

London Care Limited

# London Care (Rochester)

## Inspection report

Ground Floor Stirling House  
Culpeper Close  
Sunderland Quay  
Medway City Estate  
Rochester  
Kent  
ME2 4HN  
Tel: 01634 294555  
Website: [www.londoncare.co.uk](http://www.londoncare.co.uk)

Date of inspection visit: 22 and 25 September 2015  
Date of publication: 02/11/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We inspected this service on 22 and 25 September 2015. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

London Care (Rochester) is a domiciliary care agency, which provides personal care to people in their own

homes, who require support in order to remain independent. At the time of the inspection it provided a personal care service to approximately 495 people with diverse needs such as dementia, older people, learning disabilities and physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Effective systems were not in place to assess and monitor the quality of the service. There were no formal checks in place to ensure that medicines were administered safely. Care plans and assessments were not comprehensive.

London Care (Rochester) had a safeguarding policy dated 2013 in place. However, the policy had not been updated to reflect changes in regulation. The policy and procedure did not provide staff with information about Kent and Medway local authority safeguarding policy, protocols and guidance. This meant that staff did not have up to date information and relevant local guidance on how to recognise and protect people from abuse.

People told us that they felt safe. Staff received 'prevention of abuse' training and can recognise the signs of abuse or neglect and what to look out for. However, office staff had not received training to enable them perform their duties accordingly. Therefore, people were not fully protected against the risk of abuse.

The agency had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. However, the risk assessments had not always been completed in detail. Guidance about people's needs and details of how the risks could be reduced had not been put in place to protect people and staff. There was a risk of people not receiving their medicines as prescribed by their doctor because there were not effective systems in place for the management of medicines.

People told us that they did not think there was sufficient staff to meet people's needs. People did not always receive the amount of care and support that had been agreed. Care that was planned for care staff to carry out sometimes overlapped which meant that they were not able to spend the amount of allocated time with each person.

Staff told us that they sought people's consent prior to providing their care. We saw that there was a section of the care plan regarding consent. However the usage of these was inconsistent and sometimes contradictory.

Where people did not have the capacity to consent to their care and treatment there was no record of how the care provided had been agreed in line with the Mental Capacity Act 2005.

People's needs had not always been assessed and reviewed in detail. Assessments and care planning had been carried out by a person who did not have the required training, level of skill and knowledge to do so and as a result they were not always comprehensive. Some people required specific visit times for assistance with personal care, but this was information was not contained in their care plan. Plans of care did not contain detailed guidance for staff in how to support people safely.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. However, all staff had not received training in the Mental Capacity Act 2005. Staff were not able to tell us anything about the Act or its principles, and how it affected their practice. Staff did not have an awareness of Deprivation of Liberty Safeguards.

Staff had not received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

People knew how to make a complaint. However, people felt London Care (Rochester) had not been responding to their needs and office staff had not been responding to people's calls. People told us that the office does not always respond to their complaint. Complaint procedure had not been always followed.

People told us that communication with the office staff was not good. Care staff told us that there was no culture of openness and transparency. We have made a recommendation about this.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff told us that they received induction before starting in their job role. Staff talked positively about their jobs.

People told us that staff were caring and they treated them with respect during visits to their homes. People felt they were involved in their care planning processes.

# Summary of findings

People were supported to have choices and received food and drink at regular times. People spoke positively about the choice care staff offered daily.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to.

There was an emergency plan which included an out of hours' policy and emergency arrangements for people which meant that the service could be operated during severe and adverse weather.

# Summary of findings

## 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 safe.

The provider had not taken reasonable steps to protect people from abuse.

Risks to people were not well managed which meant that people may not be kept safe.

There were insufficient staff to ensure the health, safety and welfare of people using the service.

People were at risk of not receiving their medicines as prescribed by their doctor.

The provider operated safe recruitment procedures.

Inadequate



### Is the service effective?

The service was not always effective.

Staff had not received supervision and role specific training to support them in their roles.

People's human and legal rights were not respected by staff. Staff did not have knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to their care there was no record of how the care provided had been agreed in line with the Mental Capacity Act (2005) and the requirements of it.

People told us that staff supported them to prepare and make food which met their needs.

People told us their health needs were supported by staff.

Requires improvement



### Is the service caring?

The service was not always caring.

People told us that care staff treated them with respect and their independence, privacy and dignity were promoted. However, office staff did not respect and their dignity was not promoted.

Staff had a good rapport with people. They gave people plenty of time to communicate their needs.

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

Requires improvement



### Is the service responsive?

The service was not always responsive.

The assessment process was not comprehensive as it did not identify all of people's care and support needs.

Requires improvement



# Summary of findings

People's assessments and plans of care did not contain detailed guidance and care plans were not person centred to reflect the person's life, aims and aspiration.

People's concerns and complaints were not always listened to so that action could be taken to address them.

## Is the service well-led?

The service was not always well led.

The quality assurance system was not effective in rectifying shortfalls identified. There had not been any local audits which had taken place. Therefore, the provider was not aware of the quality concerns within the agency.

There were no systems in place to ensure that people received the amount of care that had been agreed.

People told us that communication with the office staff was not good and that there was no culture of openness and transparency.

Staff were clear about their roles and responsibilities.

**Requires improvement**



# London Care (Rochester)

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 and 25 September 2015 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

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

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us about by law. The provider completed a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We made contact with 23 people who used the service and five relatives of people who used the service by telephone. This was to gather their views and experiences relating to the service they received.

During our inspection, we spoke with four care staff, one trainer, one administrator, one supervisor, the registered manager and the area manager. We also contacted other health and social care professionals who provided health and social care services to people. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners are the organisation that has funding responsibility for some people who used the service.

We looked at the provider's records. These included 20 people's records, care plans, risk assessments and daily visit log records. We looked at eight staff files, an internal audit, satisfaction surveys, staff rotas, and policies and procedures.

This was London Care (Rochester) first inspection with new registration following relocation from premises they previously operated from.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included; “I feel very safe with the carers”. Relatives told us that their family members were safe. One relative said, “My mother is 97yrs old and still living at home so the care she is getting must be good. We know all her carers now and that enables us to feel she is safe”.

There was a safeguarding policy in place which was dated May 2013. This detailed what staff should do if they suspected abuse. The safeguarding policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. However, the policy still referred to ‘CQC Essential Standards of Quality and Safety’ and the policy was written with reference to the London multi-agency and procedures. It was not linked directly to the Kent and Medway local authority safeguarding policy, protocols and guidance. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. This meant that staff did not have up to date information and relevant local guidance on how to recognise and protect people from abuse.

Staff told us that they had received safeguarding training; this was confirmed on the training plan. The provider’s safeguarding policy stated that staff should receive training every 2 years. We saw that of 196 staff, 186 staff had completed safeguarding training within the last two years. Four completed the training in 2012, two in 2011, one in 2010, one in 2009, one in 2007 and one in 2004. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. However, evidence showed that office staff had not been trained in safeguarding adults. This meant that office staff, (who may be the staff receiving calls and concerns) did not have the knowledge required to keep people safe from possible harm.

The lack of updated policy and lack of some staff knowledge and skills in how to keep people safeguarded is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager did not have a good understanding of their role and responsibilities in relation to notifying CQC about important events such as safeguarding. For example, we found an open safeguarding concern, where London Care staff made home visits to a person and were involved in the safeguarding meeting. The safeguarding meeting resulted in action plans where London care was requested to make additional evening calls. CQC had not been notified of this notifiable event. We spoke with both the registered manager and provider about this and we were told that because the safeguarding was opened by another person/body, they did not know they had to notify CQC of this already opened safeguarding.

This failure to notify CQC was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. Members of staff told us that they would first report to an administrator in the office, and the registered manager. If this did not satisfy their concern, they knew to contact outside agencies such as the police, local authority and CQC.

Risk assessments had not always been completed in detail. The risk assessment forms used a scoring matrix of 0-10, which was not consistent and had not provided clear guidance to care staff in order to keep people safe. For example, one person who used a wheelchair, who was prone to falls was assessed and scored 6, which meant that they were at low risk. The risk assessment did not detail how staff could support the person to minimise the risk of falling. Another person’s medication risk assessment stated ‘Carers prompt me sometimes’. However, the medication section of the care file was not completed. There was no information about the medicines that the person needed to be prompted with, when it needed to be taken or the side effects of taking the medicine. In other cases, we found that staff needed to apply cream but there was no risk assessment in place to detail what personal protective equipment (PPE) staff should use when supporting people with administering prescribed creams. Environment risk assessments had been partially completed based on the scoring matrix used. Risk assessments were scored 3/4/5 - moderate in all the files we looked at even where no risks

## Is the service safe?

were identified such as cluttered areas ‘none’ and stairway obstructions ‘none’. The action required to mitigate the risks had not always been identified and documented. This meant that staff and people were not always protected from harm because safe systems of work had not always been identified.

Staff recorded information about any accident that had occurred in the daily visit log books kept in people’s homes. When these log books were full they were then brought to the office for archiving. The registered manager told us that once an accident had been reported by the care staff, the information is recorded on the computer. We looked at completed incident and accident reports over the last three months on the BRS (Branch Reporting System). However, we were unable to determine if they included information about the steps staff had taken to support people following an incident or accident or not. The provider told us that the management team reviewed accidents and incidents and took action which included emailing the person’s care manager and other agencies if required. However, these actions were stored on the office computer. There was no evidence to show that people’s care plan had been updated to ensure that staff were aware of the action that they needed to take to minimise the potential risk to the person’s safety.

The examples above and a lack of guidance for staff about how to keep people safe from individual risks were a breach of Regulation 12 (1) (a) (b) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they did not think there was sufficient staff to meet people’s needs. Comments included; “Most of the time it is okay with my regular carers but when they are on holiday it goes to pot. Today for example they didn’t arrive until 10.00am when they are supposed to come at 07.45”, “No there isn’t. It has got a lot worse as lots of staff have left but they don’t say why”, “No they don’t have enough staff, especially female carers” and “No they don’t have enough and they have difficulty recruiting staff. It has been worse as carers have also been on holidays or off ill”. Other comments included, “At the moment they are very short staffed”. “No they don’t. It never used to be like this. It has got worse in the last couple of months, it has gone right downhill”; “I know the turnover is very high, so little continuity”; “I get a carer three times a week to help me

shower and I wait in my nightdress for the 22.30 carer, but often the office doesn’t tell me that the carer will be late, so I end up sitting in my nightdress until 23.30, it’s not good enough is it”.

Staff also expressed concern at the way in which they were continually ‘asked’ to do extra shifts on their days off. They told us that if they said they were unavailable they would receive repeated calls asking them to cover. A member of staff said, “I don’t know why they send out rotas as it’s rarely the carer who turns up particularly if it is a ‘double hander’ (Two staff supporting one person)”. Other comments included; “Weekend calls/visits are the worst. We work throughout the day with sometimes one hour break”. All the staff we spoke with confirmed that there was not sufficient numbers of staff employed. They told us that they were working additional hours and that there were changes in rotas. We spoke with the registered manager about our finding and they told us that they are recruiting more staff to meet the shortfall to enable them to meet people’s needs.

This was a breach of Regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place. The procedures set out that there were three levels of care to providing support with medicines. The first level was general support which involved verbal reminder of people to take their medicines. There was a description for staff that detailed what assisting with medicines meant. Assistance included reminding people to take medicines, reordering of medicines and opening medicines containers. The second level was ‘physical assistance under my direction’ and the third level was described as ‘complete medication’ support. Care plans did not show the details of medicines and side effects. This meant people were at risk of not receiving their medicines safely, and at risk of not receiving their medicines at all. For example in one person’s file the medication risk assessment states that ‘I am not able to understand the medicines I am prescribed and support is to be provided by my care worker (level 3 complete medication support)’. There was a lack of detail about the person’s prescribed medicines in the care plan. In another person’s file we noted that they were assessed as level 2 support. We



## Is the service safe?

looked at the visit log and found that for example on 12 September 2015, they had a morning visit at 09.15 and on 13 September 2015, the care worker visited at 11.15 to physically support them with their medicines. This meant that the medicine administration was inconsistent.

A care worker said, “One person missed their medicine because staff did not turn up. If it was my mum, I will go mad” and “It is always back to back work over the weekend”. In another person’s care plan, there was no reference to prompting or administering medicines except to apply prescribed creams to the areas of dryness in the morning. We found a review letter from the GP regarding this but there was no evidence in the care plan that this had been checked or that the care plan had been reviewed since the receipt of GP letter. The person’s medication risk assessment stated, ‘I am not able to understand the medicines I am prescribed and support is to be provided by my care worker (level 3 complete medication support)’. There was a lack of detail about medicines required and no guidance to staff.

The failure to properly manage medicines was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment processes were in place. The provider had an employment policy, disciplinary procedure and other policies relating to staff employment. Appropriate checks were undertaken and enhanced. Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working before all relevant checks were undertaken. Staff we spoke with and the staff files records that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

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

# Is the service effective?

## Our findings

People made mixed comments about staff training. Comments included, “The new care workers that come in. They just don’t know what to do. I have to tell them. Why can’t the office train them up and tell them what’s needed before they turn up”; “The regular carers are great and I think they are well trained”; “I think the training they receive is okay but the new ones don’t shadow they are sent on their own to get on with it”; “I have had some carers who I feel have had no training what so ever. I feel they shouldn’t be out on their own as they lack experience especially the young ones. If they struggle with me and I have easy needs it must be awful for those with complex issues, this is because they don’t do any shadowing at the beginning. They used to do so years ago”; “Some office staff are lacking in customer service skills so need further training in this field” and “Training of office staff in how to be polite to the customer is needed”.

Staff spoken with demonstrated a good knowledge and understanding of their role. However, staff had not received all of the training and guidance relevant to their roles. The staff training records showed that staff were expected to attend essential training such as health and safety, food hygiene, infection control, first aid, moving and handling, prevention of abuse, nutrition and healthy eating, dignity and respect, dementia care and administration of medication. The registered manager told us that there was a new compliance officer in post whose job it was to ensure that staff were up to date with their training. Training sessions were held every fortnight and could be manipulated to meet the needs of staff.

The registered manager told us that London Care (Rochester) was working in partnership with another organisation to implement a new training system which would incorporate the care certificate. They were just waiting for the equipment to be delivered before it could be rolled out to staff. All staff including office staff had not been trained in areas that are required to meet people’s needs such as person centred care plan, falls, risk assessment, mental capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). Supervisors who carried out assessments have not had the required training, level of skill and knowledge to do so in areas such as care planning and risk assessments. As a result they

were not always comprehensive. Staff members we spoke with confirmed they had not had training in these areas. This meant that staff did not always have the knowledge and training to provide effective support to people.

Staff were not supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. It was acknowledged by the registered manager and staff that supervisions had not happened regularly. The provider’s policy clearly stated that staff should have three forms of supervisions. These were ‘office-based one-to-one supervision at least every three months’, on-site supervision (care staff spot checks) at least once in every six months and group supervision (team meetings) via three monthly staff meetings and attendance was mandatory. However, staff had not been given regular opportunities to formerly meet with the registered manager to discuss their job role and development. For example, out of eight staff files we looked at, two had supervision within the last three months, two had not received supervision at all and three were out of date.

Staff had not received regular annual appraisals. For example, out of eight staff files we looked at, four had out of date appraisal in 2014, two had not had an appraisal at all and two last had an appraisal in 2008 and 2009 respectively.

The examples above showed the registered manager had not ensured that staff received appropriate training and professional development to meet people’s needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they were employed to perform.

This was a breach of Regulation 18 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had not been given to staff. Staff were not able to tell us anything about the Act or its principles, and how it affected

## Is the service effective?

their practice. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making. Staff were unable to tell us about what it means. One member of staff asked us if this was same as safeguarding adults, we then explained what it meant to them.

Staff did not have an awareness of Deprivation of Liberty Safeguards (DoLS). They were not able to tell us anything about the DoLS or its principles, and what to look out for during visits. Knowledge and awareness about DoLS would enable care staff to identify and report any forms of infringements on people's rights and freedom. People's care plans contained a section about consent. We saw that 'Yes' was circled in all care plans meaning that people could provide consent. We asked the registered manager statements such as 'I can make decisions for myself' if there had been a capacity assessment on people. They told us "No" they do not carry out capacity assessment. We found that relatives had signed agreements in some instances for their family members, despite people being able to consent to their own care and treatment. For example, a 'service user agreement' was signed by one person's relative. There was no information to say that the person did not have capacity to consent to their own care plan so it was unclear why it had been signed by the relative. Within the memory difficulties section of the care plan it stated, 'Making decisions/best interest I discuss with family' however it did not say that the person could not make decisions. This meant that the provider did not follow the principles of the MCA when assessing people in order to meet their needs.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs were assessed, recorded and communicated to staff effectively. The provider completed risks of malnutrition or dehydration, which showed people's needs. A supervisor told us that care workers record the care and support provided in the daily logs. At the back of the daily logs is a food monitoring log which was also completed and monitored these during visits. A relative said, "They always ask her [mother] what she wants for breakfast. Sometimes she gets up before they come and will put out what she wants for breakfast and then they will see to it". Care plans detailed the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and to ensure that staff left drinks in reach of people before leaving. One staff member told us that they enabled people to choose and eat food that they liked and ensured that food was fresh. This meant that people's nutritional needs were met.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff supported people to make contact with healthcare professionals. Staff contacted the office to inform the administrative team when any appointments had been made so that appropriate support could be arranged if people needed help to attend the appointment. Records evidenced that people had been seen by their GP, optician, and hospital when necessary. One person told us, "My regular carer knows me very well and understands my health problems. She knows when she comes in how I'm feeling".

# Is the service caring?

## Our findings

People said staff were kind and good to them. They commented as follows; “The carers are marvellous, lovely people”; “The carers always ask me if I’m alright and whether they can do anything more for me”; “They are lovely girls, and they do that little bit extra for me, and really help me with anything I want. I feel very safe with them, they are kind”; “The carers are good, I’m OK with them. In the main they’re OK” and “The carers are all very helpful and I’m happy with everything thank you”.

London Care (Rochester) had a guide which had been put together to provide information for people who used the service. The registered manager told us that this was given to each person when their care package started. The information guide included contact details for the service, a photograph of the provider, details of the types of care and support offered the complaints procedure and a survey. The ‘service user guide’ set out the aims and objectives of the service. Family involvement in care and care planning was encouraged.

We asked people if they were treated with dignity and respect by care workers and if they were caring and kind. They all said that they were happy with the care provided. One person said, “Yes they are and if they are worried about me they talk to me about it and we discuss whether I need to see my GP or not”. Another person said, “We have a laugh and a joke and when you live alone you tend to talk a lot to the carers and then they remind me that I am not paying attention and could fall” and “My carers have become great friends over the years. We have a good rapport and they know my likes and dislikes”. However, people told us that office staff who handled phone calls did not treat them with dignity and respect. One person said, “I feel I am owed some respect and dignity. It is not the carers fault it is the office that will keep rescheduling my good carers. I am sad and depressed with this treatment” and another person said, “the office staff need to be sorted out. Half the time they don’t know who is working where”. This meant that people felt that the office staff had not always respected their rights and dignity.

### **We recommend that the provider seeks further guidance on how office staff respects and treats people with dignity.**

Staff were knowledgeable about people’s needs, their likes, dislikes and the activities they liked to pursue. People told us that they felt involved in their care planning and that their care was flexible. A family member said, “Yes they did involve us and I thought they had listened to what my father and I wanted.” One person said, “I was involved in my plan and they did listen to me and incorporated my choices.”

People told us that staff listened to them. They told us that they were able to express their opinions and were listened to. One person told us, “Yes you can choose, I said I would like so and so and they listened”. One care staff said, “I always allow them to choose. For example, I give them two or three items such as clothing or breakfast to choose from”.

People’s care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. For example, one person’s care plan showed they needed three care visits a day to have support with their personal care, eating and drinking. The daily records evidenced that the person received three care visits each day as detailed in the care plan. The records noted what the person had eaten that staff had time to chat.

People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the registered manager’s office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and I.T support to ensure that files could be accessed and recovered in the event of I.T failure.

# Is the service responsive?

## Our findings

People told us that they had a care plan in their homes that care staff referred to. Everyone said they normally had the same staff. However, they said the office had not always informed them if there were changes due to sickness or holidays. One person said “I get regular carers but I’ve been messed about a couple of times when they’ve been late” Other comments included “I’ve now had to cancel my weekend care as the carers just were not turning up, or they’d turn up too late for me, so I just cancelled it”; “The office staff are very poor. They never phone me up when carers are going to be late, or even when carers don’t turn up. I never hear about what’s going on, they never keep me informed”. “They are late all the time and don’t ring and let me know” and “The girls can’t help being late or rushing as they need wings to get from A to B as the start of the next clients call coincides with the end of my call. It lets the girls down”.

People’s needs were not always fully assessed with them before service started to make sure that the agency could meet their needs. There were no records to evidence that the provider had carried out an assessment of people’s needs following the receipt of the referral. We spoke to the registered manager about this. They told us that they do try and do these within two days after referral. Assessments had not been regularly reviewed by the supervisors (delegated person), and care plans had not been updated as people’s needs changed. The supervisor we spoke with said, “I would pre book risk assessments and review care plans annually with the people. However, if needs change then they would be done sooner than this”. However, we found that this was not happening as described to us. One care staff said, “One person I look after left hospital in December 2014 with increase in package to two visits a day. Up till now, the office had not reviewed the care plan”. The registered manager said that they didn’t have enough staff or the time to do them. She said that care plans were reviewed annually. Staff used daily logs to record and monitor how people were from day to day and the care people received.

The care plans were not person centred to reflect the person’s life, aims and aspirations. Care plans were not always appropriately detailed. For example, in one person’s care plan there was an emergency contact named. However, there were no contact details and there was no

second emergency contact person. In another care file, there were falls/mobilisation risk assessment and nutrition and skin care assessments but there were no specific support detailed for care workers. This person also had diabetes and there were no detailed guidelines for staff to follow to support this person to manage their diabetes.

People’s care plans that we viewed did not detail their life history and important information about them. Such as previous occupations, places they had lived and important people in their lives. In the care plans, there was a section about people’s life history named ‘my life story’. We found that this was either left blank or a single sentence was written. For example, one person’s care files stated ‘I have lived here 14 years’ and there was no other information. Another person reads ‘In royal navy 15 years’ and ‘Lives at home with husband’. A detailed person centred plan had not been put in place to help new staff understand the individual’s history. This would have helped staff to engage each person in discussion about things that were important to them and enable staff to develop a good rapport with the person as well as a good understanding of their life.

The training provided had not been embedded into the care planning process to ensure that person centred care could be delivered to every person who used the service. When concerns and changes were logged by the care team these had not been added and updated on the person’s support plan. This meant that staff did not have all the information they needed to provide care and support.

The examples above were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt London Care (Rochester) had not been responding to their needs. People said, ““Even though I rung London Care and explained I need regular mature carers, they keep sending young girls. They keep sending children to care for me and I find it embarrassing, having children caring for me. I resent it is not in my culture to have these girls care for me I expect to have mature carers and also the ones named on my rota. It is not the carers fault; it is the office that will keep rescheduling my good carers. I am sad and depressed with this treatment”.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the ‘service user guide’. The complaints

## Is the service responsive?

policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). The complaints procedure gave information about how long it would take for the provider to respond to complaints. While most complaints were responded to within specified timeframe, we found that some were not. For example, a complaint logged in August 2014, was not closed until August 2015. Another example was from May 2014 which was not closed until September 2015. The registered manager explained that this was because they were waiting for more information. This meant people would not have confidence in making a complaint and be assured this would be responded to within specified timeframe.

People told us that the office did not always respond to their complaints. They said, “On one occasion my family member phoned the office to complain but nobody phoned us back, and when I called them back again they had no record of our call to them, it’s just not good enough

is it” and “Sometimes I want to speak to the manager to complain about things, but I can’t get through – I’m told she’s either on the phone or out of the office, and she never calls me back. I always have to make the calls, nobody phones me back when they say they will”.

People were encouraged to provide feedback about the service. The provider carried out annual ‘Service Quality Survey’. The last survey was carried out in May 2015. This evidenced that 78% of people who used the service and 20% of relatives completed the survey. They were asked questions about their experiences. For example, people were asked, ‘Are you told if your care worker is running late? 46% said sometimes, 22% said never and 22% said usually. When asked if they know how to complain? 83% said yes and 17% said No. These examples of the survey findings correspond with our inspection findings. However, we did not find any improvements to the shortfalls identified in the May 2015 survey because people were still experiencing the same issues.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



# Is the service well-led?

## Our findings

People told us that the agency was poorly led, with a lack of communication from the office staff and the inability of being able to talk with the registered manager. Comments included, “The carers themselves are good, but the organisation is appalling. I’ve been with them for five years, but the past two years things have really gone downhill”; “We never see the manager, and nobody asks our opinion of the service we’re getting”; “I did speak to the office and asked to speak to the manager with a problem and was told that she’d phone me back but she didn’t. I do know the manager and she’s always so busy. The carers tell me that they get on very well with her, and that she is supportive”; “The coordination of the carers is bad, nobody from the office phones you back when they say they will, you can’t get hold of the manager. She’s either too busy or she’s somewhere else. I’m sick of arguing with them in the office. Sometimes I don’t know who’s coming or when”; “The agency is not well managed” and “I think it needs better organising from the top down so it filters through. They are short of office staff as well as carers currently”.

The agency had a clear management structure in place led by the registered manager who understood the aims of the service. Support was provided to the registered manager by the area manager, in order to support the care and office staff. The area manager visited the service to support the registered manager with the inspection. The registered manager oversaw the day to day management of the agency. The registered manager spent a lot of their time dealing with emails from staff, telephone calls, raising invoices, staff wages and general administrative matters. Additional jobs had been added to the registered manager’s role when office and administration staff had left. This took them away from overseeing updating and reviewing support plans and paperwork which meant that some paperwork had become out of date. This showed that the registered manager would benefit from additional resources from the provider to enable the day to day management of the service.

The provider carried out an internal audit on 22 January 2015 which focused on the office, safety and security, service management, external review, comments & complaints, feedback and recording, staffing review, recruitment and staffing checks. For example, out of 100%, it scored service management 25.5%, comments and

complaints 64.5% and staffing recruitment 54.1%. This showed that the internal audit carried out in January 2015 identified some of the issues we found at this inspection. We found no action plan to rectify identified issues and evidence showed that nothing had been done to rectify these issues.

The provider was not aware of other quality concerns within the service and had not identified the other issues that we found during the inspection. The registered manager and provider had not carried out quality monitoring checks locally to check that staff were providing care and support as they should be. People confirmed this. One person said “Managers are not resolving problems. Communication between themselves and the office staff is lacking. They don’t listen to me or communicate with each other” and “Managers need to better organised and get it to filter down especially concerning rotas. My regular carer comes to me from 07.45 to 08.30 but her next call is supposed to start at 08.30 there is no travel time”. Care staff also confirmed that they do not receive enough travel time and they sometimes had to take time from care hours to travel to their next visit.

The registered manager told us that they carry out quality checks during reviews. We found that the quality checks named ‘Quality Assurance Visit Record’ was not sufficiently detailed and did not resolve people’s concerns. People told us that the office relied on people making contact with the office to report concerns such as staff turning up late. This meant if people were worried about getting staff in to trouble they may not report poor practice.

There were no audits of calls times carried out to ensure that people were getting the care and support they were assessed for. Although all of the data was available to the provider and registered manager, no comparisons of planned and actual delivered hours of care had been made. Visit log books had never been audited in line with call times. People were at times not receiving the amount of care hours that had been agreed and there was no process in place to identify this. This also meant that the local authority was paying for care that people were not receiving.

Reviews of people’s care plans were inconsistent and there was no established system in place to ensure that people’s care plans remained up to date. The registered manager and supervisor told us that reviews were done annually and when needs changes. We found that this was not the

## Is the service well-led?

case as people were discharged from hospital with increases to their care package and they had not been reviewed in nine months. We saw that the agency had recently introduced a new system called BRS (Branch Reporting System). This was to assist with various audits needed including complaints to see if there were any patterns or emerging themes. The BRS was in its infancy. It did not provide any summary of the information contained.

This lack of an effective quality assurance system to assess, monitor and improve the agency is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

London Care (Rochester) had a clear aim which stated, 'Our aim is to deliver care which improves the lives of our service users and that treats them, and their families, with respect, dignity and compassion. We believe that our services should not only comply with regulatory standards, but that they should also deliver excellence and promote overall wellbeing'. The local management structure in place led by the registered manager understood the aims of the service. However, the local team had limited resources to achieve these aims and therefore these had not been successfully implemented by the service. This was demonstrated by feedback from people and what we found during the inspection.

Care staff had not been encouraged to be open as we were told that there was no culture of openness and transparency. However, some staff said that management was sometimes supportive of them. Staff told us, "Office management is extremely unapproachable. For example, trying to know things about your wages, holiday and rota.

Generally, all staff said they have been told not to approach head office" and "Communication with the office is not always good". One member of staff said, "I have not had any problem with the manager".

People told us that communication with the office staff was not good. They said, "There is no communication from the office, and I called three times but nobody answered, I think they know my number now and ignore it. I think they just don't have enough staff and the attitude of the office staff is pretty poor".

Communication within the agency staff was facilitated through 'branch team meetings'. We looked at minutes of 28 March 2015 meeting, which was the last meeting. We saw that this provided a forum where areas such as communication, responsibilities, health & safety and people's needs updates amongst other areas were discussed. However, staff told us that when they do raise an issue, office staff were always defensive and did not listen to them. The provider's policy stated that team meetings should be held 'via three monthly staff meetings and attendance is mandatory.' As reflected here, the last meeting was held six months ago. This meant that the registered manager had not complied with the organisations policy on team meetings.

**We recommend that the agency seeks advice and guidance from a reputable source, about promoting communication between office staff and both people who used the service and staff.**

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>People's needs had not always been assessed and reviewed. Care plans were not person centred and not meeting people's needs. Care plans did not detail people's life history and important information about them.</p> <p>Regulation 9</p>

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Lack of staff awareness of Deprivation of Liberty Safeguards and consent issues.</p> <p>Regulation 11</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Lack of guidance for staff about how to keep people safe from individual risks and failure to properly manage medicines.</p> <p>Regulation 12 (1) (a) (b) (2) (a) (b) (c) (g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Lack of updated policy and lack of staff knowledge and skills in how to keep people safeguard people.</p>

This section is primarily information for the provider

## Action we have told the provider to take

### Regulation 13

#### Regulated activity

Personal care

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Office staff had not always responded to people's complaint.

Regulation 16

#### Regulated activity

Personal care

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Lack of an effective quality assurance system to assess, monitor and improve the agency.

Regulation 17

#### Regulated activity

Personal care

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient staff to meet people's needs.

The provider had not ensured that staff received appropriate training and professional development to meet people's needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform.

Regulation 18

#### Regulated activity

Personal care

#### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not notified CQC about important events such as, abuse.

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 18

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.