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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 16 and 17 April 2018 and was announced. London Care-Crayford is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of this inspection there were approximately 225 people using the service.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At our comprehensive inspection on 15 and 16 May 2017, we found breaches of legal requirements in relation to safe care and treatment and good governance. At this inspection we found that some improvements had been made. However, systems introduced to improve staff punctuality were not always effective due to poor staff rostering and people continued to experience late and missed calls.

At this inspection we found further breaches of legal requirements in relation to the deployment of staff and the systems in place to monitor the quality and safety of the service were not always effective in driving improvements.

The provider had a complaints policy and procedure in place which included guidance on what people should expect in response to any concerns or complaints raised. formal complaints were dealt with appropriately; however, people were not satisfied with how verbal complaints were dealt with. Medicines were administered as prescribed by healthcare professionals; however, they were not always recorded as administered on people's medicines administration records as expected.

The provider sought feedback from people and relatives through regular monitoring visits, telephone quality checks and an annual survey to ensure the service was meeting people's needs. The last survey conducted in July 2017 showed people had been experiencing positive outcomes; however, they had identified areas for improvement in relation to communication with office staff and staff punctuality. The provider had systems in place to continuously learn and drive improvement.

Risks to people had been identified, assessed, and appropriate management plans were in place to reduce or prevent the risk of harm. Where accidents and incidents occurred, they were recorded appropriately and investigated. Senior staff reviewed incident records and the lessons learnt were used to prevent future occurrences.

There were robust recruitment practices in place to ensure pre-employment checks were completed before staff started working at the service. The provider had policies and procedures in place to protect people from the risk of abuse. Staff knew their responsibilities and had reported appropriately to the local authority

and CQC where there had been concerns about abuse. People were protected from the risk of infection because staff followed the provider's infection control procedures.

Before people started using the service, they were assessed to ensure the service could meet their needs. People were supported to eat and drink sufficient amounts for their health and wellbeing.

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. Staff knew of the importance of the Mental Capacity Act 2005 (MCA) and how it applied to their roles.

Staff were supported through induction, training, supervision and appraisals to ensure they had the knowledge and skills required to perform their roles effectively. The provider liaised with other health and social care professionals to ensure people received consistent, joined-up care and support. Where required, people were supported to access healthcare services for safe care and treatment.

People were treated with compassion and provided with choice. People's privacy and dignity was respected and their independence promoted. People were consulted about the care and support that was put in place for them to ensure it met their needs. People were provided with information about the service so they knew the types of services available and the standard of care to expect.

People's needs had been assessed and care plans developed to ensure appropriate guidance was in place for staff to meet their needs. People were stimulated with conversations and things that interested them and supported to access the local community and attend day centres. The provider adhered to the Equality Act and staff understood people's diverse needs and supported them without discrimination.

There was a clear staff and management structure in place and staff knew their roles and responsibilities. The provider worked in partnership with key organisations such as the contract and commissioning teams and healthcare professionals to plan and deliver an effective service.

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.

Staff were not always attending to people at the times their visits had been planned for.

People were supported with their medicines as prescribed by healthcare professionals but staff were not always recording the administration of medicines consistently.

Risks to people had been identified, assessed and there were appropriate management plans in place.

Accident and incidents were recorded appropriately and lessons learnt were used to improve the quality of the service.

There were robust recruitment protocols in place. People using the service were protected from the risk of abuse.

People were protected from the risk of infection because staff followed appropriate infection control guidance when caring for them.

Is the service effective?

Good

The service was effective.

Before people started using the service their needs were assessed to ensure they could be met.

Staff were supported with induction, training, supervision and appraisals.

People were supported to eat and drink adequate amounts for their health and wellbeing.

The provider worked in partnership with other health and social care services to provide joined up care and support for people.

Where required people were supported to use healthcare services.

The service worked in line with the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People's privacy and dignity was respected and their independence promoted.

People were consulted about their care and support needs and were given choices to ensure their needs were being met.

People were provided with information about the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People said their complaints were not always dealt with satisfactorily. The provider told us they were acting to improve people's experience.

People received support from staff that was person centred and met their needs.

People were supported with activities that interested them.

Staff supported people with diverse needs and preferences in line with the Equality Act.

Is the service well-led?

Requires Improvement

The service was not always safe.

Staff were not always attending to people at the times their visits had been planned for.

People were supported with their medicines as prescribed by healthcare professionals but staff were not always recording the administration of medicines consistently.

Risks to people had been identified, assessed and there were appropriate management plans in place.

Accident and incidents were recorded appropriately and lessons learnt were used to improve the quality of the service.

There were robust recruitment protocols in place. People using the service were protected from the risk of abuse.

People were protected from the risk of infection because staff followed appropriate infection control guidance when caring for them.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by a notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. This incident had been brought to the attention of both the local authority and police. The police were carrying out an investigation at the time of this inspection.

However, the information shared with CQC about the incident indicated potential concerns about the management of medicines and monitoring checks carried out by the provider. This inspection examined those risks. CQC was aware of high levels of safeguarding concerns and complaints relating to late and missed visits and these areas were explored during the inspection.

This inspection took place on 16 and 17 April 2018 and was announced. We gave the service four days' notice of the inspection site visit because we needed to gather people's views about the service prior to visiting the provider's office so we could follow-up on any concerns raised. We also needed to be sure the registered manager would be available during the inspection so that we could speak with them.

The inspection activity started on 12 April 2018. Two experts by experience made telephone calls to people to obtain their views about the service and their experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection site visit at the provider's office was carried out on 16 April 2018 by two inspectors and a specialist advisor in nursing. On 17 April 2018, two inspectors returned to the provider's office to complete the inspection activity.

Before the inspection we looked at all the information we held 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. We also obtained feedback from the local authorities

that commissioned the service to help us plan the inspection.

During the inspection, we spoke with 17 people and 12 relatives by telephone to gain their views about the service. At the office we spoke with the registered manager, the regional director, the human resources personnel, four care coordinators and two care workers. We looked at 17 care plans, 15 staff files which included their recruitment records. We also looked at records relating to the management of the service such as policies and procedures, complaints records, audits, medicines administration records and staff rotas.

Following the inspection, we spoke with eight care staff on the telephone to seek their views about the support they received from the provider and the support they provided for people.

Requires Improvement

Is the service safe?

Our findings

People were not always receiving their care and support at the time it had been planned for. We had mixed feedback from people and their relatives regarding staff punctuality and missed calls. Some people told us, "I have a regular [staff] and she is always on time." Another person said, "They are always on time and they have never missed me out." However other people told us, "Timing can be a bit erratic, and the calls are sometimes very rushed, and yes they have missed me out a few times in the past." Another person said, "The time they turn up is completely random and they have missed some visits." A relative told us, "During the week I'm happy, but weekends anything can happen regarding timings and missed appointments. It leaves me in a state of flux." A second relative said, "…It was supposed to be an early morning wash but she didn't turn up until 12.45."

At our comprehensive inspection on 15 and 16 May 2017 we found breaches of regulation as people were not receiving care and support in a safe way in line with their assessed needs; one instead of two staff sometimes attended to people. The provider sent us an action plan telling us what action they would take to meet the regulations. At this inspection, we found that the provider had made progress and two staff were attending to people as planned for.

However, people were at risk of not receiving care and support as required as staff were not always being deployed in a way that met people's needs. People received visits from staff outside of their agreed schedule. One care worker told us, "There is no travel time." Another care worker said, "Sometimes it is difficult to get to places on time." 11 of 14 staff rotas we reviewed between the period of 2 April 2018 to 15 April 2018, showed staff visits were rostered back to back with no travel time allowed in between two different postcodes. For example, we found two people's visits were scheduled to finish and start at the same time despite a 15 minute drive between the two addresses. The provider's policy stated that care worker's rotas should be organised in such a way that was realistic and included travel time but this was not being followed. Therefore, staff were not deployed effectively to ensure that people's individual needs were met.

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

We raised our concerns with the registered manager and the regional director. They told us, "There shouldn't be back to back schedules. There should be travel time allocated in between visits, even if [people] are in the same building." The registered manager gave us an action plan to address concerns we found in relation to staff rotas. We will review progress with this at our next inspection.

People were supported with their medicines as prescribed by healthcare professionals; however, medicines recording was not always consistent. All staff that supported people with their medicines were up to date with their medicines training and their competency had been assessed. People's care plans included information on the support they required to take any prescribed medicines or topical creams. Staff completed medicine administration records (MARs) where they supported people with their medicines.

However, we found gaps on the MARs in relation to the application of prescribed creams such as proshield. We noted that staff were not always recording the application of prescribed creams on the MARs but rather in the daily care notes. Medicines audits had identified these gaps and additional support and training were being provided to staff. We will check on this at our next inspection.

People were protected from avoidable harm as risks to people had been identified, assessed and appropriate management plans had been developed. Risk assessments covered areas including mobility, falls, nutrition and skin integrity as well as an assessment of the safety of the person's living environment. Where risks had been identified, there were appropriate management plans which provided guidance for staff on how to minimise or prevent the risk occurring. For example, for a person rated at medium risk in relation to their skin integrity, guidance for staff included regular monitoring, maintaining high levels of personal hygiene, encouraging mobility and good nutritional intake as well as reporting of any concerns to health professionals.

Accidents and incidents were appropriately recorded and investigated to drive improvement. Records showed that staff took appropriate action and contacted emergency services promptly for example when a person was found out of breath. Accidents and incident records were reviewed by a senior manager to ensure appropriate action was taken and lessons learnt to prevent repeat occurrences. For example, we saw that when a person was found on the floor by staff, this was reported and recorded appropriately. A field care supervisor and an occupational therapist visited the person and completed a new moving and handling risk assessment and appropriate management plans to ensure the care and support was meeting their needs and to help prevent any future falls.

People were supported by suitable staff because the provider carried out satisfactory background checks of all staff before they started working at the service. These included checks on staff member's qualifications and relevant experience, their employment history and the provider explored any gaps in employment. They also carried out criminal records checks, asked for proof of identification and checked their right to work in the United Kingdom. This reduced the risk of unsuitable staff working with people who used the service.

There were systems in place to help protect people from abuse. People told us they felt safe with staff that cared for them. One person said, "Yes I feel safe, the ones that we have are trustworthy and always help whenever we want." Another person said, "I do feel safe. Having regular carers makes me feel safe because they know me."

The provider had policies and procedures in place which provided guidance to staff on how to protect people from the risk of abuse. Staff had completed safeguarding training and were aware of the types of abuse, signs to look out for and actions to take if they had any concerns. The registered manager and the management team knew of their responsibilities to report and investigate allegations of abuse in line with safeguarding protocols. The provider had reported safeguarding concerns appropriately to the local authority and CQC. Information we held and information gathered from the local safeguarding teams showed there were high levels of safeguarding concerns in 2017; however, the provider was currently managing this well and the numbers had reduced. The provider had cooperated with safeguarding investigations to ensure people's safety. Staff also knew of the provider's whistleblowing policy and were confident about reporting wrongdoings at work when they had concerns.

People were protected from the risk of infection. People told us that staff washed their hands and wore gloves and aprons when required. One person said, "They're all pretty well trained in hygiene." Another person told us, "They wear glove and aprons. The carer [staff] is meticulous and washes hands too." The provider had infection control policies and procedures which provided staff guidance on how to prevent or

minimise the spread of infection. Staff knew of their responsibilities to protect people and themselves from infection and cross-contamination. Staff told us they used personal protective equipment such as gloves and aprons and washed their hands before and after caring for people. Records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs effectively. People and their relatives told us staff were well trained and knew what support to provide. Comments included, "I know by my experience that they use the equipment properly; the staff are trained.", "I'm a [professional]…these carers have great training in such a short amount of time.", "They are well trained, I have a hoist and a wheelchair and they manage these well." And "…London Care is lovely and the girls are very well trained."

Staff told us they completed comprehensive induction training when they started work, and had a period of shadowing an experienced member of staff. The registered manager told us all staff completed an induction and mandatory training specific to their roles and responsibilities and induction records confirmed this. Staff training covered areas such as food hygiene, safeguarding, health and safety, moving and handling, administration of medicines and Mental Capacity Act 2005. Training records confirmed staff had completed these training courses. Staff told us the training provided them with adequate knowledge and skills to deliver an effective care and support.

Records showed the service supported staff through regular supervision, annual appraisal and spot checks. Areas discussed during supervision included staff wellbeing, absence due to sickness, their roles and responsibilities, and training and development plans. All staff we spoke with said they had regular supervisions which they found useful in their roles.

People received care and support based on their assessed needs. Before people started using the service their needs were assessed by a field care supervisor to ensure they could be met. All the people we spoke with confirmed they were assessed prior to them using the service. The assessments considered people's choices and preferences, their day-to-day needs and any identified areas in which they needed support. The assessments covered medical conditions, physical and mental health; personal care, mobility and falls, nutrition and skin care needs. These assessments were used to draw up individual care plans and risk assessments.

People were supported to eat and drink sufficient amounts for their wellbeing. People told us the support they received with their meals was meeting their needs. One person said, "They always do breakfast and an evening snack and it is very nice." Another person said, "They do all my meals and it is fine." A third person said, "I am diabetic so what time I get my meals matters and they do this well."

Staff conducted assessments of people's nutritional needs. This included any known medical conditions that may affect the person's ability to eat, any known food allergies and religious or cultural needs. Food people liked or disliked and the support they required to eat and drink safely were included in their care plans. There were instructions in people's care plans on how staff should support people to meet their dietary requirements. For example, with low sugar diets for people that had diabetes and fortified drinks were prescribed for people at risk of malnutrition. Staff knew people's needs and the support required to ensure their nutritional and dietary needs were met.

The service worked in partnership with other health and social care services to ensure people's needs were met. For example, when people were being discharged from hospital, the provider liaised with hospital teams and social services to ensure adequate support was planned and in place for the person when back at home. Each person's care plan contained information relating to their medical condition, medicines, GP, their chemist, district nurses and other health and social care professionals to ensure that information was readily available to staff in the event of an emergency.

People were supported to have access to healthcare services where required. People told us they or their family members could book appointments for themselves. The provider told us where required, people were supported to contact their GP and/or pharmacist to ensure they received the appropriate support and treatment. Records showed that people received care and treatment from a range of healthcare professionals including chiropodists, district nurses, GPs and occupational therapists to ensure their needs were met.

People's rights were protected because staff sought their consent before providing care and support. Staff understood the importance of obtaining consent from people before providing day-to-day support. A staff member told us, "I ask before I do." People and their relatives confirmed staff sought their consent before supporting them. One person said, "I never see them do anything that I wouldn't appreciate and they always ask me before they do anything." A relative commented, "I feel [staff] seek consent, because [staff] really talk to him nicely; she asks him first before she does something." Another relative said, "Yes they do ask; they're very conscientious." People's care plans included information on their ability to make specific decisions in relation to their care and support so staff were aware of this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered managers told us that all the people they supported had capacity to make decisions about their own care and support needs. However, if they had any concerns regarding a person not being able to make specific decisions for themselves, they would work with the person and their relatives, if appropriate, and relevant health and social care professionals to ensure appropriate capacity assessments were undertaken and best interest decisions made in line with the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People and their relatives told us that staff were kind in their approach. Comments from people included, "90% are really good, kind and everything.", "Our regulars are all nice, kind and pleasant.", "Very kind, they are lovely.", "My regulars are lovely ladies [staff], very kind." Relatives told us, "We are friends now, a wonderful person [staff].", "Our regular lady [staff] is wonderful, I am very happy", "They're kind and considerate."

People's privacy and dignity was respected. People and their relatives told us that staff treated them politely and respected their homes. One person told us, "They always ask if they can come into a room; generally polite." Another person said, "[Staff] will not go through cupboards and touch anything they shouldn't touch." A third person commented, "We talk about things and it stays between us; I can trust the carer not to tell people at the day centre." A relative commented, "They respect [family member's] privacy and dignity… they cover [her/him] up when washing [them] and they keep [him/her] warm; I've got a screen and if I have company they put the screen up to keep things private."

Staff understood the importance of maintaining privacy and dignity. A staff member told us, "I make sure the doors are closed for personal care and I use towels to cover the parts of the body not being washed." Another staff member said, "Make sure curtains are shut, bathroom door closed, use towel to cover parts not being washed." Another said, "I always ask for permission before I wash [people] and I always give them choice." Staff knew the importance of maintaining confidentiality and told us they only shared information about people with staff that needed to know.

People's independence was promoted. People told us that staff encouraged them to do the things they could for themselves. One person said, "They let me do everything I can and help after that, I can now get to the kitchen in my chair which I couldn't before." A relative told us, "They always ask [family member] to wash everything he can manage before they help so that keeps him moving a bit." People's care plans included information on things they could do for themselves and those that they needed support with. For example, one person's care plan identified that they could dress independently but needed assistance to put on their socks. Staff told us they promoted independence by getting people involved in the preparation of meals and personal care such as brushing their own teeth and washing their face.

People were involved in making decisions about the care and support they received. People and their relatives confirmed they were involved in discussing their care needs and planning their care. They also said their care plans were reviewed with them annually and when their needs changed. Comments included, "They consult me on everything", "They spoke to me; I answered thousands of questions." And, "I was consulted, I have an update every year, and they attend and ask if my needs have changed and things need to be re-written." People's care records showed they were involved in planning their care and support and were involved in the reviews of their care plans.

People were given choices and were involved in making decisions about their daily care needs. People and their relatives told us staff provided them with opportunities to make decisions about their care and

support. Comments included, "I choose what to wear and what to eat", "I am in charge and I make my choices", "I get choices, when my morning carer comes she says good morning and then immediately asks what I would like", "I choose anything I want." Care plans instructed staff to offer people choices and staff understood the importance of this.

People were provided with information about the service in the form of a 'service user's guide'. People and their relatives confirmed they were given appropriate information about the service before they started using it. The service user guide included information about care workers, and the types of services available, confidentiality, the electronic call monitoring system, equality and diversity, abuse and neglect, accidents and the complaint procedure. This ensured that people were aware of the kind of care provided and the standard of care they should expect.

Requires Improvement

Is the service responsive?

Our findings

Where people had made formal complaints, they were addressed appropriately; however, verbal complaints were not always dealt with satisfactorily. People told us they knew how to complain; however, we had mixed feedback about how verbal complaints were dealt with. One person said, "I have complained many times to the local branch and to the regional manager, she was brilliant." Another person said, "I have complained and the response is good, they sort it out." A relative said, "I complain whenever I have to and they do take notice too." However, others told us, "I have complained over a year or so, a supervisor was meant to call me back and never did and in the end, I gave up." Another person said, "I have complained and it was a long time ago and I am still waiting for a response, this was the missed call, I mentioned before." A third person told us, "I have complained about the timekeeping particular but it hasn't changed."

The provider had a complaints policy and procedure in place which included guidance on what people should expect in response to any concerns or complaints raised. This included timescales for responding and guidance on how they could escalate their concerns.

The provider's complaint log showed that formal complaints had been recorded, investigated and responded to and action taken to address any identified issues. We noted that themes in the complaints log included missed visits or punctuality and concerns about staff attitude. For example, one staff member had undergone retraining and increased supervision following a complaint regarding their poor attitude, and we noted a subsequent positive assessment of their work during a recent spot check. In another example, we noted that the provider had apologised to a relative for inconsistencies in the timings of the visits made to their loved one at the end of 2017 and records showed that improvements had been made and the person was currently satisfied with the service they were receiving following a recent quality assurance check.

We raised the issue of high levels of complaints with the provider. The registered manager confirmed that they experienced high volumes of complaints at the end of 2017 due to staff absences which led to late or missed visits. They said they were acting to improve people's experience and that they had care managers working weekends and field care supervisors visiting everyone to deal with any complaints they had. They had implemented an electronic call monitoring system across the service to improve visit times. They told us a 'service user forum' had been planned for June 2018 to encourage people to know management staff, contribute to the service development and to provide opportunities for people to complain. The local authorities that commission services from the provider told us the number of complaints they received from people had reduced significantly. One of the local authorities told us a recent survey undertaken about the service had positive reviews; however, we did not see this during our inspection. Not enough time had passed to show that the provider's action had been effective and that a consistent improvement had been maintained for the management of all complaints. Therefore, we will check on this at our next inspection.

People received support from staff that met their individual needs. All the people we spoke with told us they had a care plan in place and the care delivery met their needs. One person said, "I need to build up some strength after a chest infection and my carer helps me to walk in the garden which is really good." A relative told us, "I have no reason to mistrust; there are times when I leave him with [staff], and they look after him

well."

Care plans were person centred. They contained information about people's life histories and the things that were important to them. Care plans also included information about the support people required with personal care, nutrition, manual handling, medicines and skincare. Records showed that people's communication needs had been considered as part of their assessment. For example, one person's care plan identified them as being hard of hearing and gave guidance to staff on the need to make sure they faced the person and spoke slowly and clearly when communicating with them to enable them to understand what they were saying. Where required, other health professionals such as the district nurses, occupational therapists and physiotherapists were involved in the planning and delivery of care and support to ensure people's needs were met. Daily care notes we reviewed showed people received care and support in line with their care plans.

People were supported with activities that interested them. People told us staff supported them with things that stimulated them. One person said, "I am bed bound, they know I'm a radio fan, and they switch the radio on for me and give me a daily newspaper." Another person said, "I stay in bed really, the girls do chat while they're helping me." One relative commented, "[Staff] do talk to him, but he doesn't always answer, but they do make him laugh." The registered manager told us people had regular care workers that knew them well to discuss issues of importance with them. People were also supported to access the local community and attend day centres.

Staff understood people's needs with regards to their race, disabilities, sexual orientation, gender, religion and cultural backgrounds and supported them in a caring way. The registered manager said they treated people with respect irrespective of their background and people's preferences were always considered when planning their care. For example, staff told us that some people prayed at certain times of the day or attended church services and that care visits were planned in a way that enabled them to practice their faith. All the people we spoke with confirmed their preferences were taken into consideration and said they were treated with respect.

Requires Improvement

Is the service well-led?

Our findings

People did not always receive a consistent service because the service was not managed in a way that ensured they received their visits at the times they were planned for. We received mixed feedback regarding the management of the service. Comments included, "The care staff are good but the management are not", "The office staff aren't very efficient and they don't return my calls", "I think the office staff let the carers down, lack of communication is a real problem."

At our last inspection, we found a breach of regulation as staff sometimes arrived late for calls and therefore care and support was not always delivered on time.

At this inspection we found that the provider had made some improvements and implemented an electronic call monitoring system to improve the care delivery. However, staff rostering was not planned effectively as it did not always include travel time in between visits and this resulted in late or missed visits. The provider had implemented an electronic call monitoring system (ECMS) across the service. Records from the ECMS from 2 April 2018 to 15 April 2018, showed there were 1,627 late visits. These calls were over 30 minutes late and this was the allocated time allowed for lateness before a call was considered on the ECMS as late. Lateness of these visits ranged from 31 minutes to 213 minutes. During this same period in April, we also found 115 instances of late visits ranging between 15 to 30 minutes. We found that late visits were associated with poor rostering; therefore, the systems in place to monitor late or missed visits were not always effective in ensuring people received their visits as planned.

The provider had monitoring checks in place which included regular spot checks of staff practices, care plans and medicines audits including MARs. We found that these checks were not always consistent in driving improvements. For example, where gaps were identified on people's MARs, action was taken which included supporting staff through supervisions and further training; however, the same amounts of gaps continued to be found each month when the MARs were audited.

This showed that the systems in place for monitoring the quality and safety of the service were not always operating effectively to drive improvement.

The above issues were a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to support continuous learning and improve the quality of the service. There was adequate support for staff through training and supervision, accidents and incidents were investigated and learnings used to prevent future occurrences, there were new information technology systems in place to monitor staff attendances and regular monitoring checks were being carried out including gathering people's views to drive improvement. The regional manager told us they had monitoring systems in place which highlighted real-time poor performances. They told us the service knew of it shortfalls including late and missed visits and were acting to address these issues; for example, by implementing the ECMS and providing mobile phones to care workers to improve communication between them and office staff. We will

follow up on this at our next inspection to see how these systems had been consistently sustained to drive improvement.

People's views were sought to develop the service. The provider gathered feedback from people and their relatives through regular monitoring visits, telephone quality checks and an annual survey to improve the quality of the service. The last survey was conducted in July 2017 and showed that people had been experiencing positive outcomes from using the service. However, there were areas in which the feedback indicated improvement could be made, including keeping people informed of any changes to the staff who attended to them or when staff were running late.

The registered manager developed an action plan in relation to feedback they had received from people. Actions they took included implementing an ECMS, they also undertook regular meetings with staff and addressed issues of punctuality and the impact it was having on the service delivery. The service arranged for field care supervisors to be in regular contact with people to gather their views about the service and introduce new staff where required. The provider's out of hours system had also been revised and care coordinators were available in the office to speak with people at weekends. The registered manager told us they were exploring all avenues including supporting staff through training and supervision to improve people's experience. However going forward, they would use the provider's disciplinary and capability procedures to drive improvements where required.

The provider worked in partnership with the commissioning and contracts teams of the two local authorities that commission services from them and with other healthcare professionals. Feedback we received from the local authority contract monitoring teams showed that the provider was acting to address issues raised in relation to late and missed calls following their visits. One local authority reported that improvement had been made since their monitoring visits however, another local authority told us that improvement had been made but not consistently sustained. They told us they were working with the provider by having monthly meetings to plan and improve the quality of the service.

There was a registered manager in post who understood their responsibilities under the Health and Social Care Act 2008 and was aware of the relevant legal requirements including CQC registration requirements and the submission of statutory notifications. The registered manager completed their registration with CQC in January 2018. Although new in post they had worked with the provider for a long time and had experience of managing the service. The registered manager was supported by a regional director who was also new in post. Both the registered manager and the regional director told us they were working hard to improve the service.

The staff team spoke positively about their managers and were confident they would work together as a team to drive improvements. Comments from staff included, "[The registered manager] has done a brilliant job, we had a lot of problems before and gradually there is improvement.", "She has done a massive improvement on the [one local authority] side and now working on [the other local authority], she will work her way down there. She will smooth things out with time." And, "She is firm but fair." There was clear staff and management structures in place and the staff teams knew of their roles and responsibilities within the structure. Both management and staff teams told us the provider's values included providing a good, safe and flexible service with respect, choice and empathy to people and knew of their responsibility to uphold these values.

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 systems in place to assess and monitor the quality and safety of the service. However, the systems in place were not always effective in driving improvement and put people at risk of receiving unsafe care and support.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The staff rostering was not always effective; therefore, people's needs were not met in a timely manner because they were not always receiving their visits at the time that they had been planned for.