

London Care Limited

# London Care (Westminster)

## 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

### About the service

London Care (Westminster) is a domiciliary care agency which provides personal care and support to people living in their own homes. It provides a service to older and younger adults, including people living with dementia and people with chronic health care needs and/or a disability. Not everyone using London Care (Westminster) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was providing personal care to 160 people.

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

Although people were supported by staff who had received medicine training, we found care staff did not have comprehensive written information in care files to confirm which medicines they needed to support people to take. This applied where people could independently take their own medicines but needed reminding by staff. We found one medicine record for a person who was being assisted by staff that was difficult to decipher and other medicine records had gaps where staff should have completed an entry. People commented they felt safe with care staff and enjoyed their visits from individuals they had got to know well. People had previously experienced issues in relation to staff reliability but most people and relatives we spoke with stated the service delivery had improved. People were supported by safely recruited staff.

We noted the provider was carrying out audits and had made changes to scheduling practices to promote improvements and better outcomes for people who used the service. However, we found quality monitoring processes had not been sufficiently rigorous enough to ensure people had consistently received a smoothly delivered service. Although some people described the service as having been chaotic at times, people told us they had observed signs of improvement. The provider was working well towards achieving improvement objectives established with the local authority quality assurance team. The provider was open with us about problems the service had encountered last year and earlier this year, due to certain unforeseen circumstances which impacted on the stability of the management and office team. Although some people described the service as having been chaotic at times, people told us they had observed signs of improvement.

People's needs were assessed and their preferences were sought to ensure they received appropriate care. Risk assessments were in place to identify and reduce risks to people's safety and wellbeing. Staff with appropriate training supported people to meet their healthcare needs, and their nutritional needs where this formed part of their care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider recorded where people had legally appointed attorneys to act on their behalf but the provider did not always evidence the original

documentation had been checked.

Some people and relatives felt frustrated by their prior attempts to contact the office by telephone if they had queries or concerns, although people confirmed it was now easier to do so. Complaints were being properly investigated and used for future learning where applicable by the current management team. People stated they were pleased with the kind and caring approach of care staff and they felt respected. Personal care and other support was delivered in a manner which promoted people's dignity. Some people did not feel consulted about how their care was delivered and stated they were not contacted by office staff to plan and review their care. Care plans contained information about people's cultural and religious needs and whether they needed support to meet these needs.

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

This service was registered with us on 14 May 2018 and this is the first inspection. The service was previously registered at a different address but did not have an inspection while at the previous premises.

#### Why we inspected

This was a planned first comprehensive inspection. We have found evidence the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report. You can see what actions we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches of regulation in relation to the safe management of medicines and the effectiveness of the provider's own quality monitoring 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 work alongside the provider and local authority to monitor progress. 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# London Care (Westminster)

## 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

The inspection team consisted of two inspectors and two 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.

#### Service and service type

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

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. Providers are required by legislation to have a registered manager in post. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was being managed by a regional manager who was an experienced manager of domiciliary care services. The regional manager was in the process of applying for registered manager status.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager and/or senior staff would be in the office to support the inspection.

Inspection activity started on 24 April 2019 and ended on 31 May 2019. We visited the office location on 24 and 25 April, and 1 May 2019.

#### What we did before the inspection

We reviewed information we had received about London Care (Westminster) since the last inspection, which

included notifications from the provider, safeguarding alerts and complaints from people who used the service or their representatives. A notification is information about important events which the provider is required by law to send us. We also received feedback from the local authority quality assurance team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine members of staff including three care staff, three office based supervisory management staff, the manager, the deputy manager and the regional director. We reviewed a range of records, which included 12 people's care records and accompanying medicine administration records where applicable. We looked at six staff files in relation to recruitment and induction, training, supervision and appraisals. A variety of records related to the management of the service, including staff schedules, complaints investigations, quality assurance audits, policies and procedures were reviewed.

#### After the inspection

We spoke by telephone with 17 people who used the service and seven relatives to seek their views about the quality of the service. We additionally spoke with five care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question is rated 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.

### Using medicines safely

- The provider's processes for addressing people's medicine needs did not always ensure that medicines were managed safely. We received mixed comments from people and relatives, "They never fail giving medicine" and "Medication is sometimes missed at the weekend."
- Where people were assessed as needing support (for example, reminding) with their prescribed medicines, we noted their care plans did not contain an accurate list of their currently prescribed medicines. Therefore, care staff could not be assured they were providing people with appropriate and correct support in line with the prescriber's instructions. Where people required assistance with their medicines (for example, medicines put into a dispensing pot and administered) medicine administration records (MAR) charts were in place. We observed that one person's MAR chart was difficult to read, which could lead to errors. However, the other MAR charts we looked at were clearly written.
- There were gaps on the MAR charts we looked at, which had been detected by the provider's own audits. We noted one person had not received a once per week prescribed medicine for three weeks before it was picked up by the management team. Care staff had received medicines training and their competency was checked. Where necessary this training was repeated for care staff who were identified as requiring additional support to suitably adhere to the provider's medicine policies and procedures.

Due to the absence of comprehensive and up to date medicines information in care files, people were placed at risk of harm. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed in relation to medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The regional director confirmed that people's MAR charts and/or list of prescribed medicines would always be written by and kept under review by supervisory management staff with specific training and assessed competencies, known as medication officers. We received evidence to demonstrate two staff at the service had successfully undertaken this training. The provider also confirmed that up to date medicine lists had been placed in people's care plans held within their homes.

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

- The provider had made improvements to promote people's safety. We found that managerial and supervisory staff understood their responsibilities and acted promptly to report safeguarding concerns to the appropriate authorities.

- People who used the service and relatives stated they felt safe with staff. Comments included, "I always feel very safe. I know [care staff member] very well and I have never felt insecure being lifted off the bed with the hoist. They all manage extremely well", "They work to a safe standard, I trust them in my home" and "Oh yes, I do feel [my family member] is safe."
- Records showed staff had received safeguarding training. The care staff we spoke with demonstrated a clear understanding of the various types of abuse people they supported could be at risk of. Staff told us they would immediately contact their line manager if they had any concerns and were confident the management team would act promptly to protect people from abuse and harm.

#### Assessing risk, safety monitoring and management

- Assessments were carried out to identify risks to people's safety and provide staff with guidance to reduce these risks where possible. Care plans contained risk assessments which focussed on people's assessed risks, for example risks associated with their moving and positioning needs, skin integrity and susceptibility to falls. Each care file we looked at also contained an environmental risk assessment which assessed risks within people's home environment, for example obstacles or uneven surfaces that people could trip over.

#### Staffing and recruitment

- The provider promoted people's safety and wellbeing through ensuring there were sufficient staff to safely carry out their duties. People told us, "They [care staff] have enough time, I don't feel rushed", "Yes, it doesn't seem rushed" and "I do think when [regularly assigned care worker] is off they do rush a little bit, but they treat you well and you're always well looked after." People and relatives stated their care staff were hard-working.
- We received some mixed remarks from people and relatives in relation to whether staff arrived within the agreed timescales which included, "Timekeeping is an issue, it's all over the place" and "Timekeeping is a massive problem, it's a regular issue that I complain about." A relative said they had observed a positive change since new office staff joined the service. Care staff told us they thought the scheduling for their rotas had improved, "I cover [district within Westminster] and know my way around, and we get enough time for travel." The manager demonstrated recent changes to the scheduling system designed to support care staff to minimise their travel between people's homes.
- Detailed recruitment practices were in place to ensure people received their personal care and other support from staff with appropriate backgrounds, skills and experience to safely meet their needs. The staff files we looked at demonstrated employees had suitable pre-employment checks in place, for example a Disclosure and Barring Service check (DBS). The DBS assists employers to make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use care services.

#### Preventing and controlling infection

- The provider took appropriate actions to minimise the risk of cross infection for people, their informal carers where applicable and care staff. Staff informed us they were provided with sufficient supplies of personal protective equipment to reduce risk, including disposable gloves, aprons and shoe covers. Records showed staff received infection control training.
- People confirmed they were happy with how staff maintained hygienic standards when delivering personal care and other support. Comments included, "They always use gloves and aprons when caring for me" and "Very respectful in dealing with personal care, they always wear gloves."

#### Learning lessons when things go wrong

- The provider demonstrated clear systems for recording events including accidents, incidents and safeguarding concerns. This information was analysed to identify any trends of concern so that action could be taken to achieve safer care.



- The provider had worked closely with the quality assurance officer for the local authority to develop a detailed plan for improvements. We noted improvements were being achieved within agreed timescales.
- The management team showed us new written information they had given to all care staff about pressure ulcers when they observed that not all staff demonstrated a good understanding of the provider's own policies and procedures for recognising and reporting new concerns about people's skin.

# 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 this inspection this key question is rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care files evidenced the provider assessed their needs in line with current guidance and recognised best practice. The care plans we looked at contained guidance for staff in relation to how to meet people's needs and systems were in place to regularly review these plans.
- We received predominantly positive views from people and relatives about how staff identified and understood their individual needs. Comments included, "We have good carers and they understand [my family member's] needs" and "The carers are all very good at their jobs."

Staff support: induction, training, skills and experience

- Arrangements were in place to ensure staff had the appropriate knowledge, skills and support to capably meet people's individual needs. We received positive feedback from people and relatives in relation to the competencies and approach of their care staff which included, "Sometimes [my family member] can be very difficult but they [care staff] don't give up and they give words of encouragement" and "Our care worker helps [my family member] with his/her exercises."
- Records showed new staff received induction training and opportunities to shadow more experienced colleagues. All staff were provided with mandatory training, which was refreshed annually. The training programme included an expanded version of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff were supported with their responsibilities through regular formal one to one supervision and group meetings. Their performance was appraised annually. The care staff we spoke with told us they felt supported with their responsibilities and their development needs by their line managers, particularly since a new permanent office team had been appointed.

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

- The provider understood how to meet people's nutritional and hydration needs, where this formed part of their care plan. People and their relatives told us they were pleased with the support from their care staff, "They are happy to prepare my food, it's all okay" and "I always have good food, sometimes a roast dinner. [Care worker] warms up all of my food or cooks while [he/she] is here."
- People's care plans contained appropriate guidance for care staff to follow to support people to meet their individual needs for eating and drinking, and food preparation. This included information about personal preferences, cultural requirements and any medically advised diets.

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

- People received support from the service to meet their identified healthcare needs as the provider effectively liaised with local healthcare professionals and organisations. People and their relatives told us, "They [care staff] always speak with the district nurses if their visits overlap, they understand [my family member's] needs" and "Looking after [family member's] skin and putting on the cream every morning is written up in [family member's] file. They tell us and their manager if there are any problems." One relative explained how their family member's visits from their care workers fitted in well with the person's attendance at hospital appointments, which occurred frequently.
- The care staff we spoke with understood their responsibilities to support people with their healthcare needs in accordance with their care plan and observe for significant changes. For example, a care worker sought a person's consent to inform their GP of their concerns about the person's health. This resulted in the person receiving the medical support they needed. One member of the care staff informed us, "We are told about working as part of a team during our training. We let people know that the OT (occupational therapist) service can do assessments and give out equipment."
- The provider's office was located in a community building that provided day services for older people, and other health and social care services. This offered opportunities for agency staff to network and expand their knowledge of beneficial local resources to share with people and their relatives.
- The training and development plan for staff included information about health care conditions relevant to the needs of people who used service and guidance about actions to take in the event of a medical emergency. Earlier this year the provider had focussed on advising staff about the risks of sepsis so they could summon medical assistance for people without delay. This is a serious condition which can occur when people have an infection.

#### 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.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The provider supported people to make their own choices about the delivery of their personal care and other support where possible and sought their consent. One person told us, "They always ask permission or inform me that they are going to lift me" and a relative said, "The carers that are good listen and acknowledge the needs of service users."
- People were encouraged to sign their care plans to demonstrate they had been consulted about their care and gave their consent. Information was recorded in people's files in relation to whether they had capacity to make decisions. Staff had received mental capacity act training and told us they actively supported people to make daily choices about their care where feasible.
- However, the processes for documenting if relatives or friends were legally acting on behalf of people was not always sufficiently rigorous. A Lasting Power of Attorney (LPA) is a legal document which enables people to appoint one or more individuals to help them make decisions or make decisions on their behalf. People's care files stated whether an LPA was appointed but there was no clear system to evidence how this information was confirmed, to ensure staff were liaising with an authorised representative of the person

using the service. We discussed this finding with the provider, who planned to introduce a more detailed approach for recording LPA status.

# 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 this inspection this key question is rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by caring staff who respected their cultural needs, and individual preferences and requirements. Comments from people and relatives included, "They are kind and caring, I do find them respectful" and "We are very happy with the carer, so nice and caring."
- People's care plans provided guidance to meet people's cultural and religious needs, for example if it was important for a person to practice their faith and the specific support to do so, such as access to their religious books or other items. People and relatives told us, "They [care staff] very much understand [his/her] religious needs" and "[My family member] speaks [name of language], so they always explain things clearly." One staff member told us they supported a person to visit a mosque once a week and another staff member explained how a person's relatives compiled a list of commonly used words to help them communicate with the person in their first language.

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

- Most people and relatives we spoke with said they had been asked for their opinions about their care through mainly telephone monitoring calls and occasional 'spot check' visits to their homes. This was confirmed by records in people's care files. One person told us, "Yes, we had a meeting with London Care to discuss my care plan", although another person's relative stated, "There was an initial meeting when London Care took over. Then a letter was received to say there would be another, but it didn't materialise."
- At the time of the inspection the management team were working on improving how they engaged with people and their relatives to improve people's experience of using the service.
- Most people and relatives we spoke with reported they received their care and support from a limited number of care staff they had developed good relationships with. This allowed staff to get to know people's unique wishes about how they wished to be supported. People told us they could speak with their regularly assigned staff if they wanted minor changes to their daily routine and their requests were acted on.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to ensure people's dignity and promote their independence. People told us, "[Care worker] always closes the curtain and the door" and "I'm always given privacy and dignity. I'm very lucid so I wouldn't let them do anything to embarrass me." People also told us how staff promoted their independence, for example one person said staff encouraged them to mobilise and another person felt they could continue with their social interests at home because of the care given by their care workers.
- Staff had received training about how to deliver respectful care and support, including how to maintain confidentiality. The care staff we spoke with demonstrated empathy for the people they supported. For example, one care worker told us they provided additional reassurance and support if they noticed that a

person felt awkward when being assisted with personal care.

# Is the service responsive?

## Our findings

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

At this inspection this key question is rated as requires improvement. This meant people's needs were not always met.

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

- Although most people stated they received a good standard of personalised care to meet their needs, other people reported that prior managerial problems at the service had negatively impacted on the quality of their care. This had included missed and/or late visits, and difficulties contacting office staff to request simple changes to the times of their visits.
- Some people and relatives felt that the quality and reliability of their care and support deteriorated at weekends. Several people described the weekend service as being "slapdash" but praised their weekday care staff. A relative informed us that occasionally care workers of the wrong gender were sent and another relative said their family member was visited by a care worker who could not follow specific instructions in the care plan due to their own healthcare problems.
- We received comments from people and relatives about care staff "going the extra mile" but this level of personalised care and attention wasn't reflected in people's care plans. The care plans we looked at contained information about people's assessed needs and wishes but were not always personalised. For example, care plans explained a person liked a daily shower and guidance on how to carry out the shower safely, but did not always state if particular toiletries were preferred or whether they liked the hair washed at a specific frequency. A system was in place for care staff to receive a synopsis of people's individual preferences electronically attached to the rota.
- Positive comments included, "The regular carers stay the allotted time, they are fantastic" and "Carers know exactly what's needed." Other people told us they thought the provider had matched them well with their regular care workers.

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.

- Records showed that the provider carried out assessments to identify people's ability to understand written information. The manager told us people could be supplied with service user guides and other documents in different formats, for example large print, braille or audio if required.

Improving care quality in response to complaints or concerns

- Although there was a system in place to manage complaints or concerns, prior managerial problems at the service had resulted in people and their relatives not always receiving a satisfactory response.

Comments from people and relatives included, "We don't complain as we don't want to get the main carers into trouble as they are so good", "I would have no hesitation to complain but there is no cause to complain" and "I have never written and complained but have telephoned and complained many times. That is when they actually pick up the phone."

- Prior to the appointments of the current management team, people and relatives had contacted us to state their complaints were not being dealt with properly. At this inspection relatives told us they felt there had been improvements in how the service responded to concerns and complaints since the appointments of the new manager and deputy.
- The management team was now in a position to demonstrate how the service learnt from complaints to implement improvements, which was not visibly happening before.

#### End of life care and support

- The provider understood how to support people at the end of their lives, by consulting with people, their relatives and friends, and working with relevant health and social care professionals.
- Staff had received end of life care training. We were shown specifically designed documentation for assessing people's needs and planning individual care, which would be used if a person was identified as requiring end of life care.
- Members of the care staff and the management team spoke positively about the guidance and support they could access from local nursing and healthcare teams, including palliative care specialists.



# 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 this inspection this key question is rated as 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 care.

Continuous learning and improving care; Working in partnership with others

- We found people had not received a consistently good standard of care and support as the provider had not maintained a suitably robust, stable and dependable quality monitoring system. This had resulted in shortfalls in relation to the safe management of medicines, valuable learning from complaints, and effective methods for communicating with people and relatives to improve their experiences of using the service. However, we found the service was in the process of making improvements at the time of the inspection, which was noted by people who used the service, their representatives and the local authority quality assurance team.
- Comments from people and relatives showed they held mixed views about the service. They told us, "They're not well managed, especially the office", "I've had no call from a supervisor in the past 12 months" and "I wouldn't recommend this service prior to the last two weeks but there has been some improvement." Some people and relatives described the office as "chaotic" and said they had experienced difficulties in getting through to office staff.

Due to the failure of the provider to operate a robust system to monitor and improve the quality of the service people were placed at risk of harm. Systems were not robust enough to demonstrate well-led was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team demonstrated a commitment to achieving a positive culture for people, their relatives and staff. However, this had not been attained at the time of the inspection. We received encouraging remarks from some people and relatives who felt there had been a tangible change since the arrival of the new management team. One relative commented, "The office has good people and we're happy with the company."
- Other people and relatives reported the struggles they underwent to speak with office staff, "It's difficult to contact the agency, I feel for the carers trying to get through" and "It's difficult to actually get through, the agency is not well run." The regional manager acknowledged there had been problems with the telephones, including an obsolete number that people were calling. The provider hoped the increase in permanent office staff would enable people to contact the office with greater ease.
- Staff told us they felt supported by the management team and attended supervision with their line manager approximately every three months. The supervision records we looked at indicated there had been

gaps in the regularity and quality of supervision when the office team had vacancies. Team meetings were held to bring staff together and update their knowledge about their roles and responsibilities.

- At the time of the inspection we received complimentary comments from people which showed they had confidence in their care workers. However, people and relatives had not yet developed connections with office - based staff and field care supervisors.
- We saw the provider was diligently working towards meeting the objectives within the service improvement plan developed with the local authority quality monitoring team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service did not have a registered manager. The deputy manager commenced at the service in January 2019 and the interim manager (regional manager) had managed the service for less than two months at the time of the inspection. The Care Quality Commission (CQC) has received an application for the regional manager to register as manager for this location.
- We saw the provider was carrying out audits of care plans, training records, medicine administration charts and other documents held at the office. Although some people and relatives stated they had met with office staff to discuss their care plan and their views about their care, other people reported they had not been provided with this expected level of consultation.
- The current management team were aware of their legal responsibility to inform the CQC of notifiable events, for example safeguarding concerns.
- We spoke with the interim manager about complaints she had taken over responsibility for investigating. We saw these complaints were being managed with an open approach.
- The regional manager spoke with us in a straightforward way about unforeseen staffing problems which had negatively impacted on the service and have now been addressed.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The Registered Person did not ensure people were supported to receive their medicines safely and appropriately  Regulation 12(1)(2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The Registered Person did not have effective systems to assess, monitor and improve the quality of the service Regulation 17(1)(2)(a)(b)(c)