

## North London Asian Care

# North London Asian Care

### Inspection report

254 Bowes Road  
London  
N11 2JH

Tel: 02088880999

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

North London Asian Care is a non-profit making registered charity that provides personal care to people living in their own homes. It provides care and support to adults of all ages, but most of the people using the service at the time of our inspection were older people. The service specialises in providing a service for people from an Asian background but also supports people from all ethnic groups. At the time of the inspection there were 103 people using the service.

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

People's care plans were not person centred and were task focused.

There was mixed feedback about the competence of staff. Staff did not receive regular supervision. We have made two recommendations about person centred care planning and assessing staff competence and performance.

We received some feedback about instances of poor staff communication and timekeeping concerns. Medicines records did not accurately and consistently reflect the support people needed particularly in relation to topical creams.

Risk assessments lacked guidance in relation to managing and mitigating risks to ensure people are safe.

There were systems in place to assess and monitor the quality of the service provided. However, were not sufficiently robust to identify that improvements were needed in relation to risk assessments, medicines, staff timekeeping and communication, staff competence and regular supervision and care plans not being person centred.

People told us they felt safe using the service. Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. People were supported to maintain good health and access to a range of healthcare services when needed. People were supported with their food and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective 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 good (published 1 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified four breaches in relation to safe care and treatment, deployment of staff, person centred care and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# North London Asian Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by an inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Chief Executive Officer also joined the inspection team to observe the inspection process. The inspector returned to the service on the second day, to complete the inspection.

#### Service and service type

North London Asian Care is a non-profit making registered charity that provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection activity started on 28 February 2020 and ended on 1 March 2020. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

#### Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. 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. This

information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and sixteen relatives to gain their views about the service. We spoke with four staff members, the registered manager and Chief Executive Officer [provider representative] for the service.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at eight staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

### Assessing risk, safety monitoring and management

- Risks to people's safety were not always assessed. Risk assessments did not have clear guidance for staff on how to keep people safe, prevent or mitigate risks to people. For example, one person was bed bound and also had a pressure ulcer(s), there was no guidance for staff to prevent and minimise the risk of potential pressure sores. Daily notes completed by staff also showed no record of staff moving the person in this way to help minimise the reoccurrence of bed sores.
- The person also smoked whilst remaining in bed. There was no risk assessment in place for this. The service had contacted fire authorities who provided a fire retardant blanket but records showed the person did not use the blanket and there was continuing risk of fire. However, there was no risk assessment in place to reflect this and guidance for staff to help mitigate this risk.
- There was limited information about the safe practice and risks associated with falls, using equipment and appropriate moving and handling techniques required by staff. For example, one person needed support with a number of mobility aids and had limited ability to weight bear. The moving and handling risk assessment indicated assistance was needed, however did not detail the assistance needed and how this was to be done safely.
- One person was at high risk of choking and was on a pureed diet. There was no choking risk assessment in place detailing guidance for staff to minimise the risk of choking and what actions staff should take in case the person did choke.

Risks to people had not been assessed and monitored effectively which meant people were at risk of receiving unsafe care and treatment. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager who told us they would ensure risk assessments were updated and include appropriate guidance for staff. We will follow this up at the next inspection.
- Staff received moving and handling training and understood where people required support to reduce the risk of avoidable harm. People and relatives told us they are no concerns with regards to their safety. A person told us "They have never dropped me when using the hoist in fact I like being lifted by the hoist." A relative told us "The carers are aware of potential risk."

### Using medicines safely

- Medicines were not managed safely. Medicines administration records (MARs) contained no unexplained gaps, however, medicines records did not accurately and consistently reflect the support people received. Therefore, we could not be assured that people received their medicines as prescribed.

- For example, there was no information in people's care plans on how their medicines were to be administered and the support they required with this. Statements such as 'carers to administer the medication' were used but no further guidance for staff on how this should be done. It was not clear what medicines people were receiving as MAR sheets would only reference 'BL' or 'Blister Pack.'
- Some people required support with the application of topical creams. However, details of the creams including when, where they should and where they were actually applied to people had not been included on people's medicines records.
- MAR sheets showed variations with the times people received their medicines. For example, one MAR sheet dated 9 December 2019 showed staff administered the medicines to the person at 8.50am, however on the 11 December 2019, the medicines were administered at 10.20am. For another person, the times medicines were administered to them was not recorded at all.
- The MAR sheets made reference to 'morning call' to 'lunch call' but there was no detail of the times of the calls for the person or when medicines needed to be administered. This meant we could not be assured people received their medicines on time.
- Monthly medicines audits were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. However, these had not been effective as they did not identify the shortfalls we found at this inspection.

Systems in place were not effective to ensure the safe management of medicines. This is a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these concerns with the registered manager who told us they would review the MAR sheets and the way medicines support was recorded. We will follow this up at our next inspection.
- People and relatives spoke positively about the support they received with their medicines. A person told us "I use to do my meds myself but now the carers do it. They know exactly what they have to give me.... They record what they have given." A relative told us "Yes to meds; all done appropriately."
- Staff completed training to administer medicines and their competency was checked.

#### Staffing and recruitment

- Staff were not effectively deployed to meet people's needs. We received mixed feedback in relation to timekeeping and inconsistencies with the care and support people received from the service. A person told us "They [staff] are usually on time. It is very rare I have a problem with their timings." A relative told us "Yes they [staff] arrive on time and they let us know if they're running late."
- However, a person told us "They [staff] are often late, and they never ring and tell you." A relative told us "I think the morning carers are pretty good.... The evening carer is the problem as she can turn up between 4.30 and 5.30 and person doesn't feel hungry at that time; the care plan is 6pm evening visit for the evening meal; it's still happening that they're turning up early."
- We also received mixed feedback in relation to the duration of visits attended by staff. A person told us "They never rush and are happy to help me with whatever I need doing during the time they are allocated to do my care." However, another person told us "They don't appear rushed, and they do have time to have a chat with me. There are some carers who go beyond their duty with me. Some carers do tend to be in an out." A relative told us "Weekends are the worse for rushing [person]. They keep trying to reduce the time from an hour down to 40 minutes. There is one carer who does rush [person] and usually finishes in 30 minutes."
- The provider had an electronic system in place to monitor staffing levels and timekeeping. We reviewed monitoring records for February 2020 which showed some instances of staff not staying the duration of their calls. Call records also showed some visits that had no log in or log out times recorded at all.



The systems in place were not effective to ensure staff were effectively deployed to meet people's needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager who told us there were issues with logging calls and these were not routinely monitored. However, they were looking to adopt a more effective electronic system with software to monitor staff timekeeping on a 'real time' basis and increased monitoring. We will follow this up at the next inspection.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed. However, we reviewed records for eight staff members, for five staff members, we found no evidence of interview notes completed. We reviewed the recruitment policy for the service which clearly showed value based interview questions were to be used when interviewing potential candidates and an interview scoring to be completed to demonstrate they have met the essential requirements for the job which had not been completed.
- We discussed this with the registered manager who told us they would ensure documentation would be consistently completed for all staff. We will follow this up at the next inspection.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A person told us, "100% (safe). This is not the first agency I have had but these are the very best and go over and above when I am feeling fragile and helpless." A relative told us "Yes I do feel safe. When the carer comes in to the house, she respects [person's] wishes; if [person] doesn't like something she respects this; there's no force and no insistence."
- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and staff had completed safeguarding adults training.
- Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A staff member told us, "I would report it to the manager and record it. If they did not do anything about, I would go higher to senior management. I can call the local authority, call the police and speak to CQC."
- Where there were concerns of abuse, the registered manager had notified and worked with relevant healthcare professionals, including the local authority safeguarding team and CQC to ensure any concerns were acted upon.

Preventing and controlling infection

- The service had an infection control policy in place. Staff had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.
- People using the service and their relatives told us care workers always wore protective clothing when providing them with personal care. A person told us, "Yes they do wear gloves and aprons."

Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents in a timely manner including notifying relevant healthcare professionals and CQC.
- The system enabled accidents and incidents and complaints to be analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to staff in meetings and training sessions to embed good practice. For example, the service responded to an alert in relation to a double up call. This was followed up with the staff member and relayed to other staff to minimise reoccurrence and improve practice.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Feedback from people and relatives showed inconsistencies with the experience of staff to carry out their roles effectively. A person told us "My regular carers on the whole are superb" and a relative told us "Yes she does. The carer understands dementia." However, a relative told us "I don't always think the staff know what they are doing, I wouldn't say they are well trained." Another relative told us "I don't think they are adequately trained on how to care properly. Compassion is often lacking."
- Records showed staff did not receive regular supervision or appraisal to review and monitor their performance and development needs. For example records showed one member of staff, had not had a supervision since May 2017.
- We reviewed the supervision policy and procedure for the service which stated the current supervision frequency for staff at the service was '4 per annum' and these should be documented in an annual planner template,' This was not being followed or implemented effectively by the service.

We recommend the registered manager review their existing systems to measure the effectiveness of the training being provided to care workers and ensure staff performance and their competence are assessed so any shortfalls in staff performance are promptly identified and actioned.

- We discussed this with the registered manager who confirmed that individual supervisions did not take place, however regular group supervisions with staff had been held. Staff we spoke to confirmed this. Minutes of the group supervision showed areas such as rotas, medicines, training, monitoring system and missed calls were discussed. The provider representative told us they would be reviewing their policies and procedures in relation to supervision and appraisal to ensure they were implemented fully. We will follow this up at the next inspection.
- Staff had completed an induction programme based on the Care Certificate which is the benchmark that has been set for the induction standard for people working in care. Records showed staff completed training the provider considered mandatory in areas such as safeguarding, moving and handling, infection control and food hygiene.
- Staff competency was assessed by spot checks. This involved staff being observed by a member of staff and assessing how care workers carried out their duties.

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

- Assessments were carried before people started using the service to ensure their needs could be met. People and relatives where appropriate were involved in the assessments to enable them to make an

informed choice about their care. A relative told us "Yes they did; we had an input as to what we wanted."

- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans. However, people's care plans did not detail how people should be supported appropriately.

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.

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.

- The service worked within the requirements of the MCA. Where people had capacity, records showed the service obtained their consent about their care and support. Where people lacked capacity, records showed the best interest decision making process has been followed which included involving relatives and healthcare professionals if needed. A relative told us "Yes, they do ask for consent."
- Staff understood the principles of the MCA and asked people's consent before providing care.

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

- People were supported to eat, and drink based on their individual preferences and choice where required. A person told us "They [staff] always ask me what I want to eat. They deal with anything that needs to be hot such as my soup or meals in the oven. I like to do my own sandwich, so the carers give me the ingredients I need to make it. The person also told us "They make sure I have plenty to drink." A relative told us "They [staff] help [person] to sort out their food, such as getting the meal ready and to remind [person] to eat and drink. I think they do it well."

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

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as social workers, district nurses and GPs to deliver effective and timely care. A person told us "They [staff] will call my GP for me if I am unwell and when I have to go to the hospital, I need a carer to come with me and they arrange this for me as I can't go on my own anymore."

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There was a lack of consistency in the care approach of staff. Some people and relatives told us communication from staff was poor and there was a lack of interaction between people and staff. A person told us "Sometimes the carers English is poor, and I have to ask repeatedly for them to repeat what they are saying. I can't understand or pronounce their names, so I ask them to put it on a piece of paper and how to pronounce it. Being housebound and only seeing the carers I have a tendency to talk a lot to them and it is important that they try their best to talk to me."
- Another person told us "Communication is a problem at times as some of them are difficult to understand. Some of them have an accent that makes it very hard for me to understand them. They are not always happy when I tell them I can't understand what they are saying. Even though I am of Asian descent I can't always understand them."
- Relatives also told us there was a lack of interaction and effective communication from staff. A relative told us "This is one of my main areas of contention. Only one of the carers who come reasonably regularly communicates in-depth with [person]. The others operate with basic functionality. They show [person] little or no interest in them or even try to build a rapport with [person]." Another relative told us "There is very little interaction between the carers and [person]."
- We discussed this with management staff and the provider representative who told us they had identified this as an area to improve and were in the process of setting up classes for staff to improve on their communication skills.
- Some people and their relatives spoke positively about the care they received and told us staff were kind and caring. A person told us "Generally, I think they [staff] are kind and caring." A relative told us "They definitely treat [person] with kindness and compassion."
- Feedback from people and relatives indicated some positive caring relationships had developed between people and staff. A person told us "The staffs are kind and compassionate if I am upset, they will discuss with me what has made me sad and then they try to cheer me up. They know me inside out. We do have a good laugh and a joke. They talk a lot to me they are like my extended family." A relative told us "There is a good relationship with the carers as they have chats with [person]; there is a regular carer who is very good and she does the shopping, and they get on very well."
- People's cultural and religious needs were respected and accommodated for. The service matched people with staff from similar backgrounds. A relative told us "What the nice thing is about the agency is that they speak Gujarati and that helps with communication." Another relative told us "Yes as the carer is of the same culture as [person]."

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

- Records showed people and their relatives were involved in decisions about their care. A person told us, "Yes and the [staff] who comes is very helpful and willing to adjust. My views are always taken into account." A relative told us "They [staff] review [person's] care every six months and listen to me and make changes if necessary."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. People were asked whether they preferred a male or female staff member, and this was accommodated for. A relative told us "[Person] would not want male carers' only female ones."
- Staff received privacy and dignity training. They were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care.
- People were supported with their independence and encouraged to do as much as they could for themselves. A person told us, "They [staff] do encourage me to do as much as I can especially on my good days for example when feeling good, I can open the door to them rather than them using the key safe." A relative told us "They are polite, and they do encourage [person] to do things for themselves."
- Staff understood the importance of promoting people's independence. A staff member told us "You have to encourage their independence where you can. For example, if they can wash their face, I will give them a flannel to do that. When they eat, I give them their spoon and they eat themselves, but I am there for them if they need my support."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were not person-centred and mainly task focused. Care plans lacked detailed guidance on how people should be supported appropriately. Therefore, people were at risk of receiving care that was not appropriate to their needs and in accordance to their individual preferences.
- The language used was often a list of instructions. For example, in one person's care plan, it stated, 'carers to provide me with my personal hygiene i.e. oral hygiene, undress and carry out a bed strip wash, apply cream, put on a clean incontinent pad' with no further guidance provided on how this should be done.
- People had specific conditions such as arthritis and psoriasis however, care plans did not contain any guidance specific to these needs and how it affected people's daily well being.
- Care plans and risk assessments used the term 'client' or 'service user' to refer to people and not their names and lacked information in relation to people's preferences, likes and dislikes and specific cultural and religious needs. A relative told us "They do what they need to do and asked to do. Proactiveness could be worked upon such as ensuring [person's] legs don't get dry; ask [person] if they want their hair brushed because it might make them feel better. It's the little things that can make a massive difference to their physical and emotional output."
- No one at the service currently received end of life care. We noted in a person's care plan, a copy of a Do Not Attempt Resuscitation (DNAR) form. The registered manager told us the person was not on end of life care but the DNAR was in place in case the person's health significantly deteriorated. However, the person's care plan did not contain any information, in the event of the person's health deteriorating, what the person's end of life's wishes were, and how they would like to be supported, should that time arise.

Aspects of people's care was not person centred and did not reflect people's preferences. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review the care plans and ensure they were person centred with guidance that detailed the care and support people needed in accordance with people's specific needs. We will follow this up at the next inspection.
- People and their relatives spoke positively about the service they received which met and was responsive to their needs. A person told us "Magnificent carers." A relative told us "They're punctual and reliable and I know that they look after [person]. They chat with mum and [person] enjoys that."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and whether they were able to communicate their wishes. The registered manager told us they were able to tailor information in accordance to people's needs and in different formats if needed.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to promptly by the service manager. A person told us "I have never had to complain... Currently we are impressed with the care I get." A relative told us "Yes, it [complaint] was dealt with."

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- A number of audits had been conducted by the registered manager and the provider which covered aspects of the service including care records and medicines. However, these were not robust enough to identify the issues found during this inspection. We found improvement was needed in relation to risk assessments, recording of medicines support and tropical creams, staff timekeeping, staff not receiving regular supervision and appraisal, people's care received and care documentation were not person centred and there was poor communication from staff.
- There was mixed feedback received from people and relatives about the service in general which demonstrated inconsistencies with the quality of care people were receiving. A relative told us "First class; always very polite; whenever I have had to re-arrange a timing, they've sorted it out for me. They call straight back. They go above and beyond." Another relative told us "I would like to commend all the staff and I highly praise all of them." However, a relative told us "They don't seem to take concerns on board. I've got a feeling that they try very hard, but nothing seems to get done." There were also some people and relatives who did not know who the registered manager was. A person told us "I know from the carers there has recently been a new manager, but I have no idea who he is or what his name is."

The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new registered manager came into post October 2018 and a new CEO came into post December 2019. They told us they had started to review the service and identified areas that needed improving such as monitoring calls, regular supervision and appraisals to be put in place, improved communication by staff and a review of all care documentation. An action plan was already in place and the provider representative told us they were working through this to address the issues. We will follow this up at the next inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. For example, we noted communications to people and



their relatives showed the registered manager provided apologies and reassurances that action was being taken to minimise the risk of any reoccurrence of such events and any issues were resolved. CQC was notified of any significant events at the service when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider obtained feedback from people and relatives through review meetings and monitoring calls. A relative told us "It's a face-to-face. Views are taken into consideration." The provider representative told us they were in progress of sending surveys to people and relatives so they could improve the service where needed based on their feedback.
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us "Any problems or updates they share with us and they listen to us."
- The provider representative told us about other initiatives they have put in place to encourage staff participation and contribution such as a staff survey to gain staff feedback, a staff newsletter to keep staff regularly informed of any updates and carer forums which would allow staff to ask questions and contribute ideas to how the service was run.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- Records showed the provider was inspected by the local authority monitoring team and working with them to make improvements where needed such as punctuality.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Aspects of people's care was not person centred and did not reflect people's preferences.  Regulation 9 1 (a) (c) 3 (b)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The systems in place were not effective to ensure the safe management of medicines.  Risks to people were not assessed effectively.  Regulation 12 (1) (2) (a) (b) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people.  Regulation 17 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not effectively deployed to meet

people's needs.

Staff did not receive staff supervision

Regulation 18 (1) (2) (a)