought from previous employers and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions.

Using medicines safely

● People received support to take their medicines safely. One person's relative told us, "They all know exactly what they're doing when they do [my relative's] tablets." Staff had training in how to support people with their medicines and their competency to do so was assessed. Some people required staff to fully manage their medicines, and others required support with opening packaging for their medicines.
● Staff recorded support with medicines on a medicine administration record (MAR). Codes were used on the MAR when staff had not provided the support as expected. For one person we saw a code, meaning 'other', had been used regularly but without explanation. Staff told us this was done when the medicine was not wanted. However, this had not been reflected in the person's care notes. Staff and the registered manager acknowledged this and advised they would ensure this was done in the future.
● Some people were prescribed medicines 'as required', such as pain relief. Staff understood when to offer people this type of medicine. One member of staff told us, "I will offer it when I can see they are in pain. It's important to make sure the time difference is correct."

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe with the support from staff. One person said, "They make sure I'm safe, they get me what I need". Another told us, "It's like they've become friends. I would trust them to come in here when I'm not here." One person's relative said. "There's always someone to answer the bell. You've got freedom and a safety net."

● Staff understood safeguarding, signs and types of abuse and how to report any concerns. Comments from staff included, "If I had concerns I would tell the office straight away," and "You are safeguarding vulnerable adults, to keep them safe and out of harm." Safeguarding concerns had been raised with the local authority, as appropriate.

● Staff understood whistleblowing. Whistleblowing laws are designed to protect staff who speak up when they witness wrongdoing. One member of staff told us, "I'm not scared to speak up about anything." A copy of the procedure was available in the staff room.

Preventing and controlling infection

● Infection prevention and control was well managed. Staff had training in health and safety. Personal protective equipment, such as gloves, masks and aprons were available to staff.

● One member of staff told us, "We have gloves and aprons, foot covers, arm covers, masks and yellow bags. We always have plenty of equipment."

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● Staff had training to meet the needs of most people they supported. Traininghis included supporting people living with dementia, privacy, dignity and independence and choice and supporting people with the continence needs. Training was provided about some health conditions, such as stroke awareness, diabetes and Parkinson's disease. One member of staff told us, "We learnt about dementia, understanding the different types and how it emerges. It was a real fountain of information." However, for one person training had not been sought by the provider in a timely way. We have reported on this in the Well-led section of the report.

● Staff new to the service were supported with an induction. One person told us, "'I think its generally good quality care and the staff are trained well. Some of the carers are more expert, they've been in the job longer and they're put with the younger, newer people. They see someone confident in the role. They see them set the standard." New staff induction included a week of training and then shadowing care visits with experienced staff. A member of staff told us, "It was probably one of the best hands on training I've ever had."

● Staff were supported with regular supervision. One member of staff told us, "We meet every three months. We chat about any concerns with the residents or anything staff wise. We can have open conversations."

● A health and social care professional told us, "When I have observed them [staff] giving care, especially for example using hoists, I have observed correct technique, a calm, professional and reassuring approach to the client and the clients' needs being met."

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

● Staff supported people to arrange and attend healthcare appointments, as necessary. One member of staff told us, "If someone was unwell, I would offer the doctor or an ambulance, and offer to call for them if they wanted." One person's relative told us, "They told me to call a doctor because they thought (my relative) had an infection in their arm. They were right, they recognised that."

● A health and social care professional told us, "They are very responsive to me and always follow my guidance and advice. On occasions, when needed, they make a point of calling me to confirm their actions."

● People were referred for specialist support as needed. For example, one person had experienced some difficulty with swallowing their medicines. Staff referred to speech and language therapists for a swallowing assessment,

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

● People's need had been assessed and considered before they started receiving support from the service. People told us they had been involved in these assessments. One person's relative said, "I loved the independent living. We were very pleased." Staff told us that before one person moved in, they visited them in their previous residence to see how staff there supported them.

● Recognised assessment tools, such as the malnutrition universal screening tool (MUST) were used to assess people and communicate risk levels to other professionals.

● Staff referred people for specialist assessments when need. For example, to occupational therapists for equipment assisting people to move.

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

● People who needed support with eating and drinking received this. Staff prepared meals and drinks when this support was required. One person told us, "They get the cereal ready and the tea."

● People's needs around maintaining their nutrition and hydration had been assessed and support offered as required. Staff had training on how to support people safely with nutrition and hydration.

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 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.

● No one receiving support from the service was currently being deprived of their liberty, and no applications had been made to the Court of Protection for authorisation. Some people had others who could make decisions on their behalves, through power of attorney arrangements.

● Staff encouraged people to make day to day decisions. One member of staff told us, "We take it a day at a time and assess how they are that day." They told us about one person, who was living with dementia, and how they could fluctuate day to day.

● When people were considered to possibly lack capacity to make particular decisions, capacity assessments had been completed after all other steps had been taken to help them decide for themselves. Staff told us that assessments were completed with people. However, records did not always reflect their involvement. We have reported on this in the Well-led section of this report.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people spoke positively about staff. One person told us, "People are kind to you. There's a feeling of relaxation knowing what they say, they'll do." Another person's relative said, "They come in and immediately speak to [relative]. They have a conversation before they begin working with him and they include me, which is nice."
- We heard people being treated kindly and respectfully when they rang the office for support. For example, one person was concerned as their wheelchair was not working properly. Staff supported the person to get the wheelchair fixed, going along to their flat to find the right contact details.
- One member of staff told us their aims were to, "make sure everyone is achieving the best quality of care and seeing them smile. I wouldn't treat anyone how I would not want my family treated."
- A health and social care professional told us, "All the care staff I have come across appear caring and both the individual carers and team leaders / supervisors seem to have a good knowledge of their clients' needs." And "Overall I have always found all the staff at London Care Abbotswood that I have come into contact with, to be kind, efficient and caring."
- People's religious and cultural preferences were considered and reflected in their care plans. When people had specific beliefs, staff understood and respected these. One member of staff told us, "You treat all differently as not all service users are the same, they have different needs."

Supporting people to express their views and be involved in making decisions about their care
- People were involved with regular reviews of the care plans. One member of staff told us, "When I do a new care plan I go and spend time with the client. Once I've written it, I go back and check it with them."
- People told us they could make decisions about their support. Staff understood the importance of people making day to day decisions about their care and support. One member of staff told us, "I always offer choices. For example, with breakfast, I give them a choice of what they have in the flat, a choice of clothes, what they want to wear. Make sure their care plan is centred around them. That is the way we deliver care, by following the care plan and that is how they should want to be cared for."

Respecting and promoting people's privacy, dignity and independence
- People's privacy was respected. One person said, "They ring the bell and call out and say hello. So, I know it's them." Another person told us that staff respected their faith and time to practice this without

interruption. A member of staff told us how they protected people's privacy. They said, "I make sure I have covered up parts of their body [during personal care]. I shut the curtains, shut the door. I ask them how they would like to continue to the call."

● People's independence was promoted. One member of staff described, "I encourage them to do the bits they can, I might run the water, and then give them the flannel. It's easier for us to do because it is quicker but at the end of the day people have to feel their worth. It is good for people's joints to keep them active." Guidelines for each care visit highlighted areas that people were able to manage independently and how they wanted their support to be.

● Staff understood confidentiality. One member of staff told us, "Talking somewhere privately. We leave their care notes in the home, make them as clear and honest as possible. People can read it."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- Staff knew the people they were supporting well. They were able to tell us about people's support needs and their wishes and preferences. A health and social care professional told us, "I feel that members of staff have also formed good relationships and rapports with most customers. I have witnessed that care staff know their customers well and if I was to ask a question to a carer they are normally able to give an answer with good insight into the customers care needs."
- When people's needs changed this was communicated within the staff team. We saw the communication book was used to share important information. If people's needs had changes significantly, their care plan would be reviewed. People were involved in regular reviews of their support.
- People were supported to set goals for their support. Care plans reflected what was important to people and the goals they wished to achieve. For example, to be clean and tidy, maintain health and nutrition and to remain social.
- Care plans included information on people's life histories, such as their families, work histories and hobbies and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered during assessment and care planning. This included if the person wore glasses or used any communication aids or required an interpreter. Care plans included relevant communication guidance for staff. For example, the care plan for one person living with dementia reminded staff to be patient and speak slowly and clearly.
- When people had specific needs in relation to communication, this was supported. For example, one person with some sight loss needed written information in larger print. This was provided.

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 were supported and encouraged to take part in activities. One member of staff had recently become the well-being lead. They told us, "I see the importance of activities as much as personal care." They told us about parties they had organised, raising money for local charities and a choir that had recently

formed. Staff considered the accessibility of each activity. For example, a baby quiz was arranged. Staff told us, "It's good for memories and conversation."
● The service had partnered with a local playschool. Children from the playschool visited fortnightly to spend time with people, doing baking, reading stories and other activities.
● There was a 'wish upon a star' tree located in the shred lounge area. People could place a star on the tree with what they would like to do or achieve, and staff supported this. For example, one person had expressed their wish to go to church. This was now supported weekly. Another person, living with dementia, had expressed their wish to have a cat. Staff had supported them with a specialist animatronic cat for people living with dementia.

Improving care quality in response to complaints or concerns
● People and their relatives felt confident to make complaints. People told us, "I would go to the manager of the care component or the warden in the office." And, "I would go to the top of the tree, to [registered manager]."
● Complaints were taken seriously, investigated and responded to in a timely way. A policy set out the response a complainant could expect. Complaints were learnt from and used to improve the service provided. For example, one complaint was about staff wearing strong smelling perfume. This was addressed with the staff team.
● A health and social care professional told us, "I have found that most customers that I have visited are happy and have very rarely had any complaints, if there have been any complaints they have been dealt with in a timely manner."

End of life care and support
● People had been supported in a personalised and dignified way at the end of their lives. Staff advocated for people's wishes at the end of their lives. For example, one person had recently passed away. They had received some care in the local hospice but wanted to return home. This had been supported, and they were able to end their days in their home, according to their wishes.
● People's preferences about the end of their lives were recorded in their care plans. When people had made decisions about not wanting to resuscitated documents were kept in their home, to be accessible in the event of an emergency.
● Staff told us some people supported by the service had been recently bereaved. One member of staff said, I have offered support, I make an extra few minutes to chat." Staff had training in death and dying, with a focus on people having a dignified end of their lives. One member of staff told us, "I feel well supported about people passing away."
● A health and social care professional told us, "They are endorsing the home for life ethos and promote and enable customers to remain there. They have provided end of life care to a few residents and done this in a compassionate way ensuring that person receives everything they need."

Requires Improvement

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found that acting on people's views of the service was an area that needed to improve. At this inspection we found this had been addressed and improved,

At our last inspection we found that checks on medicines administration were not always robust, and that this was an area that needed to improve. At this inspection we found that these checks were still not sufficiently robust or effective.

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

- Quality assurance checks of the service were not always effective. For example, checks completed on people's medicine administration records (MAR). A medicine error had been noted and was shown as resolved. However, this was not accurate, as the check had incorrectly identified the time of the care visit and when the medicine should have been given. The medicine should have been given at tea time, when no notes had been recorded for a care visit. The registered manager advised us they would further investigate this.
- Some records were not accurate. Another person's MAR check had not identified that a code, meaning 'other' had been used on a number of occasions, without explanation. It was therefore unclear whether the person had received their prescribed medicine or if they had been without it for the period.
- Quality assurance checks did not always identify areas for improvement. The provider's quality team service improvement officer visited regularly and looked at various aspects of the service. These audits had not always identified all areas where improvement was needed. For example, one person's care plan had been audited. The audit had not highlighted the lack of behavioural analysis and clear guidelines for support around behaviour that challenged.
- Records of mental capacity assessments did not reflect the person's involvement and views or the views of any others who had legal powers to make decisions on the person's behalf. Records did not always clearly show that the person was able, or unable to make the particular decision. For example, one assessment showed the person was unable to retain or weigh information in relation to the decision, yet they were recorded as having made the decision.
- Records did not always reflect people's needs. When people had specific health conditions, such as epilepsy, there was not always clear guidance about how staff should support this. For example, one plan did not include the type of seizure the person might experience or what action staff should take. Staff were

not aware of the type of seizure that the person was at risk of having.
● The provider had not ensured that staff always had sufficient skills and knowledge to meet people's needs. For example, one person was living with a neurological condition. Staff had not received training or specialist guidance in how to support this person. The person's relative had fed back the need for more specialist training on a number of occasions since the service began supporting the person. A member of staff told us, "I think we could have been given some training." Specialist training on the person's condition was booked for staff to attend, but this was for one year after the person had begun receiving support from the service.
● The provider had not always ensured that professional boundaries between staff and people were maintained. For example, people and their relatives were aware of concerns with staff morale and reasons behind this. People and staff told us about staff's terms and conditions differing from other schemes run by the provider, and that they were asked to work extra shifts. People and staff told us this affected staff morale. People told us that some staff spoke about other people in front of them or felt that staff had spoken to others about them. One person told us, "There's a lot of whispering between carers, they speak in soft voices about other people or where they're going or where they've been. They talk about others, people they've worked with and who's upset them." The registered manager acknowledged that staff morale and professional boundaries were areas that needed to improve.

The provider had not ensured that the systems and processes to assess, monitor and improve the quality and safety of the services provided were sufficiently robust. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some areas of quality assurance were effective. Care visits were regularly spot checked. This was when office staff attended a planned care visit to ensure the quality of service being provided. Various elements of the visit were considered, such as timeliness, staff being appropriately dressed, greeting the person and checking on their health and welfare. Spot checks also ensured that care was being provided in line with the care plan.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The provider had not ensured the correct notification of all incidents notifiable to CQC. Providers are required to notify CQC, without delay, of any incident of abuse or allegation of abuse in relation to a service user. This enables CQC to monitor types and numbers of allegations of abuse at the location, and take appropriate action as needed. Four allegations of abuse had not been notified to CQC, as required.

This was a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009.

● The registered manager had been providing managerial support for two other local extra care housing schemes.
● People told us they saw the registered manager and were able to speak to them when needed. We saw that people called the office when they wanted to discuss their care. One person said, "The senior staff are good. [Registered manager] is approachable. She's very caring, she's. lovely. She comes down when they're very, very short staffed."

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

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

● People and their relatives views were regularly sought through quality assurance visits and surveys. Surveys results from September 2019 were viewed and were largely positive. Where there were areas for improvement, such as consistency of staff and staff being late, actions to reduce these had been identified.

● Staff were supported with regular team meetings. These were used to discuss information from the provider, and any issues or changes within the service. For example, reminders about people, uniforms, how to complete records following an accident or incident. One member of staff told us, "We have time to raise anything, [registered manager] will ask you, she makes herself approachable."

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 registered manager understood duty of candour. When things went wrong staff informed people, and where relevant their relatives, and apologised. The local authority had been informed of safeguarding concerns and where additional support was needed for people.

Working in partnership with others

● Staff worked in partnership with other professionals. For example, the registered manager and office staff had regular contact with staff from the local authority. The registered manager told us, "Any problems, we can contact them. We pride ourselves on working in partnership with them."

● A health and social care professional told us, "The staff are often pleasant and work collaboratively, alerting us often if issues arise."

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured the correct notification of all incidents notifiable to us.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the systems and processes to assess, monitor and improve the quality and safety of the services provided were sufficiently robust.