

London Care Limited

# London Care Holloway

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

### About the service

London Care (Holloway) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder as well as physical disability and sensory impairment. There were approximately 186 people using the service at the time of the inspection. All of them were receiving personal care. This is help with tasks related to personal hygiene and eating. The provision of personal care is regulated by the Care Quality Commission.

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

Since the last inspection the service has made improvements in several areas of the service provision. This included improved risk assessment and management, increased continuity of care to people by the same staff and dealing with complaints. The provider has also introduced a new online care planning system which helped staff to provide responsive, individualised and considerate care.

Some aspects of the service provision needed further improvement, and these were related to the management of medicines, communication around care visit schedules and the customer service. However, overall people and their relatives told us they were satisfied with the service they received.

People felt safe when cared for by staff. Staff were recruited safely and the provider's safeguarding policies and procedure helped to protect people from abuse. Risk to people's health and wellbeing had been assessed and managed. Staff were provided with information on how to protect people from harm. This included various risk control measures relating to people's environment, specific health conditions and infection control. The managers also regularly monitored, analysed and learnt from accidents and incidents that occurred within the service. There were enough staff deployed to support people. The managers were working towards ensuring that staff attendance had been monitored and punctuality improved.

People's needs were assessed and people's care plans included information gathered during the assessment meeting. The provider's new online care planning system enabled information about people's care to be updated in a real time and with no delay. Therefore, staff could have access to up to date information about people's care needs and how to best support them. Staff were sufficiently trained. A range of managerial staff checks, such as spot checks and one to one supervision, helped to ensure staff provided care that was safe, effective and kind. 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. Staff supported people to have their needs met. This included providing a nutritious and sufficient diet, having access to external health professionals when needed and other needs around people's individual health conditions, religious, cultural and personal requirements.

Overall people thought staff were kind and compassionate. All people and relatives spoke positively about

their regular care staff. People felt cared for and supported as required. Some people and relatives said it was more difficult to create friendly relationships with staff who supported them when their usual care staff was not able to visit. People were supported to sustain their independence as staff encouraged people to do things for themselves as much as possible. People said staff were considerate, respected their privacy and ensured their dignity was protected when receiving care.

Most people and relatives said the service had dealt with their complaints promptly and to people's satisfaction.

The managers knew their roles and responsibilities related to the managing of the regulated activity. There were quality monitoring systems in place to help to monitor and improve the service delivery. The managers were ambitious and driven to ensure identified gaps in the service provision were addressed. The general feedback from people, relatives and staff was positive. Improvements since the last inspection were observed by people and relatives and we found that overall satisfaction with the service provision had improved.

We have made two recommendations about the management of medicines and aspects of customer service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published 12 July 2018) and there was a breach of Regulation 12. 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 Regulation 12.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care Holloway on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will continue to monitor information we receive about the service until we 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 well-led.

Details are in our well-Led findings below.

**Good** 

# London Care Holloway

## 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 two inspectors, one medicines inspector, and three Experts by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our visit to the head office, we spoke with 17 people who use the service and 17 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 and specialist housing.

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 48 hours' notice of the inspection. This was because we 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection such as statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We used this information as part of our planning. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the regional director, the regional manager, the registered manager, one care coordinator and the calls monitoring officer. We reviewed a range of records. This included 21 people's care records and multiple medication records. We looked at 10 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 received feedback from 15 care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance and support on how to assess staff competencies in medicines administration. The provider had made improvements.

- After the last inspection, the provider had made improvements and staff competency in relation to medicines was assessed after initial medicines training and on an ongoing basis during spot checks. We saw records of these assessments.
- Overall medicines were managed safely. However, we identified the provider could make further improvements to ensure all practice around medicines management was correct.
- Medicines administration records (MARs) for topical medicines, such as creams did not always include information on where these creams should be applied to the body. We noted that MARs for all oral medicines contained clear information for care staff on how these medicines should be administered.
- We saw that Medicines Reviews, undertaken to check if a person's medicines support requirements had changed, were not always completed in a timely fashion. This meant the provider could not be assured that information about medicines was always current.

We recommend the provider follow national guidance from NICE on management of all formulations of medicine including creams and that the provider review their systems for medicines reviews to ensure these are completed when required.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Risk to people's health and wellbeing had been assessed. Risk assessment and care plans contained basic explanations of the likelihood of the risk and the control measures and contained guidance for staff on how to keep people safe. Risk assessments covered areas such as the environment, physical health, mobility, falls and nutrition.
- Staff received training in complex medical conditions such as diabetes, asthma, Parkinson's disease, issues with swallowing and risk of choking and stroke. Condition factsheets were available in care plans for people with these conditions. The factsheets provided staff with information about these conditions including complications and when to contact the GP or emergency services. We saw evidence of staff

following the guidance in these factsheets in relation to an asthma incident.

- Two people had been identified with health risks. One due to the care equipment they were using and another due to a health condition they had. For these two people there was limited information in their care files on how to minimise identified risks. We noted that staff had received appropriate training in these areas of care and people had not raised any concerns about the care provided. We discussed these two cases with the registered manager who said they would ensure more comprehensive information was in place for staff to follow.

### Staffing and recruitment

At our last inspection we recommended the provider sought further guidance and support from a reputable source on effective communication with people about staff attendance and visit schedules. The provider had made improvements, however more improvements were still needed.

- People said they were usually visited by the same care staff. One person told us, "I get the same regular carer Monday to Friday and get different ones at the weekend." A family member said, "We have regular carers and we've got used to them.". Increased continuity of care helped develop friendly relationships between people and care staff. The report from the provider's online care visits' monitoring system for June /July 2019 showed that over 90% of care visits were completed by the same care staff.
- Some people and relatives said they experienced difficulties with staff punctuality, the length of care visits and communication about visit changes at weekends and when usual staff could not attend. The report from the provider's online care visits' monitoring system for June /July 2019 showed that approximately 74% of care visits were within agreed times and duration of the visit. We discussed this with the managers during our inspection. They provided us with evidence showing that ongoing work was carried out to ensure rotas were scheduled correctly and according to agreements with people who use the service and their relatives. This included additional training for staff preparing rotas and ongoing discussions with care staff about visit scheduling, travel time and time needed to conduct agreed care tasks.
- Staff had been recruited safely. They underwent appropriate recruitment checks before they could commence work at the service. This ensured they were suitable to provide care to people. We looked at a sample of 10 staff files and found that recruitment checks undertaken included at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. We saw evidence that as part of the recruitment process, staff were asked to complete a literacy and numeracy test. This was to ensure that staff were able to communicate sufficiently about care provided to people.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with care staff who visited them. They told us, "Yes I feel safe, especially the regular carers. They come in and say their name. They're polite and you can have a conversation and they put me at ease" and "I haven't been robbed and I've always been safe and I have a good carer."
- Staff had received training in safeguarding people and they knew what action to take if they suspected people were subject to, or at risk of abuse. A staff member told us, "I make sure people are safe and secure. If they refuse medicines or food, if there is change in their behaviour, any bruises I would be worried. I would report it to the office."
- The service had policies and procedures to safeguard people from abuse.

### Preventing and controlling infection

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.
- Staff had received Infection control training and were aware of infection control measures. The service



provided care staff with personal protection equipment (PPE) such as gloves and aprons. People using the service and staff confirmed staff were using infection control practices and PPE when supporting people. This ensured the risk of infection was minimised.

#### Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents and staff were aware of it. Accidents and incidents had been recorded including what action was taken to address the situation that occurred.
- Accidents and incidents were regularly monitored and analysed by the service's management team. When necessary care staff were provided with additional guidance and advise on how to improve their practice and avoid accident and incident from reoccurring. This information was provided in the monthly staff newsletter, staff information sharing online portal or individual supervision meetings.

# 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.

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

- People's needs were assessed at the start of the care package. People's care plans included information gathered during the assessment meeting had been used to formulate individual plans of care for people.
- Since our last inspection the provider had introduced a new electronic care planning system. The system allowed information about people's care to be updated in a real time and with no delay. This meant staff had access to up to date information about people's care needs and how to best support them.

Staff support: induction, training, skills and experience

- Staff were trained, skilled and experienced in their role. Newly employed staff received an induction and training. They also shadowed more experienced colleagues before they started supporting people independently.
- Records showed staff had completed training which covered a range of areas including food safety, infection control, medicines, continence management and pressure care, health and safety, first aid awareness, medication, dementia awareness, diabetes awareness, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA). Training provided was in line with The Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people. Staff received a combination of online training and classroom-based training that was provided by the service. Relevant certificates and completed workbooks were available.
- The service continuously monitored staff performance and competency through regular supervisions, spot checks, competency assessments and a yearly appraisal of their performance.

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

- During our previous inspection we noted that staff were not always provided with information about working with people diagnosed with diabetes. This had been addressed. We saw factsheet about diabetes were available in care plans for people with this condition. The document provided staff with information about what diabetes was and description of possible complications that could occur when supporting people this condition.
- People were supported to eat and drink in order to maintain a balanced diet. People and relatives confirmed they were happy with the support they received. One relative told us, "Staff do all the meals. They give [my relative] a choice of the ready meals available; she snacks in between."
- Where people required help with eating and drinking this was documented in their care plans. Care plans included details about people's likes and dislikes, their health conditions that may impact eating and drinking as well as religious and cultural needs. Where people had a history of weight loss or poor appetite, Malnutrition Universal Screening Tool (MUST) risk assessments were in place where necessary.

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

- Most people arranged their own healthcare appointments or had family who supported them in making appointments.
- Care staff monitored people's wellbeing. Staff understood that if there was any deterioration in people's health they should inform people's relatives and the service, so health care professionals could be contacted and involved in people's care.
- People and relatives confirmed staff took action to ensure people had received appropriate medical support when needed. One person told us, "The carer took excellent care of me. They asked if I needed an ambulance."
- The service worked closely with the local authority and health and social care professionals. When people's needs changed, or people's health deteriorated the service liaised with relevant professionals to ensure that people received appropriate care.

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.

- People's rights were protected because the service ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met.
- Care plans included information about people's preferred communication. There was information about people's capacity to make decisions along with details about what support people needed in respect of this.
- Care support plans had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it. If people were unable to sign the care plan, there was information about whether they had agreed to the care package.
- People and relatives said staff always asked for their consent before providing care. One person told us, "I tell them what to do. They do also tell me what they're going to do." A relative said, "Staff ask permission first. They talk my relative through as to what they're going to do."
- Staff received training in the MCA and understood the principles of the Act.

# 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

- Staff were caring and people were treated with kindness. One person told us, "The carer always has a smile and asks how I am. My surroundings are respected, and privacy is maintained as they don't ask me too many questions." A family member said, "Staff know about my relative's past as they have chats when they're here. They seem interested in what my relative has to say."
- Staff received training in equality and diversity and customer care. This was to help them to develop knowledge and appropriate skills to support people with respect to their background, beliefs and chosen ways of living.
- Most people received care from the same staff. A staff member stated, "We regularly get the same service users every week so that service users get to see familiar faces. This helps in building good relationships with people. This also helps with daily routines and makes visits run smoothly." People confirmed they liked receiving care from the same staff. A small number of people told us they felt less comfortable in the presence of staff who did not visit them regularly.
- Staff were caring and concerned about the wellbeing of people they supported. Some of staff comments included, "I love my care work. I love looking after people. I like to entertain clients, talk to them and they like it", and "I am very pragmatic. when there is any concern I quickly get in touch with any line manager so that we can deal with the matter as soon as possible."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of people's care. One person said, "The carers listen to me when I talk about what my care needs are." A family member stated, "The agency involves me in making decisions about my relatives care."
- Staff knew the importance of encouraging people to make decisions about their care so they could stay independent as much as they could. Some of staff comments included, "Empowering people to make their own choices can be difficult. However, making conversations about which decision we believe is the best for their well-being can help them receive the support they need", and "I take people out. If we buy something, I tell my client how much it costs and they can pay themselves. I encourage people to do things on their own, with little support if possible. They are enjoying it."

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's privacy, dignity and independence. People and their relatives said staff respected people's privacy and dignity when providing care to them. One person told us,

"My regular carer is very good. She has no problem in cleaning me immediately and it's all done with respect. My modesty is covered whilst changing me." A relative said, "The carer does everything my relative asks her to do, wash her, dress, puts cream on her legs."

- People could choose if a female or male care worker supported them.
- Staff understood the importance of protecting people's privacy and dignity when providing personal care. They said, "I close the door and windows. I cover them so they stay warm, I tidy up to avoid infection", and "I explain step by step what I am doing, because some people may not want me to touch them. I wash them, so they smell nice and feel fresh."

# 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider sought further support and training on handling of complaints. The provider had made improvements.

- People and relatives knew how to make a complaint. Most people and relatives we spoke with said the service dealt with their complaints to their satisfaction. Some people thought the provider still needed to improve how they dealt with complaints around staff lateness and prompt response to concerns raised by phone calls. We fed this back to managers during our visit. They were responsive to our feedback stating they would address it.
- We looked at a sample of four formal complaints and concerns received since our last inspection. These had been dealt with promptly. The information about the investigation and the nature of the issue raised was in some instances limited. This would help to identify what exact improvements were needed to reduce the possibility of the issue reoccurring. We fed this back to the registered manager during our visit. They said they would take action to address it.

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

- People received care they needed. One person told us, "They have a list [of care tasks] and tick them off on their phones. There are four care staff in particular that know what my needs are. They do help me to keep my independence." One family member told us, "My relative keeps forgetting to eat. The care plan ensures she gets one decent meal a day and the staff check that she's taken her medication."
- Care plans viewed were person centred, comprehensive and holistic. The provider used a new online care planning system. The system allowed care coordinators to update information about people's changing needs instantly, shortly after changes occurred. Therefore, staff could have access to current information about people's needs and care tasks required.
- Care support plans included details about people's history and medical background. There were plans outlining support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, mobility, medicines, religious and cultural needs. They contained information about people's past, previous interests and occupations. This information assisted care workers to understand people's individual needs so that they could provide the appropriate care and have relevant conversations with them.
- We viewed completed daily records and noted that staff recorded information that identified the person's state of health and wellbeing, and their ongoing progress.

### 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.

- The service assessed and met people's communication needs. People and relatives said the service used various ways of communicating with people and this suited people's needs. People said, "They send letters and the writing is big enough", "They call me, but if they're in the area, they just pop in" and "If I need to know anything, it's generally the carer that tells me."
- The service employed a mix of staff to meet people's language and cultural needs. Care staff were matched with people who spoke the same language so that communication was improved. The registered manager said, if needed, an interpreter would be made available to help to communicate with people.
- Some documentation, for example the service introduction letter and information leaflets, were produced in larger print so that they could be easily read by people.
- People's care plans included information on people's communication needs and abilities and what their preferred way of communicating was.

### End of life care and support

- At the time of our inspection the agency had not provided end of life care.
- Staff received training and guidelines of how to discuss end of life wishes and preferences with people who used the service. The provider was in the process of arranging further webinar workshops on end of life support. This was to ensure staff were more comfortable with speaking to people about end of life matters. Consequently, people's wishes and preferences would be known and respected in case they passed away.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People using the service, relatives and staff all spoke positively about the service. However, they all highlighted one area they felt would benefit from further development. This related to effective customer service including answering and returning phone calls from various stakeholders and prompt communication about care schedule changes.

We recommend the provider consider current guidance on effective and timely customer service.

- Overall people and their relatives gave positive feedback about staff who supported them. Most people said they were happy with care received. One person said, "So far, so good. 10/10 for the regular carer and 7/10 for the office." A family member stated, "It's improved dramatically with the recent change of service. It's a lot easier to get through to them on the phone".
- People and relatives thought that overall staff were appropriately trained to support people. They said that regular care staff knew people's needs and provided care that was required and person centred.
- There was a new online care planning system. This helped the provision of individualised and considerate care. Staff were able to commit more time to care and conversations with people as the paperwork they needed to complete was reduced.
- Staff felt supported by their managers. The majority of staff we spoke with said they were happy to work for the service. Some of their comments included, "Managers help you when you need it. They listen to me. I wouldn't be there all this time if I had any issues. I am happy to work for that company" and "I really enjoy my job as a support worker and being an employee for London Care because they look after us and keep us up to date with information and changes."

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; Working in partnership with others

- The registered manager understood their legal responsibility and their role in ensuring the requirements of the Regulations had been met. This included acting in accordance with the duty of candour, and open and honest communication about the quality of the service provided.
- The registered manager understood what events they needed to notify the Commission about. We found notifications had been submitted as required by the law.
- When required the registered manager liaised with respective local authorities and other professionals to



ensure concerns had been dealt with and that people received care they needed.

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

- The provider had a range of policies and procedures available to staff to guide them on how to carry out their roles and responsibilities and what they were accountable for. These had been regularly reviewed.
- There were various quality assurance systems in place. These were mostly used effectively to monitor the quality and safety of the service and to make needed improvements. These included the provider's audits, the registered manager's care plans and staff file audits as well as a range of ongoing staff checks.
- We noted that some medicines' and care records' audits had not highlighted issues identified by us during the inspection. However, from discussion with the management team during our visit, we found that they had already been aware of these shortfalls and they were taking action to address it.
- The latest CQC rating had been displayed on the service's premises and the website as required by the law.

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

- People using the service and their relatives were regularly asked for their views about care provided by the service. This was achieved through yearly service users' satisfaction surveys, quality assurance visits and discussions with people during staff spot checks.
- There was an action plan in place following the service users' satisfaction survey done in January 2019. The areas for improvement included staff punctuality, communication about changes to care visits, effective matching of staff and people who use the service and always applying person centred care. The service was in the process of addressing these issues.
- The service considered diversity amongst the staff and people. They aimed to meet people's needs equally and with respect to their individual characteristics. For example, staff had taken part in a workshop on LGBT (lesbian, gay, bisexual, and transgender) awareness. Care staff from various backgrounds could discuss and get a better understanding of matters relating to being a member of LGBT community.
- Staff were encouraged to share their views on the service delivery and when possible to participate in service development. A staff member told us, "We have meetings every three months. We can raise concerns any time and they will call you to the office to discuss it."

Continuous learning and improving care

- The registered manager maintained an improvement plan. It outlined the main areas of the service delivery that needed further development. The document reflected all shortfalls highlighted during our previous inspection and what action had been taken to date to address it.
- The management team also carried out other projects aiming to further improve the service provision. This included ongoing revision and modifications to the new online care planning system. The aim was to ensure the system met the needs of the service and was tailored to needs of people who used the service. For example, the provider was in the process of enabling some people using the service and their chosen relatives to have ongoing and remote access to people's care records and updates about their wellbeing.
- Accidents and incidents, safeguarding concerns and received complaints were regularly discussed and analysed by the senior management team. By doing this they ensured potential trends and patterns had been identified and actions agreed to drive improvements required.