

London Care Limited

London Care Holloway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 April and 1 May 2018, and was announced.

London Care (Holloway) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder as well as physical disability and sensory impairment. There were approximately 390 people using the service at the time of the inspection. All of them were receiving personal care.

The service had a registered manager in the post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. We found that the registered manager had sufficient experience and training to be able to manage the regulated activity effectively.

At our previous inspection on 17, 18 and 19 January 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the agency did not manage people's medicines safely and did not respond to complaints effectively. Issues around lateness, missed visits and poor communication had not been addressed appropriately and immediate improvements had not been implemented. At this inspection we found that some improvements had been made. More improvements were required to ensure the service fully met the requirements of Regulations and effectively addressed issues around the service delivery.

At this inspection we found improvements in how the agency dealt with people's complaints. However, further progress was needed as not all people using the service had confidence that the agency would deal with complaints raised by them effectively and to people's satisfaction.

At this inspection improvements were observed in how the agency managed people's medicines. Further improvements were needed to ensure that staff competencies in medicines management had been assessed and that staff had access to up to date information about medicines prescribed to people.

At this inspection we found the agency had not assessed risks to health and wellbeing that were associated with the diagnosis of diabetes. Therefore, we were not confident that staff were provided with sufficient guidelines on how to support people with this diagnosis safely.

We saw that risks associated with other conditions had been assessed as staff were provided with guidelines on how to support people. Staff understood their role in reporting of any accidents and incidents. These were recorded and monitored by the management team. We found that the agency had not informed the Commission about two incidents. They should have done it as required by the Regulations and we are

currently looking into this matter.

There were sufficient staff deployed to support people and care visits had taken place. However, people told us care staff allocation had not always been consistent and people did not always know which staff member would visit them. This had impacted people as they felt uncomfortable receiving support from different care staff.

People felt safe with staff who supported them. Staff had received safeguarding training and they knew what to do if they thought people were at risk of harm. The agency worked alongside the local authority to ensure any safeguarding concerns had been investigated and actions were taken to protect people. Appropriate recruitment procedures ensured that people were protected from unsuitable staff.

People had their needs and preferences assessed before they started receiving support from the agency. This information was then used to inform plans of care for each individual person using the service. Staff thought care plans were useful as they helped them to understand people's needs and provide care and support that was required. The agency was working towards implementing a new electronic care planning system. This was to allow instant care plan updates when people's needs had changed and to reduce the time care staff spent on completing daily care records so they could spend more time on providing care to people they supported.

Staff received support in the form of one to one supervision and a yearly appraisal of their skills. Staff were also provided with regular training to ensure appropriate level of skills required to support people effectively.

When required staff supported people to have enough food and drink. However, more information was required in people's care plans and risk assessments on how to support individuals with diagnosis of diabetes.

Staff supported people to have access to social care and health professionals when people's needs had changed or their health suddenly deteriorated.

The agency worked within the principles of the Mental Capacity Act (MCA) and staff asked people's permission before providing care to them.

People were supported by kind and caring staff who respected them. Staff communicated with people in the way people preferred. If needed the agency provided information in various formats and had them translated into other languages so people could understand. People's dignity and privacy was respected and people could choose if they wanted to be supported by a male or female worker.

The agency had promoted equality and diversity amongst staff and people using the services as much as they could. Staff received training in equality and diversity. When possible people and care staff were matched to help people feel comfort and familiarity when receiving support.

There were systems in place to record, monitor and analyse all aspects of the service delivery. We found that the registered manager had used these processes to monitor the service delivery, and take action on improvements that had been identified as a result.

Staff thought the agency was well led and they felt supported by the management team. Various team meetings gave the office and care staff opportunity to share experience and discuss various aspects of the

service delivery.

The provider carried out annual quality questionnaires about the service that they received and any areas for improvement. In the survey that was carried out in 2017, 68% of people who responded said they were satisfied or very satisfied with the service provided. We saw that the outcomes of the survey had been analysed and actions were taken to address any issues identified.

We found one breach of the Health and Social Care Act Regulations. We made three recommendations related to assessing of staff competencies in administration of medicines, effective communication with people who used the service and management of complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvement were observed in how the agency managed people's medicines. Further improvements were needed to ensure staff competencies in medicines management were assessed and staff had access to up to date information on people's medicines.

The agency had not assessed risks associated with diagnosis of diabetes and staff were not provided with sufficient information on how to support people with this diagnosis safely.

Other risks to health and wellbeing of people who used the service had been assessed and risk management plans were in place to inform staff how to reduce these risks.

The agency helped to protect people from abuse. Staff understood principles of safeguarding people. Appropriate recruitment procedures ensured people were protected from unsafe staff.

The agency had processes for reporting and monitoring of accidents and incidents. We found that the agency had not informed the CQC about two incidents and we are currently looking into this matter.

Requires Improvement 

Is the service effective?

People's care needs and preferences had been assessed before they started receiving a service from the agency.

Staff received induction to their role as a care staff and regular training to ensure they had skills to support people effectively.

Staff received regular support in the form of one to one supervision and yearly appraisal of their skills.

People were supported to have a nutritious diet which met their preferences. We noted that more information for staff was required in people's care files on appropriate dietary support for people with diagnosis of diabetes.

People were supported to have access to external health and

Good 

social care professionals when required.

Is the service caring?

Good ●

People were supported by staff who were kind and caring, however, short visit times and visits from different care staff made building of friendly relationships more difficult.

Staff communicated with people in the way people preferred and could understand.

Care staff received training in ensuring equality and valuing diversity. When possible people and care staff were matched based on similarities, such as their backgrounds or the language spoken.

People's privacy and dignity was respected when providing personal care. The agency had taken prompt action if people felt disrespected by staff who supported them.

Is the service responsive?

Requires Improvement ●

Improvements were found in how the agency dealt with people's concerns. However further improvements were needed so people could be reassured their concerns would be dealt with effectively and to their satisfaction.

People using the service had care plans that were personalised and provided staff with information on what care and support was required by people.

The provider was in the process of introducing a new electronic care planning system to increase the quality of care planning. The registered manager also told us the new system would reduce time staff spent on completing daily records, and thereby increasing time staff spent on providing care to people.

The agency had not provided end of life care. Staff were soon to be provided with end of life care training to have skills and understanding around this matter when the agency accepted an end of life package of care.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Improvements were noted in the areas of concern identified during our previous inspection. However, further improvements were needed to ensure that systems used by the agency to

monitor staff scheduling and late or missed calls were operating effectively and that people's needs were met fully.

The provider had systems in place for recording, monitoring and analysing the service delivery. The registered manager had used these systems to audit the care provision and to take action when concerns were identified.

Staff spoke positively about the management team and they felt supported by the managers when this was required.

People were asked about their feedback about the service provided. The feedback was analysed and actions were taken to address issues identified.

London Care Holloway

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 30 April and 1 May 2018, and was announced. We gave the provider 48 hours' notice that we would be visiting their main office to ensure that the registered manager would be available on the day of the inspection.

This inspection was carried out by three adult social care inspectors, one pharmacy inspector, and six Experts by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our visit to the head office, we spoke with 51 people who use the service and 22 relatives.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

During the inspection, we spoke with the registered manager, the Quality and Governance Director, Chief Information officer, one care manager, two care coordinators, one field care supervisor and a member of the administration team. We also spoke with 5 staff who supported people with personal care.

During the inspection we reviewed 18 people's care records, which included care plans, risk assessments and Medicines Administration Records (MAR). We also looked at 10 staff files, complaints and quality monitoring and audit information.

Following the inspection, we called more care staff employed by the agency and we received feedback from 10 of them. We also contacted a number of health and social care professionals who worked regularly with

the agency. We received feedback from one professional.

Is the service safe?

Our findings

At the previous inspection in January 2017, we found that the agency had not always managed medicines safely and effectively. At this inspection we found that although improvements had been made additional improvement were still needed.

During this visit, we looked at policies, records, training and systems for medicines management at the agency. We found the agency was managing medicines safely, however, more improvements needed to be done around staff competencies and ensuring staff had access to information on most current medicines prescribed to people.

At this inspection, we found that each person had been assessed before being supported and this assessment included how they managed their medicines and any risks associated with this. The results of this assessment were clearly recorded and acted on. We saw that where possible, people were encouraged to manage their own medicines and where they needed support, this was tailored to their individual needs. For example, we saw that one person initially had had support with their medicines but later could manage it on their own with care staff monitoring.

Each person who was supported with medicines or creams had a medicines administration record (MAR). We looked at 15 MARs and medicines care plans. We saw that the MARs were completed by staff and senior staff audited them once a month to ensure the medicines were given as prescribed. Errors were noted and followed up appropriately with staff. We saw that additional medicines training was given to staff to prevent future errors. People's care plans had important information such as the name, photograph and allergies. However, care plans did not have up to date medicines lists to ensure care staff knew what medicines people had been prescribed.

There was a medicines policy in place and staff received annual medicines training. The registered manager told us staff competencies in medicines administration were assessed in multiple ways. This included supervision, spot check, team meeting discussions and training. However, we reviewed nine staff files and found that only three care staff had records of medicines competency assessments in the last 12 months. There was no documentary audit trail of competencies checks for all staff members. Consequently, the provider could not assure that care staff supporting people with medicines were competent to do so.

We recommend that the provided seeks further guidelines and support on how to assess staff competencies in medicines administration.

The agency had assessed risks to the health and wellbeing of people who used the service. Assessed risks included management plans that gave staff information on how to support people in order to minimise identified risks. Risk assessments we saw included the risks associated with the environment people lived in, manual handling, falls prevention, medicines administration and risk of pressure ulcers. Staff had received appropriate training and the information about these conditions had been included in people's care plans. However, we noted that in some cases when people had been diagnosed with specific health conditions,

which had risks associated with them, this had not always been comprehensively reflected in their care documents. For example, two people had been diagnosed with diabetes, however, there were no specific risk assessment and management plans to inform staff how to manage risks related to this condition and what possible consequences could be if care was not provided on time. We saw that some information about people having diagnosis of diabetes had been included in their care plans and risk assessments. However, we found it was not sufficient to guide staff on how to support individual people in reducing these risks. During our inspection we received feedback from a person using the service stating that this aspect of their care has not been fully taken into consideration when providing care. This affected the person when staff arrived late and they had not received their meal on time.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke about this with the registered manager who informed us an immediate action would be taken to address this issue.

All the risks had been reviewed yearly during care plan reviews or earlier if a person's risks had changed. Staff we spoke with told us they were aware of identified risks to the health and wellbeing of people they cared for as they read people's care files and spoke to people or their relatives about it. Staff could also tell us how they would manage specific risks. One care staff said, "When bathing or dressing a service user, I would examine the skin for any signs of redness that might indicate a pressure sore." We saw that where people needed to be moved using a hoist, two care workers were deployed to ensure this aspect of care was provided correctly and in a safe way.

People told us that staff had always attended agreed calls. However, people gave mixed feedback about the consistency of staff visiting them and staff timekeeping. Some people's comments included, "I can set the clock by my morning carer, however, with my evening carers it's a mixed bag between", "My regular carer has left and now I have different carers. I never know who or when they are coming" and "Usually, the same three [carers] come but sometimes different staff come at the weekend; I'm not informed about this." Family members told us, "[My relative] has a weekly schedule of time staff should come. Staff are often late, and we never know who is coming. Sometimes, they have no ID and we have never seen them before" and "Mostly, they arrive on time".

The provider had a computer-based system in place, which enabled care coordinators to formulate rotas and monitor calls to ensure all scheduled visits were taking place as agreed. When possible, the same staff were allocated to ensure people received care from the same care staff. When requested the agency had sent rotas to people so they would know which staff member would visit them. The system showed live information about where each staff member was and if they were late for a visit this set off an alert, which the team of the agency's care coordinators responded to. Various members of the management team told us they would inform people if staff allocated to support them were running late or if different than usual staff would attend the call. Although this system was in place feedback from people using the service indicated they often had not received information about staff running late or which staff would attend the call. This suggested the system used by the agency was not effective and needed to be improved.

We recommend that the agency seeks further guidance and support from a reputable source on effective communication with people about staff attendance and visit rotas.

We saw that the agency had been working on supporting staff in increasing their punctuality. We observed that the issue of staff lateness and the importance of attending calls on time had been discussed in staff

team meetings and individual supervisions when required. Staff were allocated work in close geographical areas so they did not have to travel far between visits. Individual rotas were discussed and amended if staff could not attend their scheduled calls as planned. Records showed that in the past months staff lateness had significantly reduced. This indicated that actions taken by the management team around addressing staff lateness were effective.

Staff understood their responsibilities to raise concerns in relation to health and safety. Accidents and incidents were recorded on the agency's online reporting system which triggered instant email alerts to members of the management team. This meant the management team had instant access to information on any incidents and accidents that took place and they could take action to address the situation. Records showed that individual accidents and incidents were dealt with promptly at the local branch level. This included collecting statements from respective staff on details of occurred events and referrals to external health and social care professionals when required. Additionally, the provider's board of directors had reviewed accidents and incidents quarterly for any themes or patterns. We saw that action plans were formulated to ensure improvements were made and therefore reducing chances of similar incidents reoccurring in the future. We noted that the agency had not informed the CQC about two incidents, which they should have as this is required by the law. We are looking into this matter further.

People told us they felt safe with staff who supported them. Their comments included, "Yes, I feel safe because they treat me well", "I feel quite safe with my care staff" and "Yes, I do feel safe. I have got good staff around me. They look after me." However, some people also told us that although they felt safe with staff who supported them they at times felt worried when they were visited by staff who had never visited them before and they did not know they would be coming.

There was a safeguarding policy in place and staff received safeguarding training to guide them on how to protect people from avoidable harm. Staff we spoke with understood the principles of safeguarding people and they knew how to act if they suspected that somebody was at risk of harm. Staff said they would report any safeguarding concerns to the office immediately and knew they would receive support from the registered manager or other staff in the office. There was a safeguarding register in place, which included details of safeguarding concerns raised within the service. We saw that the registered manager had investigated identified safeguarding concerns and actions were taken to ensure people were safe. Records showed that the agency had worked alongside the local authority and other external health and social care professionals to ensure safeguarding concerns had been addressed appropriately. We saw that safeguarding matters had been discussed in the management and staff team meetings and individual staff supervisions. This indicated that information about safeguarding matters had been shared within the team so that lessons could be learnt and risks around safeguarding people could be reduced.

The provider had an appropriate recruitment procedure in place to ensure only suitable staff were appointed to work with people who used the service. We looked at the personal files for 10 staff members and we saw that required recruitment paperwork was in place. We saw that appropriate checks and risk assessments were carried out to ensure people were safe from unsuitable staff. These included up to date criminal record checks, references from previous employers and a detailed history of previous education and employment.

Staff were trained in infection control procedures and used appropriate personal protective equipment (PPE) to prevent the spread of infection. Records showed that effective infection control measures had been discussed in staff team meetings. Additionally, memos about infection control had been sent to staff to ensure they had up to date information on safe infection control measures.

Is the service effective?

Our findings

People's care needs and preferences had been assessed by the agency. Following a referral from a local authority the agency's field care supervisor visited people to discuss people's personal history and their current care and support needs. The information gathered during the assessment was used to formulate people's care plans guiding staff on how to support people. Records showed, and people confirmed, that the agency's representative had visited and discussed their needs before people received support from the service. Both, full assessment and people's care plans, were reviewed yearly to ensure people received support that reflected their care needs.

New staff had undergone an induction to prepare them for their responsibilities. The induction programme was extensive and included five days of training that the provider considered mandatory. The topics covered included moving and handling, medicines, policies and procedures, staff conduct and information on health and safety. Two staff records contained evidence that care workers concerned had been started on the Care Certificate. New staff had also shadowed more experienced staff and this was recorded in the staff records.

Staff records indicated that care workers had received training in essential areas such as administration of medicines, diabetes, nutrition, risks of choking, Mental Capacity Act, food hygiene, moving & handling, safeguarding and dementia awareness. Refresher training was provided annually in these areas. Staff returning to work after a period of absence received a return to work interview.

The registered manager and senior staff carried out regular supervision. These supervision sessions were also being used to update staff knowledge on important topics such as MCA, pressure sore care and control of infection. Staff received annual appraisal of their skills and outcomes of these appraisals were evidenced in staff personnel files.

The majority of people who used the service did not need the agency's support with regards to food and fluid intake as they had other arrangements in place to ensure regular meals had been provided. However, when required, staff supported people to have enough food and drink and have a nutritious diet. Information about people's dietary needs had been gathered during an initial assessment and had been recorded in people's care plans. This included people's cultural and religious preferences, food likes and dislikes as well as any existing health conditions that could influence what food people could eat and how. The registered manager said care workers had received training on food hygiene and were aware of the importance of good nutrition. They stated that if significant weight gain or weight loss occurred, they knew they had to inform senior staff so that action could be taken. Records showed that when required staff worked alongside health professionals to ensure people received appropriate and safe support around their nutrition. In people's files, we saw guidelines from a speech and language therapist (SALT) providing staff with information on how to support people with swallowing difficulties. Staff also received training on how to support people who were at risk of choking and we saw that this topic had been discussed in staff team meetings. We noted that there was less thorough information and guidelines provided to staff around working with people diagnosed with diabetes. We discussed this with the registered manager who assured us immediate action would be taken to address this issue.

People were supported to live a healthy lifestyle and receive support from external health and social care professionals when required. People's comments included, "If I really needed it, staff would get in touch with the doctor and my [relative]", "It was the carer who mentioned I needed a stair lift" and "I fell over a couple of months ago so I was in pain. The carers have been very supportive."

In people's care files and on the agency's online recording system we saw evidence of communication with other health and care professionals. This included referrals to a district nurse, occupational therapist and communication with individual social workers on care needs and support provided to people.

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. We found that the agency was working within the principles of the MCA.

The provider had the MCA policy which was up to date and had clear information on how to provide care in accordance with the Act. The agency worked on the assumption that people using the service had capacity, unless there was advance evidence to the contrary. In such circumstances the agency had liaised with the local authority to ensure an appropriate mental capacity assessment had been completed and appropriate documentation had been in place. For example, we saw two instances of care plans where people had given Power of Attorney to another person. Power of Attorney (POA) is the authority legally given to one person to act for another person in health or financial matters. We saw that the agency had requested and obtained information relating to this so that they knew who was legally responsible for making decisions. We saw from records that the person with POA had signed consent for the person's overall care.

The majority for people using the service had capacity to make decisions. Records showed that they were asked for their consent to care plans and assessments of their needs. Where people were able to sign, records showed they had done this. Where people could not sign and had given verbal consent this had been recorded. We found that when a care staff noticed changes in a person's mental capacity, this was reported to the office. As a result, appropriate referrals to the local authority had been made so mental capacity assessment and review of the care package could take place.

People's care records included information on what decision people could make and what they needed support with. For example, one person had been assessed as "having the capacity to make unwise decisions" and had refused to comply with some recommendations about diet. However, as the person understood the consequences, this was accepted and staff were able to provide the care that the service user preferred. We saw information in another care plan about how a person with epilepsy might not have capacity to make decisions in their altered state of consciousness after an epileptic seizure, but otherwise had capacity.

Care staff received training in the MCA. Training included how to support people to make decisions, how to decide what was in their best interests and what they should record when making a decision on someone's behalf, including the reason for the decision. Staff demonstrated a good understanding of the Act and knew that they had to obtain consent before providing care. One staff mentioned a person using the service with short-term memory problems who needed prompting to take their medicine and eat, regularly. Another care staff said all people they supported could make simple decisions about what they wanted to wear or to eat, but were not always able to manage money and some had the local authority or a relative do this.

Staff said they always asked for verbal consent when giving care or treatment. They understood that legally

they must ask for consent. People confirmed that staff sought their permission before carrying out any care. One person told us, "I get to choose what I want to wear."

Is the service caring?

Our findings

People were supported by staff who were kind and caring. All people spoke positively about staff who supported them. They told us, "Wonderful help, I have absolute trust in this place (London Care Holloway), and the dedicated carer", "Definitely, carers are very kind and caring" and "I talk about my life and he [care staff] talks to me about his; we have a good relationship." A family member told us, "They are quite good, given the time they have to do the job. They are friendly, punctual and dedicated to the job." However, people and their relatives felt that short visit times and the lack of continuity in care staff had made building of a friendly relationship with staff more difficult.

Staff communicated with people in the way people preferred and could understand. The communication had been discussed at the point of assessment and the information was recorded in people's care documents. When possible, people were supported by staff who could speak their language. The registered manager explained, this ensured better understanding and comforting familiarity especially for those people who due to living with dementia reverted to speaking their mother tongue.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated that the service had prepared a draft Accessible Information policy. Additionally, the provider had a department in their head office, which could provide information in various formats and have them translated into other languages if needed.

Care staff received training in ensuring equality and valuing diversity. The registered manager told us the agency had promoted equality and diversity amongst staff and people using the services as much as they could. For example, staff had received training on issues that could be faced by the LGBT (lesbian, gay, bisexual and transgender) community when accessing services. Additionally, when allocating care visits, the agency matched people and staff based on specific criteria including gender, personal preferences, language spoken and religion. Records showed that attempts of discriminating of staff or people using the service were immediately looked into by the agency and addressed to ensure staff and people were treated with respect regardless of their personal backgrounds.

Staff respected people's dignity and privacy when providing personal care. People told us, "I get support with in/out of bath. I am well respected and treated with dignity. Staff closes curtains when providing personal care." One person told us that the agency had acted promptly when they reported how they felt disrespected by a care staff. They said, "One carer came and disrespected me, refusing to (support with particular aspect of personal care) – I complained and the carer was removed."

People could choose if a male or female worker supported them. This had been discussed during an initial assessment meeting with people and was recorded on the agency's online system to ensure staff planning

care visits had easy access to it. Staff we spoke with said they understood the importance of dignity and privacy. They said they were careful to ensure they maintained people's dignity in giving personal care, and their privacy in relating to support with toileting or dressing.

Is the service responsive?

Our findings

During our previous inspection in January 2017 we found that complaints received by the agency were not always managed and responded to in a timely manner. People and relatives did not always receive feedback on the complaint that they had made and improvements were not always implemented. At this inspection we saw that improvement had been made but further improvements were needed.

We looked at how the agency had dealt with complaints since our previous inspection. We saw that all reviewed complaints had been dealt with in a timely manner. People had been contacted by letter, by the agency, to let them know the outcomes of the investigation and what action had been taken to improve the service and to stop the situation from recurring. We also saw that the agency had acted to respond to people who raised their dissatisfaction with the service through a quality monitoring questionnaire and not a formal complaint procedure. At the time of our inspection, the registered manager informed us, the agency was in the process of introducing a new initiative. Care coordinators were allocated to work alongside the people who had raised concerns about the service. The aim was to ensure identified issues were addressed and people's satisfaction was increased. Additionally, in the team meeting minutes we saw that issues around communication with people using the service had been discussed. The discussions included telephone calls protocol and proactiveness in answering and responding to incoming calls.

Although this positive action had been taken we still received varied feedback about how the agency dealt with people's complaints. Five people told us that they had made a complaint and the agency had dealt with the issue. However, 10 other people said the agency had not dealt with their complaints well. People's comments included, "I am not happy with how my complaint was handled", "What's the point in complaining if they don't listen to you", "My complaint wasn't handled well. Management didn't listen" and "I have complained, but nothing seems to have been done – they drag their heels and make excuses and they don't follow through." A family member told us "We have been asked to do satisfaction surveys but worry about giving negative feedback, just in case it has further negative impact on our relative's care." Two people we spoke with told us their complaints had not been addressed and therefore they decided to stop using the support from the agency. This indicated that people still did not have full confidence in the agency addressing issues raised with them.

We recommend that the agency seeks further support and training on complaint handling.

Each person had a care plan which was based on initial assessment and information provided by people and where appropriate their family members. Some people told us they knew of their care plans and they had been involved in their formulations. Other people said that this was all arranged by social services. Some of their comments included, "Yes, I've seen the care plan and I was consulted when it was reviewed" and "Yes I have had several reviews of my care plan". Other two persons told us, "Social Services do all that, but I know what's in it" and "I've no idea if anyone assessed me or wrote a plan. As things are happening, I assume they did."

Care plans we saw identified people's specific needs, and the tasks staff had to carry out. These included

personal care, meal preparation, shopping or help with domestic chores. We also saw that care plans included a section on goals people would like to achieve and how staff could support people in achieving these goals. We saw that these goals were simple, usually related to sustaining good health and wellbeing and reflected individual needs of people who used the service. Staff said care plans provided them with information about what the person needed and how they wanted their care to be provided. Staff also thought care plans guided them on how best to meet people's needs. Records showed that care plans had been reviewed regularly.

We asked people and staff who provided care if there was enough time during care visits to complete agreed tasks. The majority of people we spoke with said that they were happy with care provided and that staff were completing their tasks in given time. However, some people felt there was not enough time and staff had to rush the support. Three of the care staff we spoke with also felt they did not have enough time to carry out their tasks and interact with people. One care worker said, "if a person has dementia and is asleep when we arrive, it is very difficult to wash them, dress them and give them breakfast in 45 minutes. These people need our patience and time". Records showed that when care staff had identified that people required more time to provide care, the agency had contacted respective professionals asking for the care time allocated to be increased. Additionally, during our visit we were informed by the registered manager and visiting members of the provider's management team that the agency was in the process of implementing a new, electronic online care planning system. The aim was to improve the quality of care planning and to allow instant amendments to this document if people's needs suddenly changed. The new system would also reduce the time care staff spent on completing daily care records so they could spend more time on providing care to people they supported. The agency was hoping to implement the system in the near future.

At the time of our inspection the agency had not provided end of life care. However, the registered manager informed us that the agency was in the process of formulating additional training for staff about end of life care. This was to help staff to understand this topic better and to ensure there was an appropriate skill set within the team in case the agency accepted an end of life package of care. Additionally, the agency had introduced a staff support scheme to support those care staff who cared for people who then passed away. This included signposting staff to receive appropriate emotional support as well as sending an appreciation letter to staff in recognition of their work and support for the person who passed away.

Is the service well-led?

Our findings

In April 2017 London care Holloway had been placed on the improvement plan by the hosting local authority. The agency came out of the plan in March 2018, following significant improvements.

During our inspection we observed that the agency had made improvements to the quality of the service provided. However, further improvements were needed to ensure the agency was fully meeting all requirements of the Regulations.

For example, the agency needed to improve how they supported people who were diagnosed with Diabetes, to ensure the support provided was safe. In another example, although the agency had a system for preparing and monitoring staff scheduling, late or missed calls, this was not operated effectively. People and their relatives still told us the agency's office staff had not always communicated with people about staff running late or replacement staff, in instances where the regular worker was not available. There were also frequent changes about which care staff visited people. People told us that this affected them as they felt uncomfortable with different staff supporting them. Additionally, staff told us their own comments and suggestion about rota changes had not always been listened to. The same was true for the management of complaints. We saw improvements in how the agency dealt with people's complaints. However, people using the service and their relatives still did not feel confident that agency staff would deal with complaints to people's satisfaction. This feedback suggested that these areas of care still required improvement.

At this inspection we found that the agency had made improvements in the management of people's medicines. We noted further improvements were required around gathering information on current medicines prescribed to people and evidencing assessment of staff competencies in medicines management. However, overall, we were satisfied that medicines had been managed safely.

The provider had an online Branch Reporting System (BRS) which had been used by the registered manager to record, monitor and analyse aspect on the service provision. This included monitoring of staff supervisions, appraisals, spot checks and refresher training as well as monitoring of accidents and incidents, complaints, safeguarding and customer satisfaction. We saw that information gathered on BRS had been analysed and an action plan was in place to make improvements. The registered manager told us they had monitored the above aspects of the service delivery and they sent monthly reminders to all care supervisors and care managers to ensure all care plans, supervisions and other aspects of the service delivery were up to date. Additionally, the registered manager had made checks of randomly chosen care files to ensure that the required review had taken place and that they were up to the standard required by the agency. All care files we looked at were reviewed recently. Records from the agency's BRS confirmed that 97% of people's care plans were reviewed in the time required.

The agency's office staff gave us positive feedback about support they received from the management team. They thought the service was well led. Their comments included, "Yes, I feel supported. If I have any issue they are always here to support me" and "We are not allowed to get away with anything. If we make a mistake we are told about it. We can get additional training or a disciplinary procedure may take place."

Care staff told us that they were satisfied with London Care as an employer. They felt able to contact the office for advice and support. They said the office staff were friendly, and apart from rota scheduling issues, office staff usually could find out the answer and resolution to issues raised by care staff.

The agency carried out various meetings which provided the management team, the office and care staff with an opportunity to discuss matters related to the service provision. Meetings included, the provider's quality meetings, branch weekly office team meetings and periodic care workers' meetings. Minutes from these meetings showed that topics discussed included staffing and recruitment updates, customer service satisfaction, safeguarding and best care practice. Additionally, staff had been sent information memos to promptly inform them about various matters related to their everyday roles and responsibilities. Examples of memos we saw informed staff on best care practice during adverse weather conditions, how to improve customers service and nominations to dignity in care awards.

We found that people using the service and their relatives were asked for their views about care on a regular basis. We saw evidence in people's files that the agency visited people to assess the quality of the service and contacted them by telephone for feedback several times a year. The feedback we saw indicated people were happy with the service. Individual people's responses to telephone surveys were included in their care files kept in the office. Therefore, there was an audit trail of how each person experienced care provided by the agency. We saw that where there was negative feedback from a visit or survey the agency liaised with families or individuals who provided negative feedback so the agency could make improvements.

The provider asked people using the service and their relatives to complete annual quality questionnaires about the service that they received and any areas for improvement. The provider outlined the main issues and concerns that people had raised in a summary of the results, so staff could address these locally. We noted that only about 50 people (11%) responded. An analysis showed good levels of overall satisfaction with 48% indicating they were very satisfied and 20% satisfied. 54% of those who responded were people receiving care and 42% were family members. We saw that actions highlighted as a result of surveys included improvement in communication with people by the office staff, better timekeeping and informing people about any delays and improvements to complaints handling and response times. Records showed that the provider monitored improvements monthly. We also noted that a number of individual staff had commendations received in the feedback process. Records showed that these were passed on to those staff members.

Staff were provided with information to help them to carry out their tasks as required and in line with the values of the organisation. The provider had a staff handbook which contained key policies and procedures. We saw that the handbook contained information setting out good practice for care tasks such as showering a person, dressing and undressing and cooking. There was also a shorter document called "code of practice and rules of conduct", which included information on uniform, ID cards, confidentiality and professional boundaries. The handbook also included the values of the organisation.

The agency received positive feedback from external social care professionals. They told us the agency had been addressing identified shortfalls in the service delivery and they were proactive in contacting external professionals. In some examples the agency thought people's needs were greater than initially assessed and there was need in increasing the amount of support provided. We saw that they had contacted the relevant authorities for reviews to be carried out.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured that support for people diagnosed with diabetes was provided in a safe way.</p> <p>Regulation 12 (1) (2) (a) (b)</p>