

Diversity Health and Social Care Limited

Diversity Health and Social Care Bow Branch

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Diversity Health and Social Care Bow Branch is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults, older people, including people living with dementia and some receiving end of life care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection the provider was supporting 205 people in the London Borough of Tower Hamlets.

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

Although the issues we found did not directly impact the level of care and support people received, improvements were needed with the level of information and quality of risk assessments in place.

Important information related to people's care and support was not always recorded or in place and monitoring processes were not always effective as they had not picked up all the issues we found during this inspection.

People and their relatives were positive about the kind and caring attitude of the staff team. New staff were introduced to people and shadowed visits to ensure they had a good understanding of their care needs. One person said, "I feel safe as I have had the same carer for two years and I trust them."

The provider tried to be as flexible as possible and listened to people to try and accommodate their needs. People and their relatives were given opportunities to feedback about the service and there were measures in place to address any issues and make the necessary improvements.

Staff monitored people's health and wellbeing and reported any changes or concerns to the relevant health and social care professionals. One relative said, "They look after [family member] well, keep them motivated which has been good for their overall health."

People and their relatives were positive about the management team and felt comfortable contacting them if they needed to. People were confident they would be listened to and told us any issues they had raised had been resolved.

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

People were supported by a staff team who felt valued and supported in their role, especially during challenging periods of the COVID-19 pandemic. People and their relatives told us they were grateful there

had been little to no impact on the care they received during the pandemic.

Health and social care professionals were positive about the attitude of the management team and how they were proactive in building relationships and taking on board advice and guidance. However, they felt areas of improvement were still needed across the service.

We have made two recommendations in relation to updating medicines records and end of life care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Although we found some improvements at this inspection it had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the second time.

Why we inspected

We carried out an announced comprehensive inspection of this service on 29 April 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they recorded consent to care.

Our intelligence indicated there may be a higher level of risk at this service due to the length of time since the last inspection.

Enforcement

We have identified two breaches in relation to safe care and treatment and good governance.

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 the local authority to monitor progress. We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

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 not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Diversity Health and Social Care Bow Branch

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 consisted of three inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Diversity Health and Social Care Bow Branch is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager, but they were not registered with the Care Quality Commission. A registered manager is a person, along with the provider who is legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had deregistered and left the service on 5 May 2021.

Notice of inspection

We gave the provider a short period of notice because we were aware members of the management team were at times working remotely due to COVID-19 or based in the provider's other office location. We needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 15 June 2021 and ended on 13 July 2021. We requested a range of documents related to people's care and policies and procedures that were sent to us by the management team

between 15 June 2021 and 13 July 2021. We visited the office location on the 16 and 17 June 2021 to see the management team and to review further records related to the service. We made calls to people who used the service, their relatives and care staff between 18 June 2021 and 30 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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.

We contacted the local authority commissioning team and reviewed their recent monitoring visit reports from November 2020 and March 2021. We reviewed the previous inspection report. We used all of this information to plan our inspection.

We also reviewed recent Electronic Call Monitoring (ECM) data for the whole service that covered calls for the period of May 2021.

During the inspection

We reviewed a range of records related to 25 people's care and support. This included people's care plans, risk assessments, medicines records and 10 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included safeguarding investigations, incidents and accidents, complaints, quality assurance checks and minutes of team and management meetings.

We spoke with 16 staff members. This included the service manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the two compliance monitoring officers, a care coordinator, a field care supervisor and nine care workers.

We made calls to 78 people and spoke with 17 people and 19 relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recent medicine audits, further quality assurance records, correspondence with a range of health and social care professionals and discussed feedback we received from two people. We also spoke with a further two health and social care professionals who had experience of working with the service.

We asked the provider to share a questionnaire with the staff team to give them an opportunity to give us feedback about their experience of working for the service and heard back from a further three care workers.

We provided formal feedback to the management team on 28 and 29 June 2021 via email and via a video conference call on 9 July 2021.

We received information after the inspection with concerns about staff working excessive hours and not logging in and out of their calls. We shared this with the service manager on 3 August 2021 and asked them to respond to the concerns. We included their findings as part of this inspection.

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.

Assessing risk, safety monitoring and management

- There were inconsistencies within the care records we reviewed relating to people's care and support. There was limited guidance in place for staff to follow for all support needs.
- One person needed support with moving and positioning. Their care records were inconsistent as a task for staff was to support them with their zimmer frame, however the care plan stated they were unable to mobilise and were bed bound. Samples of daily logs showed staff used a sliding sheet to help with moving them in bed however this was not included in the care plan.
- Another person's records said they needed support with a shower and had to be transferred into the bath. There was no information about this transfer or any guidelines for staff to follow. The moving and handling plan recorded no assistance was needed. It was unclear as to the level of support this person needed or how staff should support them safely.
- One person could display behaviour which challenged care staff during personal care. However, there was no information for staff to follow to help reduce any anxiety or distress.
- Samples of daily logs also showed staff were not always completing records of the care they had provided. For example, for one person their care plan stated they needed to be transferred with a hoist and repositioned and had to be documented at each visit. We discussed this with the manager who acknowledged this had not been reflected in the records and told us they had invited the staff members in for a supervision.

Although we found no evidence that people had been harmed, the inconsistencies and lack of information within risk assessments created a risk to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were at risk of developing pressure ulcers, risk assessments were in place and we saw this was regularly discussed with staff during supervision and team meetings. One care worker said, "They do always remind us about this and we need to report any concerns to the office. We do have training in this and work with the district nurses."
- Although there were inconsistencies within the care records we reviewed, we received positive feedback from people and their relatives. Comments included, "I feel safe as they know how to use my hoist correctly" and "They never hoist me alone, only when two of them are here."

Using medicines safely

- Although there were procedures in place to ensure medicines were given safely, there were some inconsistencies within the records we reviewed. Care records were not always clear about the level of

support that was being provided. For example, two care plans said people were independent with their medicines, however samples of daily logs recorded their medicines being prompted or completed as a task.

- Where people were being supported with barrier creams as part of protection plans to reduce the risk of pressure ulcers, cream names were not always recorded and the task was not always documented within the daily logs, even though this was an assessed need.
- We discussed this with the manager who acknowledged the areas of improvement and told us messages had been sent out to all care workers to remind them of their responsibilities and it would be discussed at a care worker meeting.

We recommend the provider consider current guidance on supporting people with medicines in a home care setting and update their practice accordingly.

- Staff completed medicines training and we saw this was regularly discussed across the service. Staff confirmed this and added it was also discussed in supervisions and team meetings. One care worker added, "They do check the MAR charts and give us advice and training if something is wrong."

Staffing and recruitment

- The provider had systems in place to monitor their staffing levels and ensure people received their care on time. The provider used an Electronic Call Monitoring (ECM) system where care workers logged in and out of their visits, which was monitored from the office. Where samples of ECM data highlighted possible staffing or timekeeping issues, we followed this up with people and their relatives who confirmed they did not have any concerns. However, staff were not always logging in and out of their calls.
- We received information after the inspection with concerns about staff working excessive hours and not logging in and out of their calls. We asked the service manager to respond to the concerns. This has been followed up in the well-led section of this report.
- Positive comments included, "They come on time and there have been no missed calls" and "If they are running late they will call ahead to let me know." People and their relatives also told us their care staff arrived together if double handed support was needed and generally stayed the full amount of time.
- Care workers told us their rotas were manageable and mainly worked in their local areas, having enough time to get between calls. One care worker told us there had been a lot of improvement in how their rota was scheduled after they highlighted an issue to the office.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and references. For two files, references did not match what was provided in the application form and interview records did not always record this had been discussed. The provider acknowledged this and said they would look into these records.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place with information and guidance for staff to follow. Thorough investigations had been carried out and shared with the relevant authorities when any allegations had been raised and action taken if needed.
- Staff completed safeguarding training and this topic was also regularly discussed during supervisions and team meetings. Care workers were reminded to monitor people's health and wellbeing or if they observed any issues or concerns.
- Staff had a good understanding of their safeguarding responsibilities and were confident any concerns raised would be followed up immediately. One care worker said, "It is important for us to protect adults from abuse and neglect. I need to observe everything and report any concerns to the office."
- People and their relatives told us they felt safe with the care they received. Comments included, "If there is

a problem, they will stay longer to keep them safe" and "They will call me if [family member] doesn't answer the door so I know they are keeping them safe by doing that."

Learning lessons when things go wrong

- There were procedures in place for reporting incidents and accidents, with regular reminders to staff about when and how they needed to report any issues or concerns to the office. We saw health and social care professionals were updated with any concerns or changes in people health.
- We saw incidents were used as a learning experience across the service and to remind staff about the importance of following procedures. We saw an incident where staff were supporting people with their finances which was not in line with the provider's policies and procedures. This was shared with all care staff, with a review of all people who were supported with their finances, then discussed in a team meeting.

Preventing and controlling infection

- The provider had systems in place to ensure staff knew how to keep people and themselves safe and reduce any risk of COVID-19. There was an updated infection and prevention control (IPC) policy and records of team meetings showed important reminders and advice about safe practices during the COVID-19 pandemic were discussed and shared with all staff.
- Staff confirmed they completed IPC training, including having access to regular training from the commissioning local authority about the correct use of personal protective equipment (PPE). Staff were also involved in the weekly COVID-19 testing programme and were supported and given advice about the COVID-19 vaccine.
- Staff were positive about the support they received from the management team during the COVID-19 pandemic and said they always had access to sufficient supplies of PPE. One care worker said, "They really helped us a lot. They gave us training at the start and had to watch a lot of videos. They also send us regular texts and emails with the updates."
- People and their relatives were positive about how staff followed correct IPC guidelines when they visited their home. One person said, "They've kept me safe, they always wear full PPE."

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider did not determine people's capacity to consent to their care in accordance with the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made some improvements and was no longer in breach of regulation 11, we made a recommendation on how they could amend their care records to make it clearer to see how consent was sought.

- Improvements had been made as the provider was now completing mental capacity assessments during their initial assessments. However, there were still issues within people's care records where it was not completely clear why relatives without the legal authority had consented to people's care.
- For example, people's relatives were signing in the section that was labelled 'service user' rather than having a separate section for them to record the reasons around this.
- We discussed this with the provider during a formal feedback video conference on 9 July 2021 who acknowledged this. The provider was proactive and sent us a copy of their updated consent form on 15 July 2021 to show it had been amended to include a section for relatives/representatives to sign to confirm the reason why they had been involved in best interests meetings.
- Staff completed MCA training as part of their induction programme and told us they had found the training in this area very helpful. One care worker told us where people had difficulty making decisions, they ensured they spoke slowly, gave options to help them with making a decision and gave them more time to help explain what they were going to do.

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

- People's needs were assessed before they started using the service. The provider received important information about people's health and wellbeing upon referral from health and social care professionals which helped them complete their own assessments before they started supporting people.

Staff support: induction, training, skills and experience

- People were supported by staff who had the experience and competence to meet people's needs. Staff completed an induction and training programme when they first started, which included shadowing shifts prior to any lone working. Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- We saw the provider worked closely with the relevant health and social care professionals to provide shadowing opportunities for staff to understand people's support needs when they started to support them or when their needs changed. For example, an occupational therapist provided staff with advice and guidance on how to support a person with reduced mobility.
- Staff were positive about the training they received and the support from the management team. Due to COVID-19, some training was completed online but care workers confirmed refresher training was carried out in smaller groups.
- One care worker said, "It gives us confidence and it was helpful. It certainly helped me to learn what was needed for this job. They also ask us about our understanding in training sessions and supervisions which is also helpful."
- People and their relatives felt staff had a good understanding of how to support them with the training they received. One person said, "I use a stand aid and I have two carers that help, they are well trained in dealing with this equipment." A relative told us if a new care worker was introduced they would always complete shadowing shifts to help understand the support needs.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. People's care plans had information about what support was required, including any allergies, nutritional risks and if people's relatives were involved in shopping or meal preparation.
- People and their relatives were positive about the help they received from staff who supported them with cooking and during mealtimes. Comments included, "[Family member] sometimes doesn't want to eat so they make them milkshakes" and "They make me drinks and meals and ask what I'd like. They never leave me without what I need."
- One relative was very positive about how the support had improved their family member's health. They added, "They have managed to get them eating healthier meals and they have a much better diet now and are so much better for it."

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 the healthcare services they needed and staff monitored people's health and wellbeing. We saw staff reported any concerns or changes in people's health to the relevant health and social care professionals. We saw samples of correspondence with people's GP's and occupational therapists reporting any concerns.
- Health and social care professionals confirmed the provider was involved in joint multidisciplinary meetings with a range of other professionals to discuss any concerns they had or if they could complete reassessments with people where their health had deteriorated and required further support.
- People and their relatives spoke positively about the support provided and were confident staff would take the appropriate action if people's health and wellbeing deteriorated. One relative said, "They arranged

for the GP to come out once. I was so pleased they listened and took swift action when we said we felt there was something wrong." Another relative told us the care worker recognised their family member was struggling and despite being worried about going to hospital during the pandemic, felt this quick response saved their life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by staff who respected them and treated them with compassion and kindness. People and their relatives were positive about the kind and caring attitude of the staff team and respected them in their home. Comments included, "The carers are very chatty and they have lots of laughs and jokes with [family member]. In fact, I think he/she likes them more than me" and "We feel so lucky to have these carers, they are very kind."
- Where possible, the provider tried to ensure continuity of care with regular care workers, which people confirmed. One person said, "I've had the same carers for years. There are only changes when they go on holiday." A relative said, "We have the same carers and I feel they are like my children."
- We also received feedback about care staff going above and beyond their duties. One person told us their care worker made their preferred cultural food and brought them homemade samosas. A relative told us their care worker would pick up a particular brand of product their family member liked but could not buy themselves, which they really appreciated

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

- People and their relatives, where appropriate, were involved in making decisions about their care. Records showed people's needs were discussed with them during initial assessments, including who should be involved when reviews were needed.
- People and their relatives confirmed this and told us they were involved and given choices about the care they received. Comments included, "They came out and went through everything with me" and "My [family member] is given choices and the carers will not make them do anything they don't want to."
- One relative told us staff kept them involved in their family member's care when it was difficult to visit due to COVID-19. They added, "All the time I feel involved and assured of their care. They also sent me pictures of [family member] and I can see they are very happy."

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of the importance of respecting people's privacy and dignity. This was covered as part of the induction and discussed in team meetings. A care worker told us they were also reminded about this through the care worker WhatsApp group.
- Spot checks and quality monitoring telephone records showed the office team checked to find out if people were satisfied with how staff respected their privacy and dignity during their care visits.
- Positive feedback included, "I'm never left fully uncovered and if I have a visitor, they will always close the door when they are helping me" and "They give him/her a wash at night, interact very well and stay until

they are fine and fully settled. We are lucky to have them."

- Feedback also confirmed people and their relatives felt staff supported them to be as independent as possible and were encouraged to do as much as they could to keep them active. Comments included, "The care they have allows them to remain at home" and "The carers are keeping [family member] fit and support them to go out walking."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Improvements were still needed in how people were supported at the end of their life. At the last inspection, although the provider was not supporting anyone receiving end of life care, we reviewed one person's care record who previously used the service and had end of life needs. Their care plan did not include details about aspects of their end of life care needs. This was discussed with the provider and they said they would ensure they had full details recorded for any person in the future who may require this support.
- At this inspection, we reviewed one person who was being supported at the end of their life. Although we saw the provider had correspondence with the person's GP as they were being supported under the palliative care team, there was no reference to this within the person's care plan.
- The person's care plan had no information about this or any advice and guidance for staff to follow to ensure their needs were met. There was also no section within the care plan which highlighted the person had the opportunity to discuss their advanced wishes, such as not wanting to go to hospital or who they wanted to be with them to support them with important decisions.

We recommend the provider consider current guidance and best practice on supporting people with their end of life care needs.

- We discussed this with the provider after the inspection who explained the difficulties they had in organising a reassessment of the person's needs. They acknowledged they should have updated the care plan at the time and would ensure they would do this moving forward to ensure best practice.
- Staff told us they had access to end of life care training if they supported people at this time of their life. One care worker said, "The training helped us to not worry about providing this care. It made me feel more comfortable, less scared and understand how important this time of life is."

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

- At the last inspection we found that information was lacking in respect of people's mental healthcare needs as there were examples of care records that had insufficient information about how staff could support them.
- We saw records had been updated and included more personalised information about how people liked to be supported and information for staff to follow. One person said, "When I had a breakdown they kept me safe and they know me very well." One relative said, "My [family member] has been a little down lately, but the staff have a chat and make them laugh. It really lifts their spirits."

- People and their relatives spoke positively about how their care needs were met and the provider tried to be as accommodating as possible. One relative told us their family member was living with dementia and the care staff understood the routine and how to support them. They added, "They know [family member] really well and provide consistent staff."
- However, we saw there was limited information in three people's care records about how staff could support people living with dementia. We discussed this with the management team during formal feedback who acknowledged this and said they would follow this up.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to access the local community or activities of interest if this was part of their agreed care. One relative told us staff supported their family member to have walks in the park, go on bus journeys and look around the shops.
- People were also supported to avoid social isolation. Comments included, "They sit and watch Turkish TV with them and let them know what is going on" and "One carer stayed with them to watch the football to keep them company as they know he/she lives alone. They sit and interact, chat away together. I feel we are lucky to have them."
- The provider supported people's cultural and religious needs. For example, one person told us their care worker had been matched as they spoke the same language. They added, "They understand my background." One relative said, "They meet their cultural needs as we are [religious faith], the carers understand us, they match carers with us well and they celebrated [religious festival] with us."

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 communication needs were assessed and there was information for staff to help them communicate more effectively. A care coordinator told us that some people did not have English as their first language so it was important to try and match care staff to help people have a better understanding of the care they received.
- The management team told us where needed, they would be able to provide information in other formats if this was required. One relative told us they had set up a communication board in their family member's home so they and the care workers could leave messages for each other, which they found very helpful.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was regularly discussed with people and their relatives during spot checks, reviews and telephone monitoring calls. A field care supervisor told us they would get feedback from people and their relatives at every visit to ensure any minor issues could be resolved as soon as possible.
- People and their relatives told us they felt comfortable raising issues if they needed to and knew who to contact. Many people told us they had never had to make a complaint. One relative told us at the start of the care package, they felt their family member was not getting on with the care staff. They added, "I discussed this and they were changed, now we have very good carers."
- We saw examples where issues had been raised during spot checks in people's homes. We saw the provider had responded appropriately and resolved the issues. A care coordinator said, "We need to give people reassurance they can contact us at any time to let us know if they have any concerns."

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. However, positive feedback was received about the management team and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We were not fully assured the management team had effective systems in place to ensure they were aware of the quality of their service and the necessary improvements that needed to be made. Despite the positive feedback we received from people and their relatives about the care and support they received, we saw numerous inconsistencies in the quality of recording in people's daily logs. Samples of records were consistently left blank or with little information which did not provide a clear or accurate picture of people's care.
- Scheduled tasks from people's care plans were also not being recorded in the providers digital monitoring system which meant there was not a clear or accurate record of the care provided. Although we saw staff were regularly reminded about their recording responsibilities and there were auditing processes in place, they did not identify all of the issues we found during this inspection.
- We received information after the inspection with concerns about staff working excessive hours and not logging in and out of their calls. We asked the service manager to respond to the concerns. Their investigations found further examples of care staff not logging in for calls, staff working 12 hour night shifts and then being scheduled for visits the following morning and staff not following the correct policies and procedures, which increased the risk of people receiving poor care.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service manager was proactive in their response to the information we received after the inspection and acknowledged the findings were concerning. They took immediate action to reduce any further risks, which included suspension of staff pending further investigations, sharing reminders about policies and procedures across the staff team and raising the concern with the local authority.
- We discussed the issues we found during the inspection with the management team on 9 July 2021 who acknowledged the issues we found. They said for many of their care workers English was not their first language which impacted their ability to provide a clear account of people's care. They added staff would be supported to access language skills but local training centres had been closed due to the pandemic. They also highlighted some of the technical issues they had experienced with their ECM system and had raised

this with the service provider. A new system was being implemented at the provider's other location to see if it was more effective.

- The provider also told us after the inspection the reason for the issues with daily logs not always being completed was due to problems with their ECM system and they were looking into a new one. However, they were unable to provide any further supporting evidence to show us they were keeping clear and accurate daily records for people they supported.
- The management team had a good understanding of their responsibilities regarding notifiable incidents and knew when notifications had to be submitted. There was only one incident that had not been notified. The provider was able to explain the reason for this and submitted the notification to the CQC during the inspection.

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

- The management team were committed to being open and honest and trying to improve the level of care people received. Health and social care professionals felt the provider was working hard to make improvements but there were still areas that could be improved.
- The majority of feedback was positive about the management of the service and the support people received, especially how it had not been impacted during the COVID-19 pandemic. Comments included, "The care we receive is second to none. I would recommend the organisation whole-heartedly to anybody looking for care" and "Compared to other companies we've used, this is so much better. They go above and beyond, if there is a problem they will stay longer and the carers genuinely care."
- Out of all of the 36 people and relatives we spoke with, we only received two comments of a negative nature, which related to communication with the office and the attitude of some staff members.
- Staff were also very positive about the support they received from the management team and felt there was an open environment. Staff said they felt comfortable approaching the management team who had a friendly nature. Comments included, "The culture of the organisation is exceptional", "Management are responsive and available" and "They tried as much as they could during the challenging times and we got a lot of help."

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

- There were opportunities for people and their relatives to give feedback about their care and be involved in the service they received. This was through telephone monitoring, spot checks and service reviews. Samples of compliments and monitoring records showed the majority of responses were positive. One person said, "Two people came from the office to see if I was OK and review my care."
- Staff were positive about the support they received and felt their hard work was appreciated. Comments included, "Somebody is there to listen to us and the best thing is they look after their people and staff. They do value us" and "We have been given a special award to acknowledge our hard work, which is appreciated."
- Where staff were unable to communicate fully in English, there were members of the office staff who were available to provide translation support to help them with their understanding. One staff member said, "We are all different people but we all respect each other and we listen to each other."

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to ensure any changes in health were reported and people's needs were met. We saw correspondence with occupational therapists, GP's and social workers.
- Health and social care professionals confirmed the provider attended regular joint meetings with district

nurses and safeguarding teams to discuss any issues across the service. This included bi-monthly meetings with commissioners and registered managers from other care providers in the borough to discuss issues within the sector.

- Comments included, "They are willing to engage with us and come up with some good suggestions. I'm not hearing any major issues or concerns" and "There are a lot of positives but also there have been some ups and downs so there is room for improvement."

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 management team were aware of their responsibilities of making sure they were open and honest with people and their relatives. One relative told us after following up an issue related to late calls, the provider was very apologetic and resolved the issue. They added, "Things have improved and the care allows [family member] to live independently."
- One health and social care professional confirmed this and said if issues were raised, the management team were not defensive and were open about learning. They added, "If there are errors, they do genuinely apologise for this and take on board suggestions, which is a positive."

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 provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>Regulation 17 (1)(2)(c)</p>