London Care Limited

London Care Highdown Court

Inspection report

Highdown Court
2 Durrington Lane
Worthing
West Sussex
BN13 2GZ

Tel: 01903266372
Website: www.Londoncare.co.uk

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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
London Care Highdown Court is a domiciliary care service providing personal care to 41 older people at the time of the inspection. People using the service lived in a block of 55 flats within one building in Worthing.

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.

People's experience of using this service and what we found
There had not always been enough staff to meet people's needs. This had resulted in some late and missed care visits. When this had occurred, the risk of people not receiving the support they needed had not always be considered and mitigated. The provider had since arranged for more staff to be at the service than were required to complete planned care visits. There was a reliance on the use of agency staff whilst recruitment for more regular staff was ongoing.

Staffing levels and management changes had impacted on staff morale. The regional manager had recently been spending more time at the service and people and staff told us this was having a positive impact. Recruitment was taking place for a permanent manager.

There was not consistent and robust management oversight of accidents, incidents and the impact of late or missed care visits. Quality assurance process were not always robust.

People were supported to access health care support as required and professionals told us that staff worked with them to support people. However, the changes in staffing and management had sometimes impacted on partnership working.

People's privacy was respected. People were treated with dignity and their independence respected and supported. People's views on their day to day care and support were sought. When improvements were needed to improve people's experiences these were not always identified.

Care plans included detail about people's life histories and how they preferred their support. Staffing shortages and changes had impacted on how responsive staff could be to people and how well they knew the people they were supporting.

People told us they felt safe and staff understood how to report any concerns about people's safety and welfare. People received support with medicines and food and drink as required. Infection prevention and control was well managed.

People's needs and choices had been considered and assessed. 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.

Regular staff had been supported with training, supervision and appraisals.
People knew how to make complaints. Complaints made had been responded to in line with the provider's policy.

People were supported in accordance with their wishes at the end of their lives.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 14 January 2019).

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels and people having late or missed care visits. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches of Regulations in relation to staffing and good governance at this inspection.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

London Care Highdown Court

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 was carried out by one inspector and an Expert 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we wanted people to be aware that we were visiting. We also needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 used all of this information to plan our inspection.

During the inspection
We spoke with 15 people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, manager, and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with five professionals who regularly visit the service.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same.

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.

Staffing and recruitment

● People had not always received their planned care visits. The manager and regional manager acknowledged that staff shortages had impacted on people, resulting in missed or late care visits. One person said, "Mine didn't come until two hours later than expected the other day." Another said, "I get 45 minutes in the morning, but they seem rushed these days." Another person told us, "I've asked for 9:15 call during the week and 9:30 at the weekend. Sometimes I am having calls at 11." A health and social care professional told us, "The customer also advised that the care calls can be rushed due to reduced staff numbers, so they are under pressure to care for the next resident."

● People told us the impact of the care visits being late was that they would try to do things themselves. For example, getting dressed or arranging an alternative way to eat. One person told us, "I have been late to work because of a late call." We asked the manager how they would know a person's care visit was late. They told us they started a daily handover one week ago to check care visits had been completed and people had received their medicines. Before that, such issues would be raised after the event as complaints or discovered during mid-month audits of care records.

● Staff told us about occasions when there had been a low number of staff to provide care visits to people. Staff said this resulted in people being, "quite peeved and frustrated and unhappy." A health and social care professional said, "The customer has commented that the staff are always pleasant but new carers just do not have sufficient time for handover/read customer notes before providing the care call." The communication book showed three occasions, since 5 October 2019, when there had not been enough staff to meet all planned care visits. On these occasions extra staff had been brought in to help meet people's care needs.

● A member of staff said, "Sometimes there are so many calls I run late. For example, supporting two double ups with another agency - took twice the time as it was complicated." A member of staff told us, "If I am running late I find someone else, swop or try and arrange something else."

● When care visits had been missed by staff, the impact on the person had not always been considered and explored. For example, one person's morning care visit had been missed. The risks around them not having their medicines and not eating breakfast had not been considered by the manager.

● People told us there had been a shortage of staff. One person said, "There have been hard times – 10 carers left over 8 months - something needs to be done." Another told us, "It's getting worse. I've noticed a decline in three years. When I first came, there were loads of staff but not now."

The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and

experienced persons deployed. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There had been a lot of change in staffing in the two months prior to the inspection and vacancies were being recruited to. The regional director told us they had reviewed the pay rates for staff twice in the last few months to try to attract staff. The manager was in the post on an interim basis, and recruitment was taking place for a permanent manager, a team leader and care staff.
● The shortage of staffing and impact this had on people's care visits was acknowledged by the regional manager. This was beginning to improve, with additional staff being planned and scheduled to work than were needed to attend care visits. A member of staff told us, "Sometimes more staff than people who need calls, have floater for calls that have been missed." Another said, "Lately, there have been 7 on shift. I hear things, but I have not been on a shift where we have been understaffed."
● Care visits were planned and allocated to staff. However, these planned rotas did not always correlate with the shift staff were working. This meant that some staff were allocated to complete a care visit after they had finished work.
● Staff told us an interim manager had begun to arrange staff rotas recently, and that this had been positive. Previously, some staff told us they had to come in early to make sure there were enough staff planned to attend the care visits needed.
●The manager told us there had been issues with staff swopping care visits that were assigned to them. They were completing spot checks and audits to ensure the staff assigned to a care visit was carrying it out.
● Staff were recruited using safe practices. These include checking proof of identity, references and checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions.
● The manager told us the agency staff who were used for additional staff were "under the umbrella company. They have been really, really helpful. Agency have stepped up well for us. Getting involved in our team meetings too, we recently did a themed group supervision."
● People living in the scheme had electronic emergency call bells to contact staff when needed. People told us these were responded to. One person said, "If you need help, they come quite quickly if it is important, but they will always speak to me on the intercom."

Assessing risk, safety monitoring and management
● Risks about the support people needed to move themselves were considered and assessed. For example, one person's needs in this area had recently changed. Staff were working with an occupational therapist to ensure they were supported to move in a safe way. The person required the support of two staff and regular staff were prioritised for the person's care visits. One member of staff told us, "I am never the lead for hoisting as have not had training, so I am the second person."
● Risks to people's safety, such as the risk of falling were assessed. Referrals were made to specialists, such as the falls prevention team as required. When people required staff support to move, this was individually assessed.
● Risks about people's skin integrity were assessed. Areas that were at risk of deteriorating were highlighted on a body map to assist staff to detect any concerns at an early stage.
● Risks about the environment were considered and planned for. This include staff accessing the person's home and how they could provide the support the person needed.

Systems and processes to safeguard people from the risk of abuse
● The staffing shortage and use of agency staff had impacted on how safe some people felt. One person told us, "I feel safe with permanent carers who know me, but not as safe with agency staff. I know they are recruiting because they have asked me to be on the interview panel."

● People told us they felt generally safe. One person said, "I feel safe because there are many people around, my door is very secure, and the outside doors are protected by various buttons." Another told us, "We feel safe with 'Extra Care' because we have experienced other sorts of care – we couldn't live without them."
● Systems and processes were in place to safeguard people. Staff understood safeguarding and types of abuse. A member of staff told us, "If a person isn't looked after properly, neglecting themselves or a carer is neglecting them, I would report it to the management. If [manager] did not respond, take it higher, to [regional manager]." Staff knew where to access the safeguarding policy and that information about whistleblowing was displayed in the staff room.
● When safeguarding concerns had been raised, staff worked with the local authority to identify ways to reduce further risk for the person.

Learning lessons when things go wrong
● Staff understood how to support people in the event of a fall. One member of staff told us, "I'd call paramedics if needed. Follow their advice. We know the basics, positions to put them in and suggest people to keep still. Getting community nurses to have a look at it, they are great for those things. Recording, we've just been given a new form, we used to fill out a statement. Accidents and incidents - if someone had fallen and got selves up – we'd go back and write out the form so there is a record out of it."
● A health and social care professional told us about how staff had supported a person who was experiencing an increase in falls to rearrange their furniture to help prevent future falls. They told us that staff had carried out this action in a timely way. Another person told us, "One of the managers thought I needed a Zimmer to keep me safe and I had it within two hours."

Using medicines safely
● Medicine records were not always completed accurately. Entries on the medicine administration record (MAR) were sometimes difficult to read. Gaps on the MAR which had been noted on an audit of medicine records had later been filled in retrospectively. The regional manager advised that staff should not be recording retrospectively. We have reflected the shortfalls in quality assurance processes in the Well-led section of the report.
● Not everyone receiving support from staff needed medicines. People who needed it were supported with their medicines and had consented to such support from staff. Some people needed staff to open their medicines for them and others required staff to assist fully. One person told us, "They always write down the medication I have taken."
● Staff had received training in supporting people with their medicines and their competency to do so had been assessed.

Preventing and controlling infection
● Staff understood how to support people to manage and control infection. Personal protective equipment (PPE) such as gloves and aprons were available. One member of staff told us, "We use gloves and aprons. Washing hands, PPE goes into any flat. Work surfaces, using yellow bags and taking it out. With the clients themselves, suggesting they wash their hands."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Agency staff had not always received an induction and introduction to people when the service had been short staffed. However, they had been able to understand people's needs and support them in the way they wanted their care. One agency member of staff told us about the first time they worked at London Care Highdown Court. They had been asked by staff if they had training to help people to move and to give medicines. They had worked with one other member of staff to support people. They told us, "I got to know people quite quickly during that first shift, I picked up on what they needed. Just trying to learn where things are. Most people are able to tell you what they need."
- Another member of agency staff who had begun working at the service more recently told us, "They have been good at doubling me up with another member of staff, so are supporting and training me up to build confidence. I am fine with the single care. I've met quite a few of the clients now."
- Regular staff were supported with an induction when they began working at the service. One member of staff told us, "When I started I went to classroom training for a week. I enjoyed that. Then I had two shadowing shifts."
- Regular staff were supported with training. People told us staff were well trained and understood how to support them. One person said staff were "well trained and know my needs. I have stipulated I don't want a male carer for personal care as I have to be hoisted – I don't mind if I'm fully dressed." One person told us, "We both have to be hoisted and that needs two carers – they do it well. We do not experience any discomfort but again it could be a problem with untrained agency staff."
- Staff were supported with supervision, this included themed supervisions, such as on medicines or record keeping. Staff had received annual appraisals of their role.
- A member of staff told us they had "tried not to let staffing affect the wellbeing for people. We're passionate."

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

- People's needs were assessed before they started to receive support. These assessments included what people wanted to achieve from staff support and how their physical, social and mental health needs would be met. Assessments included information from professionals working with the person, such as the local authority.
- A health and social care professional told us about a person who had recently moved into the service. They said, "He actually settled very quickly, and we feel this is in no small part due to the staff at Highdown Court."

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

● People receive support to eat and drink and prepare meals as required. When they needed specialist support, such as food in a specific consistency or to use specialist cutlery and cups this was identified in people's care plans. Staff were aware of these needs.

● People's independence to manage elements of food shopping and preparation were encouraged. One person told us, "I go shopping and the carer makes supper for me."

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

● People told us that they regularly saw health professionals as needed and that staff supported them to attend appointments. People's health needs and conditions were considered within their care plans.

● A health and social care professional told us, "I have always found the managers very open to suggestions to enable residents to be as safe and independent as possible. The staff are positive and helpful."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

● People's consent and choices were considered as part of the care planning. People were considered to have capacity to make their own choices about their care and support.

● Staff understood that people's ability to make decisions could fluctuate. One member of staff told us, "I do report ups and downs for people living with dementia."

● No one receiving a service was deprived of their liberty at the time of the inspection.

Good

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 Requires Improvement. At this inspection this key question has now improved to 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 that staff were caring and kind. Comments included, "I think the carers are excellent... Women carers really care.", "There are so many carers who are wonderful.", "I like the staff who visit me – they are polite and sit and chat with me when they have time." and "I look upon carers as members of my family." The recent changes in staffing and high use of agency staff impacted people's experience of the service.
- Professionals told us that they observed staff to be king and caring. We saw staff, both regular and agency, interact with people in a kind and caring manner. A health and social care professional said, "With regards to any of the care staff I have met (agency included), they have always been pleasant and caring towards the customer." Another told us, "My limited interactions with the staff at Highdown Court were also positive with them appearing friendly and caring and engaging well with the residents."
- Staff understood equality and diversity. One member of staff told us about a person who wanted their meals in a certain way, as this important to them. Care plans included people's religious and cultural needs and any protected characteristics under the Equality Act 2000.

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

- People were involved in reviewing their care plans. People told us, "I have a care plan. I'm having it reviewed tomorrow." and "London Care came to review mine yesterday."
- Staff understood the importance of people making choices and feeling in control of their support. One member of staff told us, "I try and make people comfortable. I give them what they want and encourage people with personal care but not force it. They might have it the next day. One person wanted a lie in. Usually gets up at 7:30, offered him a choice about getting up then or at 11:30 at the end of the calls. Chose to get up at 7:30 but he had the choice." And, "Some people I am going back to I know. Mostly I ask the client what they want and when they want it. I'm finding out how they have their tea, reading the book and find out what went on the previous day."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person said, "The staff always knock on my door and ask for permission to enter to complete their tasks." A member of staff told us, "If in the flat, shut the front door. Double check if they want the windows closed… If they need a bed bath, I cover up the other half."
- People were treated with dignity. One person told us, "They always treat me with dignity and respect when

they attend to my shower. I can do the top and they do the rest." A member of staff said, "Normally ask people, offer options that they want. One person, when he needs help getting into bed, he'll do as much as he can, so I step back and wait. He has good upper strength. Another today I asked him if he wanted to wash his face or should I. He did it and was so happy."

● People were supported to maintain their independence. A member of staff told us how they supported one person to a small local shop as this allowed them to be more independent. They explained how they would talk to the person about their diet, and things to remember whilst on the way, to aid their independence.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Regular staff knew people well. People told us that staff had asked questions about their likes and dislikes One person said, "This was in order to get to know my needs". A member of staff told us, "When there is a new person I get to know them by talking to them and reading their care plan. Occasionally you hear things from the other carers, but nothing really official. Just knock on the door and introduce myself."
- People's care plans included their life stories, interests and family background from before they moved into the service. People had identified goals which they wished to meet and how staff could support them to do so. For example, the goal of being clean and dressed appropriately was met by staff offering showers and supporting a choice of clothes.
- One member of staff told us about how their colleagues provided personalised care. They said, "They are quite good about a personal service, chatting to people, having a laugh and being friendly. They take time to blow dry people's hair and make sure they look nice, they will put the extra bits in on top of the actual personal care."
- A health and social care professional told us, "I found the carer to be very good, well up to speed with the patient's current abilities and proactive in coming up with solutions to manage difficulties. Also, clearly had a good rapport with the patient."

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 understood and supported. Care plans identified people's preferred communication methods and anything which impacted on their ability to communicate with others, such as health conditions or cognitive impairments.
- People's communication needs were met. For example, one person had requested written information in a large print. The manager had arranged for a copy of the service user guide to be provided to them in this way. The regional manager told us that although no-one else required information in a different way at the time, this would be provided as needed.

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

● Staff were able to use some time with people for 'well-being'. This had been contractually agreed with the local authority. A member of staff told us, "Well-being has to have a meaning, it cannot be for personal care. Building confidence for a person to walk to the shops, over six weeks for example."
● Staff had supported people to set up a social fund and committee, so they could arrange some activities themselves.
● Activities were planned, and people were involved in what they wished to do and arranging this. One person told us, "I go to bingo, exercise, music, quizzes, game days." We saw some people enjoying a quiz game with a member of staff in the communal lounge. People were laughing and joking together. Some people chose not to take part in the activities offered by staff and this was respected.
● There was a wish tree displayed in the reception area where people could communicate wishes they had to staff. For example, one person had expressed their wish of having an ice-cream from an ice-cream van. Staff had arranged for the ice cream van to visit the service weekly.

Improving care quality in response to complaints or concerns
● People knew how to complain, and complaints had been managed in line with the provider's policy. One person said, "If I had any complaints, I would go to see three people on the management team – they are much better than the last management team who didn't really care. I can't praise them enough."
● One person told us they had made a complaint but had not yet received a response. When we looked into this, the complaint had been made to the housing part of Highdown Court. The manager agreed to respond to this once they received the complaint.
● People told us that changes were made following complaints. One person said, "I am pleased that two male agency carers I did not like have not been seen since so the management must have listened to me."
● One person's relative told us about changes that had been made when they raised their concerns about late and missed visits. They had moved their relative into an alternative care facility for a period as they were concerned about the lack of staffing at London Care Highdown Court. They told us, "It's brilliant now, they couldn't have done more. It's down to [regional manager]." And "We're feeling much happier and safer now. I was getting to the point of changing to another agency, but not now."

End of life care and support
● People's end of life wishes were considered and staff advocated for people's wishes. One member of staff told us, "One person requested to come back here to die, they deteriorated in hospital and wanted to come back here. Every carer that went past their room popped in and made them comfortable."
● Staff worked with community nurses and hospice staff to support people in accordance with their wishes at the end of their lives.
● A member of staff said, "We don't keep it a secret, we talk about it…. I have always made a point to go to the funerals." They told us about a person who had recently passed away. The person's relative maintained contact with staff and had agreed to staff letting other people know about their relative's passing.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; 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

- There was not consistent and robust management oversight of accidents, incidents and the impact of late or missed care visits.
- Accidents and incidents were not always identified and recorded. This meant that opportunities to reduce the risk of the incidents reoccurring were missed. We found that care staff were using the communication book to record any accidents or incidents, including late or missed care visits. Some of these had been recognised as incidents by the manager and uploaded onto the electronic system the provider used to monitor these occurrences. However, a number had not.
- For example, one person had advised they had concerns about their skin. No follow up action had occurred.
- Another person had not had their care visit as planned. The manager was not able to tell us what action had been taken to ensure the person's safety. They told us if this happened in the future they would check if an incident form had been completed, update the electronic system, check the person's notes book and rota to see why this had been missed and what the impact on the person had been.
- Another person's care visit had been reported as being missed. The manager had responded in the communication book to say that staff were swopping calls and that this would be investigated further., The missed call left the person at potential risk such as not eating and having their medicines managed. The manager was not able to tell us how these risks had been assessed and mitigated.
- The manager did not have a clear understanding and oversight of people's risks. For example, one person was regularly declining their afternoon care visits. The manager told us it was important for these to continue as they were 'high risk'. They were unable to explain what the risk was for the person.
- Quality assurance processes were not always sufficiently robust. For example, an audit of one person's care records and medicine records reflected there were no unexplained gaps in the record. We found there were gaps without explanation, which had not been looked into.

The provider had not ensured that the systems and processes to assess, monitor and improve the quality and safety of the services provided were sufficiently robust. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Though we noted areas for improvement with regard oversight of accidents and incidents, when these had

been recognised the manager understood the duty of candour and reported to the local authority and CQC.

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

● There was not a registered manager in post at the time of the inspection. The service had been through a number of management changes, since the last inspection. The registered manager had left the company, another manager had been appointed who had recently left, and at the time of the inspection an interim manager was in post. Recruitment was taking place for a permanent manager. The regional manager had recently been spending more time at the service and there was support two days a week from another manager in the organisation.

● People had mixed views about the management of the service. Comments included "The last management team didn't really care," "(The manager) has never knocked on my door," "The new manager is very good and understanding," "I like the new manager. She talks to me," and "Let the new manager listen and instil a new confidence especially with permanent carers and staff."

● People and staff told us that the manager was not always approachable and were concerned about low staff morale. One person told us, "I don't know whether it is because they are frustrated due to changes or don't like the new management." Another said, "You can't bully people into making changes to the way they work." Another told us, "I think staff morale is awful. A new team of permanent carers is essential."

● Staff told us that things were beginning to improve. Comments included, "Staff morale is up and down. Depends on the staffing levels." and "Things are improving. At the moment we have [regional manager] a lot, we've been talking to her and [manager] and she will sort out straight away."

● The manger acknowledged they had concerns about staff culture and they had tried to address these issues through staff meetings and spot checks of care visits.

● The last inspection report with rating was displayed within the service, both on a noticeboard in a communal corridor and in the manager's office. It was also displayed on the provider's website.

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

● People's views on their care were asked for but had not always been responded to. Quality assurance visits took place to assess people's experience of their care service. However, these had not always been used to improve the person's experience. For example, one person fed back that their visits were sometimes late, and that staff did not stay long enough. The manager was not able to tell or show us the action they had taken to respond to the person about these comments.

● People told us there were regular meetings for people living at Highdown Court, though staffing had sometimes impacted their awareness of when these were. One person said, "Sometimes I miss meetings because I cannot read the notices. Agency girls don't know routines and rotas." One person told us, "They do have residents' meetings and have an agenda and minutes." The manager was not able to provide us with minutes of the meetings and told us that these were not kept. The regional manager advised that minutes should be kept for these meetings and would be in the future.

● The regional manager held a drop-in session, on the day of inspection, for people in the building to pop in and discuss any concerns they had or ideas and suggestions for the service. This was publicised with posters around the building.

● Regular staff meetings were held. These included updates around staffing, discussions about care delivery and missed care visits.

Working in partnership with others

● Professionals told us that the changes in staffing and management had impacted on some partnership

working and communication. One health and social care professional told us, "I have had difficulties getting through on the phone to London Care, and they have in the past not returned my calls." Another said, "Previously when I have liaised with the in-house care team at Highdown, the care manager role has usually been a permanent position, and this has always been helpful for regular contact, reviews and updates regarding care and equipment provision. With temporary care managers recently, it has compromised communication and updates. The temporary managers do not appear to have awareness of the individual needs of each resident so obtaining updates and feedback etc is not always easy. It can be difficult to arrange visits/stick to care call times to demonstrate equipment with carers, so I have been liaising with the wife directly to ensure that I catch the carers. With the regional care manager present recently, communication directly with her to arrange visits has improved."

● The local authority was monitoring improvements at the service through a contract plan. They told us the regional manager was working openly with them to make improvements to the service.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the systems and processes to assess, monitor and improve the quality and safety of the services provided were sufficiently robust.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of suitably qualified, competent, skill and experienced persons deployed.