

North London Asian Care

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

North London Asian Care is a registered charity that provides personal care to people living in their own homes. It provides care and support to adults of all ages, but most of the people using the service at the time of our inspection were older people. The service specialises in providing a service for people from an Asian background but also supports people from all ethnic groups. At the time of the inspection there were 77 people using the service.

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

People were generally happy with the service. They had good relationships with their care workers and said the care workers knew their needs well.

Risks identified with people's health, care and support needs had been assessed and risk assessments had improved since the last inspection. People received their medicines safely and as prescribed. Policies and systems in place supported this.

People and relatives told us that they were supported by regular care staff who generally arrived on time.

Care staff had access to the required personal protective equipment (PPE) to prevent and control the spread of infection.

People's care plans had improved to reflect their needs better, the service had started providing individual supervision to staff, new systems had been implemented to monitor staff arriving at people's homes on time and to monitor whether staff had supported people to take their medicines each day.

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.

People were supported with their nutrition and hydration where this was an assessed need. The guidance on the type of food people liked to eat and whether they needed support to eat lacked detail in some cases.

The service supported people with their health by raising any health concerns with health professionals and family members when needed.

Care workers spoke positively about the registered manager and management team. They told us they felt

supported and could call for advice and guidance at any time.

There were procedures in place to respond to complaints.

There had been some improvements in the management of the service since the last inspection. The registered manager had implemented some new systems and audits to monitor the quality. The registered manager and the provider were aware that further improvements were needed and they were meeting regularly to monitor improvements.

People and their relatives gave positive feedback about care workers but some negative feedback about the management team and the way they engaged with them. .

The service had a recruitment policy which included all the required checks on new staff but the policy had not been consistently applied and some required checks had not been carried out. The registered manager carried out the missing checks when we raised this concern.

We have made two recommendations. We recommended the service consider giving people a copy of their care plan in a way they can understand, for example in a language they are able to read and we have recommended that the service seek advice and training on good practice in customer relations.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 28 April 2020). The service remains rated requires improvement.

There were breaches of regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last inspection. The concerns were about lack of person-centred care plans, medicines management, risk assessments, staffing and overall management of the service. The service was rated requires improvement in all areas.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of those regulations.

Why we inspected

This was a planned inspection based on the previous rating and continued concerns about the service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulation in relation to staff recruitment as the service was not consistently following best practice in recruitment new staff. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 meet with the provider and 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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

North London Asian Care

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

This inspection was carried out by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector led the inspection and visited the office. The other inspectors and the expert by experience made telephone calls to people using the service and their relatives.

Service and service type

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

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 short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 16 February 2021 and ended on 19 February 2021. We visited the office location on 17 February. The other days were spent reviewing records, speaking to staff, people who used the service and their relatives.

What we did before the inspection

We reviewed the provider's action plan as well as information we had received about the service since the

last inspection. This included complaints, safeguarding alerts and whistleblowing concerns plus feedback from professionals involved with the service.

During the inspection

We spoke with fourteen staff. This included the registered manager and the nominated individual. This is a person who represents the care provider. We spoke with the assistant manager, a care coordinator and a field care supervisor. We also spoke with nine care workers.

We spoke with nineteen people who used the service and twenty-two relatives of people using the service to seek their views.

We reviewed a range of records. This included six people's care records in detail. We looked at their needs assessment, risk assessments, care plans and records of care provided. We looked at five people's medicines records. We looked at six staff files in relation to recruitment and staff supervision. We looked at staff training records.

A variety of records relating to the management of the service, including quality assurance records, policies and procedures were also reviewed.

After the inspection

We looked at further records and continued to seek clarification from the registered manager to validate evidence found. We received feedback from the local authority.

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.

Staffing and recruitment

- Recruitment systems and processes in place were not robust enough to be assured that staff employed were suitable for work with vulnerable adults.
- We found some unsatisfactory recruitment practice which had taken place in previous years when people had been employed with no experience and without some of the required checks such as their last employer references. The registered manager was aware of this and had put a new recruitment procedure in place which clearly outlined all the checks that are required to be carried out before employing any new worker. However, we saw that a recently appointed staff member had been employed without a full employment history, last employer reference and reasons for leaving previous posts working with vulnerable adults. These checks are legal requirements. The registered manager addressed this matter as soon as we pointed it out to them.
- There had been a recent audit of staff recruitment records where some concerns had been picked up but no action recorded. The audits had not found and addressed some of the issues we found. For example, the audit stated there was a professional reference for one worker when their references were personal references. Another worker did not have references from their employers. Gaps in employment were not addressed in staff interviews.
- A failure to carry out all the required checks meant that there was a risk that unsuitable people could be employed. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safe recruitment. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.
- The service had ensured they had other required checks such as a criminal records check, proof of workers' identity and address and right to work in the UK.
- At the last inspection we found systems in place were not effective to ensure staff were effectively deployed to meet people's needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Discussion with staff, the registered manager, people using the service and relatives showed there were enough staff employed to safely meet people's needs. Records confirmed this.
- The management team had an electronic call monitoring system in place to monitor the arrival and departure times of care workers. The system alerted the management team if a care worker was late to a

person's house.

- On a rare occasion where a care worker did not arrive to support a person with their care the service took appropriate action to deal with this issue. The system had been improved since the last inspection and people felt their care workers turned up on time and stayed for the agreed length of time.
- People's feedback included, "They always turn up on time. They visit me four times a day. The girls (care staff) don't rush me at all. They know exactly how much time I require to do tasks", "Yes, they stay for the whole time, never finish early" and, "Yes, they're very punctual. If there's any emergency and if the regular carer can't come, the agency organises a replacement very quickly."

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to effectively assess the risks relating to the health safety and welfare of people. They were also not managing medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Care workers were aware of risks to people's safety and were able to explain to us what action they took to keep people safe.
- Since the last inspection the registered manager had updated risk assessments and these had been reviewed to reflect current risks as they had been out of date. There were some risks relating to people's health that had not been fully addressed in some risk assessments but the manager updated these as soon as we pointed out the concerns.
- Staff received moving and handling training and understood the way people required support to move, this helped to reduce the risk of avoidable harm. Staff were able to explain to use how they supported people to use a hoist and said they could contact the management team at any time if they did not feel confident to use moving and handling equipment.
- People received their medicines as prescribed. Improved systems and processes implemented by the registered manager supported this. There was a new electronic recording system which alerted the management team if a care worker had not recorded that they had given a person their medicine that day.
- Medicines administration records were completed and there were no gaps in recording.
- One person had a medical patch which needed to be changed each day and there was a lack of written instruction on how this should be done. When we pointed this out the registered manager addressed the matter immediately and we were satisfied that the care worker had been supporting the person appropriately with this.
- All care workers who supported people with their medicines had received the required training to administer medicines safely.
- People and relatives told us that they had no concerns about the support they received with their medicines. One person told us, "They are thorough and methodical in giving me my medicines safely." Relatives also agreed that people were supported with their medicines and no errors had been made.

Systems and processes to safeguard people from the risk of abuse

- There had been some safeguarding concerns since the last inspection. These were currently being investigated by the local authority at the time of the inspection. The service had a safeguarding policy and

the care workers we spoke with were able to describe types of abuse and tell us how they would report any abuse. The management team knew how to raise safeguarding alerts.

- People using the service and relatives told us they felt safe as their care workers knew them well, understood their safety needs and treated them well. One person stated, "I do feel safe with the carers that come." A relative told us, "We feel very safe with our carer and we see her most of the time. We also know the one who replaces her on her days off."
- The registered manager demonstrated a satisfactory understanding of safeguarding and the actions to take to report their concerns.

Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic. The registered manager explained the processes they had put in place to ensure people and staff remained safe and protected from infection.
- Care staff told us they had good supplies of personal protective equipment (PPE) which included disposable masks, gloves, aprons, eye protection and shoe covers.
- People confirmed that care workers wore PPE when entering their homes. One person said, "They wear everything that is needed, like apron, gloves, masks. When they get here, they wash their hands and then sanitise them." Another person said, "They are thoroughly precise on the use of PPE."
- Four relatives said that at the start of the pandemic they had to remind staff about wearing PPE properly. The service did not provide training for staff early in the pandemic. However, they had since provided suitable training for staff and had an effective system in place for providing staff with PPE and discussing use of PPE with individual workers. The registered manager agreed to implement spot checks and refresher training for staff in use of PPE.
- Staff were able to tell us how they used PPE appropriately and took precautions to minimise the risk of infection when providing care to people.
- The service had a testing regime in place for care workers for testing for COVID-19 three times a week. This helped to reduce risk of infection.

Learning lessons when things go wrong

- The registered manager and provider were committed to learning from mistakes. We saw that where care worker did not meet good standards of care the service took appropriate action.
- The management team had weekly meetings where they discussed any incident or concerns and any learning.
- Since the last inspection the registered manager had introduced new systems to learn from things that had been wrong at the time of the inspection. This learning included introducing new systems for managing and recording medicines, new system for monitoring care workers arrival and departure from people's homes and a new training provider.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There had been improvements in staff training but at the time of the inspection some staff were not up to date in the mandatory training topics for the job.
- The registered manager had employed a new training provider and was personally assisting those staff who did not have suitable literacy and/or technical skills to use the office computer to complete online learning. The service had set a target for all staff to be up to date with mandatory training and were making progress but had not yet met the target. There was no evidence of a negative impact on people's care.
- Staff had completed face to face training in first aid and moving and handling recently. We checked that all staff who had to assist people to move using equipment had been trained to do so.
- Care staff confirmed that the training they received was effective and stated that they felt appropriately supported in their role. Individual supervision had been implemented since the last inspection and this was taking place every three months. The new supervision structure contained a development plan for each staff member which had not yet been implemented but the service planned to do so.
- The service had recently introduced a new appraisal process and planned to ensure all staff had an annual appraisal in the next year.
- Staff told us they found the service to be supportive. Comments included: "Any support I need they have given it to me, so far very good" and, "There is lots of training and they support me."
- Staff had completed an induction programme based on the Care Certificate which is the benchmark that has been set for the induction standard for people working in care.
- People and their relatives told us that care workers had the required skills to provide their care. One relative said, "She is very happy with the carers that attend, and they all seem well trained and proficient at their job" and another told us, "The care is seamless, and I would say they are proactive."

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

- People's needs were assessed to ensure that the service could meet their needs in line with current standards, guidance and the law. Assessments were carried before people started using the service to ensure their needs could be met.
- People and relatives where appropriate were involved in the assessments to enable them to help plan their care. A relative told us, "I was involved in saying what she needed."
- People and their relatives told us that their care workers understood their needs and preferences well and provided care to a good standard. Their comments included; "Absolutely, they're the best. They know

exactly how to support me. I have no concerns whatsoever."

- A care plan was written based on all the information gathered about the person and their care and support needs. The quality of care plans had improved since the last inspection and the registered manager was aware that further improvements were needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

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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 and were being met. We found nobody had any deprivation of their liberty.

- The service worked within the requirements of the MCA. Where people had capacity, records showed the service obtained their consent. Staff asked people's consent before providing care. People told us, "The carer always asks me first" and, "Yes, always."
- Records showed which relatives were involved in making decisions about a person's care and whether they had legal authority to do so.
- Care workers told us they checked on people's wishes and always asked for consent and explained what they were doing when supporting them. They also described examples of how they encouraged people who had refused support, for example to eat or have personal care. This included consulting with the person's representative to discuss what to do if a person was refusing care they needed.
- Relatives said they felt well informed and reassured that care workers took the time to encourage people to consent to their care.

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

- People were supported to eat and drink as part of the person's care plan.
- People and their relatives were satisfied with the support they received with their meals. One person said, "Oh yes, they make me tea the way I like it and whenever I want it. They ask me what I want to eat, and they warm it up for me."
- In many cases relatives cooked the food and care workers heated it up when the person wanted it. One care worker said, "She likes tea and toast for breakfast but sometimes she likes chapatis and I will make them for her."
- Care plans listed people's nutrition and hydration needs. We identified that two people's care plans were not specific about their dietary needs, one had a care plan saying they needed pureed food but without a clear reason. It was not clear whether these people were at risk of choking due to conflicting information recorded. Both these people were subject to safeguarding alerts about this issue. After the inspection we were informed that one person was not at risk of choking and the other person was still being assessed. The

registered manager updated care plans accordingly when we raised this concern.

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

- The service worked with other health and social care professionals to try to ensure people had access to the support and care they required for their health.
- The service reported some difficulties in obtaining information about some people's health from other professionals but we saw evidence that they had requested this information.
- We saw records within care files where the service had contacted other professionals when they had concerns about a person's health, needed clarification or where they thought the person needed more care. This was positive.
- Care plans did not give enough information about people's needs with oral hygiene. Some plans referred to the person rinsing their mouth but did not say what support they may need with brushing teeth or cleaning dentures. We pointed this out to the registered manager who said that they would address this immediately with the person who wrote the care plans.
- People and their relatives told us the service met their health needs. Relatives said care workers would call them to let them know if the person was unwell. One care worker told us how they had recently called 111 for advice about a person's health condition.

We could not improve the rating for Effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and their diverse needs were met well. At the last inspection people told us there were concerns about interaction and effective communication from care workers but this had improved.
- People gave positive feedback about their care workers and the way they cared for them. One person said, "They're very kind. They talk to me with respect and don't rush me." A relative said, " They are very caring. They chat to her, talk to her kindly. They are respectful towards her and me. They always wait patiently for her response."
- Other comments included: "I would say they are kind and caring staff and want to help and make me comfortable", "They are nothing but kind and polite always" and, "They will make time to converse with her, so she doesn't feel they are just there to do a job but make her feel at ease."
- The service did well at matching people with a care worker who could understand and meet their cultural, language and religious needs. People had made requests for a care worker from a specific cultural/religious background or who spoke a specific language and this was an area where the service worked well to meet individual needs.
- People using the service and their relatives told us; "They always respect her culture and are careful", The key issue is being culturally specific, and they've been great" and, "They always respect my culture, always and I am thankful for that."
- Some care workers had been providing care for the same people for several years so had built up a good relationship and told us they cared for people and understood their individual needs and wishes well.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. People were asked whether they preferred a male or female staff member, and their choice was respected.
- Staff supported people with their independence and encouraged them to do as much as they could and wanted to do for themselves. They were able to tell us of several examples where they supported the person to make choices and do tasks for themselves on a day to day basis.
- People also told us that their care worker encouraged them to make decisions and choices for themselves.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- At our last inspection the provider had failed to ensure care was person centred and reflected people's preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service had reviewed and updated people's care plans since the last inspection and had made some improvements to make them more person-centred.
- Some care plans contained a good level of detail about a person's needs and preferences. Some lacked detail but the person said the care workers provided their care how they wanted it and safely. Care workers had a good understanding of people's needs and preferences.
- Some care plans had "not sure" recorded next to a health condition as the service did not know how this affected the person. The registered manager explained that this meant the person had no obvious known symptoms and the family and referring authority had not reported any symptoms or risks related to the condition. The registered manager said they would reword this information to explain this better
- Nobody using the service was receiving end of life care at the time of the inspection. Their preferences for the end of their life were recorded where the person was willing to do so.
- People and their relatives gave positive feedback about their care workers and how their needs were met. They appreciated having regular consistent care workers who knew them well, formed a good relationship with them and had good understanding of their personal preferences for care, their culture and religion.
- People said their care workers looked after them the way they wanted and were responsive to their needs and requests.

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.

- Care plans were written in English and not available in other languages. Those people who could not read English said their relatives read the care plan and that they did not mind if they were unable to read it as they had been involved in planning their care or they were happy for their relative to be involved on their behalf.

We recommend the service consider giving people a copy of their care plan in a way they can understand, for example in a language they are able to read.

Improving care quality in response to complaints or concerns

- We looked at the management of complaints in the service. Most people said they knew how to raise a complaint and would be happy to do so if needed. Some people said they had raised some concerns and that their concerns had been acted on and resolved.
- Relatives said that if they had requested changes of care worker or changes to the person's care plan the service responded positively to their requests and resolved concerns. There was mixed feedback from relatives about whether complaints were investigated properly but overall, their feedback was good.
- We saw one complaint about a staff member's communication and the outcome was that they were told to be polite and form a good relationship. There was no written plan to follow this up with, for example, further calls to the complainant or spot checks on the care worker. We discussed with the registered manager that spot checks would be helpful in ensuring improvements had been made. The registered manager had stopped spot checks during the pandemic but planned to reinstate them. There were regular calls made to relatives and people using the service to check on their satisfaction with their care.

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 stayed 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection the provider had failed to implement systems to assess, monitor and improve the quality and safety of the services being provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

- The provider obtained feedback from people and relatives through telephone calls during the pandemic. The registered manager told us people who the service assessed as having higher needs received calls more frequently to check on their safety and wellbeing.
- People and relatives confirmed that the service engaged with them to check on the quality of care they were receiving. Records confirmed the frequency of telephone calls was determined by the level of need each person had.
- The registered manager explained satisfaction surveys were scheduled to be sent out to people and relatives to obtain their feedback and the next survey was due in March 2021.
- Care workers told us they were able to express their views and suggestions to the management team and to seek advice from them. The care workers were happy with the level of communication and support.
- Overall, although people and their families were happy with the care workers their feedback about the office-based management team was less positive. Some people said they found the management team helpful and made comments such as, "The office is very good and helpful" but a few people gave negative feedback.
- Negative comments included; "I'm happy, but there are areas to improve. The way the office staff speak to you, blunt, sometimes rude. The carers communicate very well it is just the office that lets the service down", "I call the office to try to change the routine, my request is ignored, and they respond as if to say you're lucky we are helping at all", "The management and office are where the organisation is badly let down, they need more professionalism. The response to a complaint and their tone of response is very bad", and "I think that

they could improve their customer relations and perhaps training."

- We brought this concern about the communication skills of member/s of the management team to the attention of the nominated individual and registered manager who both said they would be addressing this issue without delay.
- The nominated individual and the registered manager told us they knew changes needed to be made to the culture of the service and that they, and the board of trustees were committed to making changes and improvements.

We recommend that the service seek advice and training for the management team on good practice in customer relations.

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

- Since the last inspection, there had been several changes in the management of the service. The previous registered manager and chief executive had left and the nominated individual resigned. There was a new registered manager and nominated individual in place. There had been breaches of regulations at the last inspection and the local authority had stopped all new care packages with the service and increased their monitoring of the care of people using the service.
- The registered manager had introduced new systems and strengthened current systems to improve the assessment and monitoring of the quality and safety of the care people received. The new systems were still in their early stages and although improvements were seen these were not yet fully effective.
- Staff told us they had seen improvements since the new manager started. One senior staff member said; "The manager focuses on what to do" and another described the registered manager as a, "steady captain of the ship – makes sure things are done better."
- Some people using the service said they had seen improvements since the new registered manager started including one who said, "Things have been a lot better to organise since the new manager arrived and the carers seem to be turning up on time more often."
- The registered manager and assistant manager carried out audits and checks including of staff and people's files.
- The registered manager met with the management team weekly to discuss any incidents, safeguarding concerns, and any other concerns. The management team monitored the new electronic medicines recording system daily so that they could check if care workers had recorded that they had supported people to take their medicines. The system ensured that office staff were alerted if a care worker had forgotten to complete the medicines record. This was an improvement on the previous system.
- The registered manager had introduced a new call monitoring system to check that care workers arrived on time to their visits and stayed the correct amount of time.
- These systems enabled the registered manager to identify any problems and address issues and concerns so that continuous learning took place.
- The registered manager and the management team understood their regulatory responsibilities.
- Care workers understood their role and responsibilities and told us they felt well supported by the management team and could call them any time for guidance.
- During the inspection, the registered manager made amendments to people's care plans and remedied areas that needed improvement when we pointed these out. This indicated that the service was willing to continuously learn and improve.
- The current systems in place were leading to improvements in the way the provider assessed and monitored the safety and quality of the service.

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 demonstrated a clear understanding of their statutory responsibilities when submitting the required notifications to the CQC and other statutory authorities.
- There had been one incident that was not reported to us as required. The registered manager gave an explanation for this and sent a report to us when requested to do so. Other events were reported as required.

Working in partnership with others

- The service worked in partnership with key organisations including the local authority that commissioned the service and other health and social care professionals.
- Records showed the provider was regularly monitored by the local authority monitoring team and working with them to make improvements where needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons did not consistently follow good recruitment practice to ensure only suitable staff were employed.