London Care Limited

London Care-Crayford

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

This inspection took place on 15 and 16 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. London Care-Crayford is a domiciliary care service that provides care and support for people living in the London Boroughs of Greenwich and Bexley. At the time of this inspection 338 people were using the service.

In July 2016 London Care Limited were awarded a contract to be one of three main home care providers in Greenwich. London Care Limited took over some care packages from Care Matters and MiHomecare in Greenwich. They also joined up with Kent Social Care Professionals Ltd – Bexley SCP. London Care moved to the Crayford office in April 2017 and was registered with the CQC on 28 April 2017. This was the first inspection of London Care-Crayford. This inspection was prompted by concerns raised by the local authorities that commission services from the provider. These concerns related to late and missed calls and a data protection incident.

At this inspection we found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014 in relation to safe care and treatment and good governance. Some people were not receiving care and support in a safe way in line with their assessed needs. The provider's out of hour's system was not operating effectively at the time of this inspection. Some people using the service were not receiving their care on time and they were not contacted by the office to advise them when staff would be late. Some staff said that the on call system at the weekend did not always work and they did not always receive support from management or the office staff when they needed it. You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

We found that the provider had action plans in place for making improvements at the service and to ensure that people using the service would receive their packages of care when they were supposed to. The branch managers confirmed that there had been no missed calls since the service was registered with the CQC on 28 April 2017. We were not able to fully assess the impact of the provider's action plans on people's care at the time of inspection as they were newly implemented and had not been completed. We will check on this at our next inspection.

The provider had policies and procedures in place relating to confidentially and data protection. Information on these topics was available for staff in the care workers code of practice. Staff we spoke with told us they were aware of these procedures, they were aware of the recent incident and had been reminded by managers about the importance of protecting people's personal information. We found that appropriate action had been taken by the provider prior to and following the data protection incident.

The service had a registered manager in post. The registered manager was not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal

responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The regional manager told us the registered manager was leaving and one of the two branch managers would be applying to the CQC to become the registered manager for the service. The other branch manager would continue to support the new registered manager in running the service.

The provider had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Procedures were in place to support people where risks to their health and welfare had been identified. Appropriate recruitment checks took place before staff started work.

The branch managers and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People were provided with appropriate information about the service. People and their relatives said staff were caring and helpful and their privacy and dignity was respected. They had been consulted about their care and support needs and care plans were in place that provided information for staff on how to support them with these needs. There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs. People were aware of the complaints procedure and said their complaints would be listened to, investigated and action would be taken if necessary.

The provider recognised the importance of monitoring the quality of the service provided to people. They carried out unannounced spot checks to make sure people were being supported in line with their care plans.

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.

Some people using were not receiving care and support in a safe way in line with their assessed needs.

Appropriate recruitment checks took place before staff started work.

The provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Staff had access to a whistle-blowing procedure and said they would use it if they needed to.

There was enough staff on duty to meet people's needs.

People received their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and an annual appraisal.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were caring and helpful and their privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

People and their relatives, where appropriate, had been involved in planning for their care needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People were aware of the complaints procedure and said their complaints would be listened to, investigated and action taken if necessary.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The provider's out of hour's system was not operating effectively at the time of this inspection. Some people were not receiving their care on time and they were not contacted by the office to advise them when staff would be late.

Some staff said that the on call system at the weekend did not always work and they did not always receive support from management or the office staff when they needed it.

We found that the provider had action plans in place for making improvements at the service and to ensure that people using the service would receive their packages of care when they were supposed to. We were not able to fully assess the impact of the provider's action plans on people's care at the time of inspection. We will check on this at our next inspection.

The provider carried out unannounced spot checks to make sure

people were being supported in line with their care plans.

London Care-Crayford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection was prompted by concerns raised by the local authorities that commission services from the provider. These concerns related to late and missed calls and a data protection incident. We used this information to help inform our inspection planning.

This inspection took place on 15 and 16 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The inspection team on the first day comprised of one inspector 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 service. The experts by experience made telephone calls to 23 people using the service and their relatives to obtain their views about the service they were receiving. One inspector and a specialist nurse advisor attended the office on the second day of the inspection. They looked at records related to the running of the service including the care records of 25 people and staff training and recruitment records. They also spoke with the regional manager, the area manager, two branch managers, two field care supervisors and two care staff. Another inspector spoke on the phone to care staff to gain their views about working at the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes I feel safe. We wouldn't have the carer in the house if we didn't. We're old but not silly.", "Yes I feel safe, no problem here, they look after me and do everything that I need.", "Yes I feel safe, as long as I know who is coming." And "They are good carers, I feel comfortable with them." Despite these positive comments we found that the service was not always safe.

Some people were not receiving care and support in a safe way in line with their assessed needs. A member of staff told us they carried out a double handed call by themselves the week prior to the inspection. They had telephoned the office for support but only got the answer machine. We checked this person's care plan which stated that they only transferred with the aid of two care workers. We brought this to the attention of a branch manager. They confirmed that a member of staff had changed call times around and had not cascaded this to the office. However the branch manager also told us of another incident where two members of staff had not delivered the care to the person in line with their assessed needs and care plan guidance. We also found in another person's care plan information and advice from a District Nursing team regarding a pressure sore had not been incorporated into their care plan, skin integrity plan or documented on a body map chart.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

The branch manager told us they would continue to investigate the issue where the person received care from one member of staff instead of two. We saw they had taken immediate steps to ensure this person received support from two members of staff. The branch manager had also contacted the district nursing team regarding the other person's pressure sore and arranged for a field care supervisor to review and update the care plan. The day following the inspection a branch manager advised they had visited the person concerned and confirmed that the district nurse had been caring for the wound.

Action was taken to assess any risks to people using the service. We saw that peoples care files included risk assessments for example on medicines, mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment.

People were supported, where required, to take their medicines as prescribed by health care professionals. Most of the people using the service we spoke with told us they looked after their own medicines and they did not require any support from staff. However one person told us, "They [the staff] help with my medicines, they make sure that I take them." Another person said, "They [the staff] always give me my medicines, I take them while they are here." A branch manager told us that most people using the service looked after their own medicines or they were supported by family members to take them, however some people required support from staff to take their medicines. Where people required support to take their medicines we saw this was recorded in their care plans. We saw records in people's care files of medicines they had been

prescribed by health care professionals and medicine administration records (MAR) completed by staff confirming that people had taken their medicines. All of the staff we spoke with told us they had received training on the safe handling of medicines and training records confirmed this. We also saw records confirming that individual staff had been assessed as being competent in the safe handling of medicines.

Medicines audits had been carried out prior to and during our inspection to make sure that medicines were managed appropriately. For example we saw that where one person using the services MAR's had not been properly completed, staff had been written to, supervised and unannounced spot checks were arranged to reassess their competency in administering medicines. The area manager told us the service recognised the need to educate staff about the consequences of not completing MARs correctly and medicines errors. The provider had therefore arranged for further medication management training and competency testing for staff in May and June 2017.

The provider had appropriate safeguarding procedures in place to protect people from abuse. The branch managers told us the registered manager, who was not present during the inspection, was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager or the branch managers. One member of staff told us, "I would report all concerns to my supervisor or the branch managers at the office. I would also report to the police and the local authority if I did not think they had acted on the concerns." Training records we saw confirmed that all staff had received training on safeguarding adults from abuse. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the files of fourteen members of staff; these contained completed application forms that included references to the staff's previous health and social care experience, their full employment history and a health declaration. Each file contained evidence of criminal record checks that had been carried out, two employment references and proof of identity. A branch manager told us they worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their care and support needs. Comments from people using the service included, "They [staff] are good at what they do, they make sure my loved ones bed is changed and give her a helping hand. The girls are always talking to her, we are happy with the service." And "Mum does seem safe, they are very friendly and caring, they know how to use the hoist and seem well trained to do so."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. A branch manager told us that all staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

We saw records confirming that all staff had completed an induction programme when they started work and training that the provider considered mandatory. Mandatory training included dignity and respect, equal opportunities, first aid, administration of medicines, moving and handling, prevention of abuse, health and safety, food hygiene, infection control and the Mental Capacity Act 2005 (MCA). Staff had also completed other training relevant to the needs of people using the service for example nutrition and healthy eating, catheter care, diabetes and dementia awareness.

Staff told us they received regular supervision and had an appraisal of their work performance. One member of staff told us, "I receive supervision from my manager every three months and I have an appraisal every year. The field care supervisor also observes my working practices during spot checks." Another member of staff said, "I get regular supervision and I have had an annual appraisal. I do lots of training so I feel confident I can do my job." We saw records confirming that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance.

Staff were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "I always ask people for their consent before doing anything for them. If they didn't want me to do something I wouldn't. I would let the office know if it affected their care needs and consider if their care plan needs to be updated." A person using the service told us, "The staff always ask if I am happy with what they are doing." Another person said, "Yes, they [staff] give me a choice they are usually very positive."

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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. There were arrangements in

place to comply with the Mental Capacity Act 2005 (MCA). The branch managers told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with shopping for food or cooking meals this was recorded in their care plans. Comments from people using the service included, "They [staff] make a sandwich for my lunch, and I have precooked meals which are heated up for me. For breakfast, I have tea and toast.", "We order the meals, and they [staff] will heat it up in the microwave for me, they make me fish and chips on a Friday as I like this.", "They [staff] help me with breakfast, usually cereal. My daughter buys frozen meals and they [staff] will heat up a meal for me." And, "They [staff] help with my teatime meal. I'm happy with it."

People had access to health care professionals when they needed them. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person using the service told us, "The carers have called the district nurse for me once or twice when I needed them." A relative told us when their loved one had a medical issue the carers recommended they went to see the doctor. Their loved one did and the problems were addressed. Two members of staff told us that any issues in relation to the people's healthcare needs were discussed with their supervisors who would visit the person, inform the person's relatives and arrange, where necessary for healthcare appointments. If it was an emergency then they would call for an ambulance. They told us that daily records of how people's needs had been attended to were maintained and this included information about peoples' healthcare needs.

Good

Is the service caring?

Our findings

People said staff were caring and helpful. Comments from people using the service and their relatives included, "I have no concerns about the carers. They are very kind and caring, they are lovely.", "The carers are very efficient and good. I need to take my time and they never rush me, they are patient and there is no pressure from them.", "Yes the carers are lovely, really do their job and always help out, I can ask anything and they will do it.", "The staff are really helpful. They are polite and I feel comfortable. I used to be a carer myself so I know. I appreciate them, they understand my needs. They do their best, they do everything I need." And "The carers are lovely, they look after me. They're like angels. They're great.'

People using the service and their relatives told us they were treated with dignity and their privacy was respected. Comments included, "The staff are very respectful and when my loved on washes themselves the staff let her do what she can do for herself.", "The staff are flexible and positive they listen to what I want.", "The staff are very kind, I can't get dressed as I can't bend over, they give me a wash too.', "They put a towel over me when they wash me.", "The carers always hand me a towel. They check if I'm in the toilet and ask if I am alright.", "When they are washing me they always keep me covered and ask whether I want the doors closed." And, "I have never heard any staff raise their voice or be rude they are patient. They listen and they seem really kind."

A field care supervisor told us they assessed staff competency in supporting people to maintain privacy, dignity and independence. They said they had taught and observed staff encouraging people to do as many things for themselves as possible, for example walking short distances and preparing meals. They told us staff sought permission from people before carrying out personal care tasks and explained what they were doing. They told us when they or staff supported people with personal care they made sure that doors were closed and curtains are drawn. If a family member was present for example a husband or wife, they would ask the person if they wanted them to stay in the room or leave. If the person wanted the family member to leave they would politely ask them to leave the room before they provided personal care.

People and their relatives told us they had been consulted about their care and support needs. One person said, "When I started using the service they asked me a load of questions about what I wanted. They do what they said they were going to do." Another person said, "Someone came to see me in the beginning to see what they could do for me. I have a care plan now and the staff follow it."

People were provided with appropriate information about the service in the form of a 'service user's guide'. A branch manager told us this was given to people when they started using the service. This included the complaints procedure and details of the services they provided. This ensured that people were aware of the standard of care they should expect.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us their needs had been assessed and they had care plans in place. Comments from people using the service and their relatives included, "The carers are great, they know exactly what they need to do for me.", "The staff just have to look in my care file to know what to do for me. The new staff always read it when they come here.", "I never have any issues with the staff, they are very good, they understand what I need and know what to do for me.", "I have no complaints at all to make about the care delivered from my carers, its first class; it's just that sometimes they don't turn up on time.", "I'm happy with the carers, they do their best, they do everything I need.' And 'The carers are quite good, I love everything they do."

Assessments were undertaken to identify people's support needs before they started using the service. Initial assessments covered areas such as their life stories, medical needs, medicines, falls and mobilising, nutrition and skin care, communication, religious and cultural and social care needs. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The care plans showed that people using the service and their relatives, where appropriate, had been consulted about their needs. We saw daily notes that recorded the care and support delivered to people. We also saw that care plans were reviewed regularly and kept up to date to make sure they met people's changing needs.

One person using the service told us, "The staff from the office come here every now and again to check on my care plan to see if anything needs changing. The other day a lady came to ask me how my care was." Another person said, "I have a care plan, and the field care supervisor came to see me not so long ago. I'm waiting for a call from the council to see if I can get more care as my needs are changing." A third person commented, "Yes I have a care plan, a lady comes to see me from the office." A relative said, "There is a care plan, when my loved one came out of hospital it was reviewed, a new care plan was then set up. I have been involved with this."

A branch manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. For example where people using the service had a catheter in place staff that had completed training on catheter care supported them and where people needed support with a specific way of feeding we saw that the staff had received training from a district nurse on how this task should be completed. A field care supervisor told us they carried out initial needs assessments with people to consider if the service could support them effectively and provide them with care. They said once a care service was agreed they made sure the staff that supported these people would be able to meet their needs. Staff told us they would not be expected to support people with specific care needs unless they had received the appropriate training. One member of staff told us, "The training I had on dementia awareness helped me to understand peoples care needs better."

The service had a complaints procedure in place. Most of the people using the service and their relatives we spoke with told us they were confident their complaints would be listened to, investigated and action would be taken to resolve the issues if need be. One person said, "I made a complaint. The managers listened and

are doing something about it." A branch manager showed us a complaints file. The file included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

Care and support was not always delivered on time because staff sometimes arrived late for calls. London Care – Crayford were registered with the CQC on 28 April 2017. A local authority that commissioned the service from the provider raised concerns over a number of late and missed calls. Prior to our inspection, the local authority met with the provider to discuss these issues and requested that the provider supply them with a plan of action that would ensure that people using the service would receive their packages of care when they were supposed to.

The branch managers showed us a rota and told us they used a weighting tool to make sure there were sufficient staff available to meet people's care and support needs. They told us there was now a more robust on call system in place which included for example two people on call at the office backed up by two branch managers and a new regional manager had been introduced to on call team. These changes had taken place since the Local Authority had raised concerns. Rotas were checked every Friday with all staff to manage short notice absence. Branch managers carried out quality checks to the office at weekends to ensure calls are answered and offer support where needed and all staff had been reminded of the missed call process. One branch manager showed us an electronic monitoring system they employed to monitor calls for one of the local authorities that commissioned services from them. They showed us a spread sheet that recorded that 376 calls were delivered to people between 15 and 30 minutes late since the service began operating. They told us that in many cases these time allowances had been agreed with people using the service; however they recognised the need to meet with the local authority and amend people's schedules accordingly. We observed that the system alerted office staff when care staff had not attended a call on time and when this occurred a member of the office staff called the carer to establish why they were late and called the person using the service to explain the situation. As part of their action plan they had already reviewed care workers schedules and reduced the number of calls care workers made so that they were more manageable. Seven of the staff we spoke with said they had enough travel time between visits and they never have to rush the care. The branch managers confirmed with us that there had been no missed calls since the service began operating.

Despite these actions some people using the service told us they were not always receiving their care on time and they were not contacted by the office to advise them that staff would be late. Comments from people included, "I rang the office yesterday to cancel the morning call. I always wait till 11am and ring and cancel. The only problem is just getting them to come at a regular time.", "The morning carer is like clockwork, but my evening carer has a problem with time keeping but I think it is because she has a lot of clients to put to bed.", "I haven't got a special time that's why it's one o'clock in the afternoon before they arrive to do my morning call which is no use to me what so ever.", "I have a pool of carers. If they're late they don't always call." And "I have regular carers, on the weekend it can be quite awkward as they are not my regular carers. If they are running late, they will not call."

People using the service told us they knew the telephone number of the office to call if they needed them. One person using the service told us, "I can phone the office if there is a problem or if my carers are late. They are polite and sympathetic. They will ring me back and tell me when the carers are going to come."

Another person said, "I would call the office, they are responsive and do listen." However some people said their calls were not always answered when they called. One person told us, "About a week ago I rung up 31 times before they answered." Another person commented, "The office is not very friendly, they are difficult to talk with over the phone. Communication is not too good." A third person said, "It's alright I suppose, the communication and attitude in the office could be better."

Some staff told us there was an out of hours on call system in operation and management support and advice was available for them when they needed it. One member of staff told us, "I get great support from the management and office staff." However other staff told us that the on call system at the weekend did not always work and they did not always receive support from management or the office staff. One member of staff said they had called the office to talk to the manager but was told each time by the office staff that the manager was either busy or out of the office. Another member of staff said if they were running late they would telephone the office who would then telephone the person using the service to let them know. They told us that they informed the office on one occasion when they were running late, but the office did not inform the person using the service.

These issues meant that some people using the service were at risk of not receiving appropriate care and support because the provider's systems for monitoring the quality and safety of the service were not operating effectively at the time of this inspection.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We discussed these concerns with the management team at the service. The area manager showed us a document dated, 2 May 2017, that included actions for improvement at the service. Areas for improvement included medicines management, maintaining a safe, well led service and late and missed calls. We saw that the provider had already taken action to improve how medicines were being managed at the service. Further actions included acquiring additional management support at the new branch, care planning training for field care supervisors and staff recruitment. A branch manager confirmed with us that an advert had gone out for a compliance manager. The compliance manager's role would be to manage field care supervisors. The service had also recruited an additional member of staff to support the on call service.

We also saw a report from a visit carried out at the office on 3 and 4 May 2017 by a member of the provider's quality team. This report covered areas such as accidents, complaints, safeguarding and care worker and people using the service files. Agreed actions included updating complaints and safeguarding files, checking an individual member of staff's recruitment records and reviewing people using the services risk assessments to make sure key safe numbers were not shown on the front page. During our inspection we saw that the complaints and safeguarding files had been updated. A branch manager confirmed with us that the issues around the member of staff's recruitment records and people using the services risk assessments had been fully addressed. They told us they also planned to carry out a service user's satisfaction survey to gain the views of people using the service. Telephone monitoring calls were already taking place. They told us they would use the feedback from surveys and telephone monitoring calls to make improvements at the service.

We could see that the provider had an action plan in place to address the concerns identified at this inspection. However the standard of care available to people required improvement at the time of the inspection, and we were not able to fully assess the impact of the provider's action plans on people's care at the time of inspection as these had recently been implemented. We will check on this at our next inspection.

The service had a registered manager in post. The registered manager was not present during the inspection. The regional manager told us the registered manager was leaving and one of the two branch managers would be applying to the CQC to become the registered manager for the service. The other branch manager would continue to support the new registered manager in running the service.

A local authority that commissioned the service from the provider contacted the CQC about a data protection incident where some people using the services information was stolen. We saw there were policies and procedures in place and information was available in the care workers code of practice regarding confidentially and keeping people's information safe. Staff we spoke with told us they were aware of these procedures, they were aware of the recent incident and had been reminded by managers about the importance of protecting people's personal information. During the inspection a branch manager showed us a Newsletter for May 2017 advising staff about the breach of data protection and what their responsibilities were. We found that appropriate action had been taken by the provider prior to and following the incident.

We saw that peoples care plans and risk assessments were kept under regular review and accidents and incidents and complaints were also recorded and monitored. We saw records of unannounced spot checks carried out by field care supervisors on care staff to make sure they turned up on time, stayed for the full time allotted for the call, wore identification cards and carried out the task as required in people's care plans. A field care supervisor told us they checked people's care records during spot checks to make sure all of the necessary documents including medication sheets were completed appropriately. They said they fed back any concerns they had to the branch managers and action was taken, for example further training would be arranged for staff, if necessary. One member of staff told us they had regular unannounced 'spot checks' carried out on them by field care supervisors. They told us that it included checking the records, observing their practice including the administering medicines and asking the client for their views about their care.

We saw forms that included feedback from people using the service through telephone monitoring calls and quality monitoring visits carried out by field care supervisors were held in peoples care files. The feedback forms we saw included positive comments such as, "My carers are all very good, never a bad word from them is said." And, "I'm happy with the service." A branch manager told us they planned to carry out a new satisfaction survey for people using the service. They told us they would feedback from the surveys to make improvements at the service.

Some staff told us they were very happy working at the service. One member of staff told us, "There have been a lot of changes recently but I think everything is being managed okay. The branch managers are always here at the office and they are supportive and easy to talk with." Another member of staff said, "I enjoy working here. I'm well supported and it's a good place to work." A third member of staff commented, "I love working here. As a team we make a positive difference to people's lives. I always make sure that I provide the best possible and safest care to the people using our 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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people using the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring the quality and safety of the service provided to people were not operating effectively at the time of this inspection.