Westminster Homecare Limited

Westminster Homecare Limited (North London/Herts)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Westminster Homecare Limited (North London/Herts) is a domiciliary care agency providing personal care to people living in their own homes and flats. At the time of our inspection the service was providing care and support to a total of 215 people, of which 152 people received care in their own home and 63 people received care in their flats within extra care schemes.

Not everyone who used the service received personal care. The Care Quality Commission (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
The majority of people we spoke with were positive about the care they received. People felt safe with care workers in their house because they felt care workers knew them well and were familiar with their situation and care needs.

Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm. The service had robust recruitment procedures in place.

Risk assessments were completed for people. However, some areas of potential risks to people had not been identified and appropriate risk assessments were not in place. We have made a recommendation in respect of this.

Medicines were not always being managed safely. The service did not have robust processes to ensure that medicines administration records (MARs) were accurate and up to date and we found a breach of regulation in respect of this.

There was mixed feedback from people and relatives with regards to care worker punctuality. The service monitored punctuality using an electronic homecare monitoring system. Management reviewed call logs to help identify areas in which they can improve timekeeping issues.

Staff received an induction when they first commenced work and ongoing training that enabled them to have the skills and knowledge to provide effective care.

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.

People's needs had been assessed and each person had a detailed care plan which reflected their care and

support needs. Staff were knowledgeable about the people they were supporting and provided personalised care.

Care workers were aware of the importance of treating people with respect and dignity. Feedback from people indicated that positive and close relationships had developed between people who received care from the service and their care worker. Some people praised their care workers for their caring attitude and helpful approach.

People were supported to eat and drink enough to maintain their health and well-being.

Staff supported people to live healthier lives and access healthcare services.

The service had a complaints procedure and there was a record of complaints received. Complaints we examined had been responded to appropriately.

The majority of staff we spoke with told us they enjoyed working at the service and they were well supported by the management team. Staff felt valued, motivated and were committed to the people they were supporting.

The service had a system in place to monitor the quality of the service being provided to people. However, we found that there were some instances where the service failed to effectively check various aspects of the care provided and identify deficiencies with aspects of care. For example, the service had failed to identify issues in respect of gaps in MARs and the lack of person specific risk assessments.

Rating at last inspection
The last rating for this service was good (published 08 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach in relation to medicines management 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below	**Requires Improvement**

Westminster Homecare Limited (North London/Herts)

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 two inspectors, a pharmacist inspector and an assistant inspector. Following the inspection, two experts by experience telephoned people who received care from the service and relatives to obtain feedback about their 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
Westminster Homecare Limited (North London/Herts) provides personal care to people living in their own houses and flats in the community. It also provides care and support to people living in three extra care living settings so that people can live in their own home as independently as possible. It provides support to people of all ages living with a range of needs including, learning disabilities, mental health conditions, sensory impairments and physical disabilities.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care support; this inspection looked at people's personal care and support.

At the time of this inspection, there was a manager in post. However, the manager was not yet registered with the CQC. The previous registered manager had left the service in June 2019. The current manager in post had commenced their role on 1 October 2019 and prior to this inspection had submitted an application to the CQC to register as the registered manager and this was in progress. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and extra care living settings and we wanted to make sure that management were available on the day of the inspection site visit. We also gave notice of our visit so that management could seek agreement from people using the service to us visiting them in their extra care living settings.

Inspection activity started on 23 October 2019 and ended on 5 November 2019.

What we did before the inspection
Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We visited the office location on 23 October 2019 to see management staff and review a range of records which included people's care records, medication records, staff files in relation to recruitment and staff training, incident and accident records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks. On the 24 and 25 October 2019 we visited three extra care living settings and spoke with people who used the service and staff. We also reviewed people's care records.

During our onsite inspection we spoke with a total of 21 members of staff which included the operations director, operations managers, manager, team leaders, care coordinators and care workers.

On the second and third day of our inspection we spoke with eight people who lived in the extra care services about their experience of the care provided.

After the inspection
Experts by experience telephoned people who received care from the service and relatives after the inspection. They spoke with 15 people who received care from the service and 11 relatives about their experiences of the service. We spoke with 12 care workers. We also spoke with one external healthcare professional.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 our last inspection, this key question was rated Good. At this inspection, we found the provider had deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We checked medicines arrangements in both the domiciliary care part of the service and extra care services.
- We found the service did not have robust processes to ensure that medicines administration records (MARs) were accurate and up to date.
- Staff were not always accurately recording if medicines were being administered on MARs. This meant that the service could not ensure that people were always given their medicines as prescribed.
- MAR records were returned to the office and checked by office staff. However, the audits failed to identify the issues we found during the inspection. When concerns were identified through audits, we found action was not always taken in a timely way to address the issues and make improvements.
- People's care plans did not always have up to date information about their medicines. When medicines were administered by other healthcare professionals, this was not clearly documented in care plans or MARs.
- Staff received annual medicines training and were regularly assessed for competency in administering people's medicines safely.
- Medicines in extra care housing should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. Each person had a lockable cabinet in their flat where they stored their medicines.
- We noted that some people in the extra care services were prescribed medicines on a when required basis (PRN), however there was not a detailed protocol in place to advise staff on what circumstances and how to give these medicines. We discussed this with the operations support manager who showed us that the service had developed a PRN protocol template which had not yet been implemented. He advised that the service would ensure that these were in place.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to demonstrate that medicines were managed safely. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when receiving care and support from care workers. When asked if people felt safe in the presence of care workers, one person said, "Yes, I have two [care workers] who I have

for the moment. The first one knows me inside out and the second one knows me well. Even when I pretend I'm alright, they know. They look after me well." Another person told us, "Yes, I know the [care workers], some of them for a very long time. I'm used to them. If there's a problem I tell them." People's relatives told us they were confident people were well looked after when receiving care and support from staff. One relative said, "The current carer and the other carer make [my relative] feel at ease and that makes me feel comfortable."

● There were policies and procedures in place to safeguard people from abuse. Staff received training in safeguarding people. They were knowledgeable about types and signs of abuse. They knew that they needed to report any suspected abuse and/or discrimination to their line manager, and if necessary the host local authority, safeguarding team, police and CQC.

● Management were aware of their responsibility to liaise with the host local authority if safeguarding concerns were raised.

● Care workers were knowledgeable about the need to report to management staff any poor practice from staff to ensure that people using the service received appropriate care and were safe.

● Systems were in place to ensure people received the support that they needed with the management of their finances. Checks were carried out to minimise the risk of financial abuse.

● Some risks to people were identified and managed so that people were safe, and their freedom supported and protected. Individual risk assessments were completed which included the environment, fire safety and moving and handling. However, we noted that some people were diabetic and in their care records there was no risk assessment in place to identify potential hazards and risks associated with this. We queried this with the operations director and she explained that the service had a diabetes fact sheet which provided information about diabetes and potential risks. However, we noted that care support plans did not refer to the appropriate fact sheet and fact sheets were not contained in care records we looked at in the office and the extra care services. We also found that one person used a urinary catheter and we noted that there was not a urinary catheter risk assessment in this person's care support records. Following the inspection, the operations director sent us the appropriate urinary catheter care fact sheet which provided information about potential risks and guidelines for staff.

We recommend the provider consider best practice in relation to risk assessment and management of harm.

● We spoke with the operations director about risk assessments. She confirmed that they would review people's care records and ensure that the relevant fact sheet was included in each person's records. The fact sheet provided information about potential risks and measures in place to ensure risks were minimised for people.

● We noted that the three extra care services we visited had a record of essential maintenance carried out to ensure that people lived in a safe environment. This was carried out by the Housing Services, who had an office located within each of the extra care services. The fire alarm was tested weekly to ensure it was in working condition and this was documented. People had a PEEP (personal emergency and evacuation plan) in place. This included information about identified risks/hazards and who would require assistance in the event of an emergency.

Staffing and recruitment

● Staff records showed appropriate recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.

● The operations director told us that they were safely able to meet people's needs with the current number of care workers they had, and this was confirmed by care workers we spoke with.

● There was mixed feedback from people and relatives with regards to care worker punctuality. One person told us, "Most of the time they (carers) are on time. I get a call if there is going to be a delay." Another person said, "Carers are mostly on time. They have got timing down to a fine art and will call if going to be late, usually only 10-15 minutes." However, another person told us, "Carers are often an hour late. Often happens after the weekends." One relative said, "Timing is not good. We are not always informed if they (carers) are going to be late. Once or twice at the weekend carers are late."
● People who received double up care advised that care workers mostly arrived together and provided their care. However, one relative told us that there had been an occasion where only one care worker arrived for double up care. We raised this with the operations director who advised that they would investigate this and take appropriate action. Following the inspection, the manager confirmed that this was an isolated case and that the service had taken appropriate action with regards to this.
● Care workers we spoke with who provided double up care all told us that there were always two care workers for double up care. They also said that they often worked in chains which meant they went to people's homes together so that this reduced lateness and ensured that people received consistency with their care.
● The service monitored care worker's timekeeping and whether they turned up in time or were late using an electronic homecare monitoring system. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the procedure was for office staff to ring care workers to ascertain why a call had not been logged and take necessary action there and then if needed.
● Management reviewed call logs to help identify areas in which they can improve any timekeeping issues. We looked at the punctuality statistics for the last two months. In August and September 2019, 16% of visits were late. We discussed the punctuality feedback obtained with the operations director and she advised that this was an area the service was continuously monitoring and finding ways to improve. She explained that in some areas, the traffic and public transport reliability were an issue. One way the service tried to improve punctuality was to ensure that that care workers worked within certain postcodes to limit the amount of travel they had to carry out which minimised the chances of delays.

Preventing and controlling infection
● Measures were in place to protect people from the risk of infections. Staff were provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
● Staff received training in infection control.
● Senior members of staff monitored care worker's compliance with infection control policies and procedures as part of their spot checks.

Learning lessons when things go wrong.
● A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
● Incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence. Lessons learnt were then disseminated across the provider's locations to ensure that all services had an opportunity to learn from incidents. The service also held 'corrective workshop sessions' so that staff received practical training to minimise the risk of incidents happening again.
● Guidance had been provided for staff to follow to prevent a re-occurrence where appropriate.

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

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

- People's care plans demonstrated that their needs had been individually assessed. Details of people's individual needs, including their daily routines, religious, nutrition, communication and social support were documented. Preferences were clearly documented, and this helped staff more fully understand people's individual needs and effectively provide their care.
- Guidance was in place for staff to follow to effectively deliver personalised care and to provide people with the support that they needed to achieve their future wishes and goals.
- People's care and support records showed that the service had assessed their needs with their involvement and when applicable their relatives' participation.

Staff support: induction, training, skills and experience

- Newly recruited staff received a comprehensive induction that included shadowing experienced staff to learn about their role in supporting people and completing care duties effectively and safely. Care workers spoke positively about the induction.
- Staff told us, and records showed that staff had completed a range of training relevant to their role and responsibilities so that they were able to effectively provide people with the care and support that they needed and wanted. Topics included medicines support, safeguarding adults, moving and handling, food hygiene, health and safety, infection control, dementia awareness and emergency first aid.
- Staff received supervision and appraisal of their development and performance. We noted that some supervisions and appraisals were overdue. The operations director explained that this was currently being addressed and provided us with a list of those supervisions and appraisals that were due and confirmed that these had been scheduled and would be carried out.
- The majority of staff we spoke with told us they felt supported by management and other staff. Staff had the appropriate skills and knowledge to meet people's needs.
- There was a system in place to enable management to monitor training staff completed to ensure they received the appropriate training to carry out their roles and responsibilities effectively.

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

- People and told us they were supported to eat and drink enough to maintain their health and well-being. One person said, "Carers prepare my breakfast. I like cereal and sometimes a banana. They ask me what I want and I can have it. They take notice. If I want anything from the shops my main carer will get it for me." Another person told us, "[My carer] will prepare a meal if I need her to. Will make me scrambled eggs with tomato because she knows I like it like that."
- Care workers prepared breakfast for people and in some cases, staff were responsible for heating meals

and assisting people where necessary. We saw evidence that care workers had undertaken food hygiene training.
● People's support plans contained information about their dietary needs and preferences. This included information about people's cultural, religious and preferred dietary needs. Staff spoke of how they supported and encouraged people to make healthy nutritional choices.
● Staff monitored people's food and fluid intake as required and followed personalised guidance to support to ensure people ate and drank enough to maintain a balanced diet.
● We spoke with team leaders about how the service monitored people's nutrition in the extra care services. They explained that people prepared their own meals in their flat with the support of staff if they required this. They also explained that people often had their lunch in communal areas in the service. We observed that on Friday's people had fish and chips which were provided by an external organisation. People we spoke with who lived in the extra care schemes spoke positively about this.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● The service worked with other agencies including social care and healthcare professionals to ensure people received effective care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.
● Information was shared with appropriate agencies when people needed to access other services such as hospitals.
● People's care and support records included essential information including information about people's health needs and the assistance and support required from the service to meet those needs.
● Care plans and records showed liaison with other health and social care professionals. Records showed that the service had worked with a variety of professionals. One care professional we spoke with told us that the service had worked well with them and were open to receiving suggestions and feedback.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff received training and understood the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
● People's support plans included details about people's ability to make decisions about their lives and care. These included day to day decisions to do with their care. People's care records included a mental capacity indicator which included details of whether a person was able to express their views and if relatives were involved.
● Staff we spoke with were aware that it should be assumed people had the capacity to make decisions about their care and other aspects of their lives unless assessments showed otherwise. They knew that

people's relatives, healthcare and social care professionals would be involved in making decisions to do with people's care and treatment in the person's best interest when needed.

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

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

- The majority of people we spoke with told us they were well looked after by care workers and they were caring. One person said, "They (carers) are very caring. They talk to me too. I like to have a good chat while they are working. I have arthritis. They do care. I call them by their first names. Yes, they are patient, kind and helpful." Another person told us, "[My care worker] is very kind. I appreciate all she does. If I need anything she gets it." One relative said, "The carers are patient. My [relative] now has a bed bath as he can't use the shower now. This morning a carer came and was very kind and encouraging and didn't rush him. The carer turned [my relative] gently and was very helpful. Lots of TLC." However, one person said, "Carers should get advice, instruction and training on how to talk to people. I find them a bit abrupt. Their attitude could be more respectful. They make me feel like they are doing me a favour. Some are good and polite, some not so." We raised this feedback with the operations manager who advised appropriate action would be taken to address this.
- People were treated with kindness and said they were well supported and cared for. This was supported by the majority of feedback received from people and family members.
- We observed positive engagement between staff and people living in the extra care services. People all spoke positively about the care they received. One person said, "I love it all here and I love all my carers, they're all very good. I'm very happy here, I love my flat. I'm really lucky, I love everything. When new people come I like them [staff] to bring them down to see if they want to join the things we do. When I look round I'm very lucky, there's a lot of people far worse than me." Another person told us, "Staff are lovely. I get on with all of them. They are very kind. If I want anything they will do it. I have no problems."
- Information about people's individual equality and diversity needs was included in people's support plans. Staff were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. One member of staff told us, "We treat people differently according to their needs. We don't stereotype, we don't discriminate against them, we treat everyone with respect and dignity according to their own need. Everybody is not from the same country." Another member of staff said, "On a care plan they have a list of what [people] want to do and what they want to be called so we check that and their history, their background."
- People's diverse needs were recognised and supported by staff. People's personal relationships, beliefs, likes and wishes were recorded in their care support plans. People's cultural choices were respected and staff we spoke with were knowledgeable about these and knew how to support people to meet these needs.

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

● People were involved in making decisions about their care. People's preferences were clearly documented in care records.
● A copy of people's care plans was kept in their homes and the staff updated them in response to any changes or comments people had made.
● People had opportunities to express their views during care plan reviews, telephone monitoring calls and home monitoring visits.
● The service had a service user guide in place which provided important information about the service. It highlighted procedures, contact numbers and important information about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence
● People we spoke with told us staff respected their privacy and dignity.
● Staff received training about treating people with dignity and respect as part of their induction. They knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
● People's care records were stored securely in the office so only staff could access them.
● People's independence was supported by the service. People's support plans included guidance to promote and support their independence. They included information about what people could do for themselves and where additional support may be required.

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

- Care plans were detailed and showed people's preferences and interests had been taken into consideration. People's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person. This helped to support the effective delivery of care.
- Care records included details of personal information, including people's likes and dislikes, personal preferences and information on the person's life story. Their plans included a background history of the person, communication needs, mobility needs, nutritional support and health conditions. They also included information about people's past, previous interests and occupations as well as their current interests.
- People's care plans were personalised, with the exception of people's risk assessments. We noted that all people's care support plans referred to two risk assessments which covered falls and urinary tract infection even where people's health conditions did not indicate that these were potential risks. We have addressed this under 'Safe' and have made a recommendation in respect of this.
- When we inspected extra care services, we looked at the daily notes in people's care records. Daily notes record the times of visits and what care was provided. We found numerous instances where the time of visit by care workers recorded on the daily notes was not consistent with the times documented in care support plans. For example, one person's care plan stated that their morning visit was at 9.15am for 45 minutes. However, the daily notes recorded that on the 1 October 2019 the morning visit was carried out at 8.15am and on 12 October 2019 the morning visit for this person was at 8am. We also found with another person their care support plan detailed that they were to have a morning visit at 7am. However, we noted that on the 20 October 2019 they had a visit at 8.30am. We raised this with the operations manager who explained that within the extra care services there was flexibility for people to change the times of their visits as there were staff at the services 24 hours. They often did this which explained the differences in care support plans and daily notes. We discussed with the operations director the importance of ensuring that daily notes recorded changes in times as requested by people so that the reasons were clear. The operations director confirmed that this is an area that they would take appropriate action and address.
- There was some brief information in people's care support plans about people's oral care needs. However, the information recorded was limited. We discussed this with the operations support manager who said that they would review this.

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.
● Care support plans detailed information about people's communication needs.
● People's communication needs were assessed in line with the AIS and recorded in their support plans.
● The operations director told us that documents could be offered in bigger writing or braille and could be translated.

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
● Visits from caring staff helped people feel less isolated.
● Care support plans included details of people's hobbies and preferences relating to social activities. This included help to access the local community, participate in activities and maintain valued relationships.
● When we visited the extra care services we saw activities taking place which included arts and crafts. One team leader told us, "There are a mix of activities. Colouring, bingo, snap cards, picture cards and reminiscence. The Church comes in and hold Bible readings. The Church is heavily involved. They come in once a week for singing."

Improving care quality in response to complaints or concerns
● There were policies and procedures on raising complaints, concerns and compliments.
● All people and relatives we spoke with said that they felt able to raise concerns. One person told us, "I will always say if I have any problems and they [carers] sort it out. It is always sorted out." Another person said, "I would know how to complain. I have the necessary phone numbers. I have not needed to complain so far.'
● The system in place ensured that all complaints would be recorded and responded to promptly. Records showed that management investigated and responded appropriately when complaints were received and resolved matters satisfactorily. One person said, "Two years ago I made a complaint, but it was resolved." However, one relative said, "I rang several times but it made no difference." We raised this feedback with the operations manager who advised appropriate action would be taken to address this.

End of life care and support
● At the time of the inspection, the service was not supporting anyone at the end of their lives. However, people's preferences and choices regarding their end of life care were explored with them and recorded where possible.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● Systems were in place to monitor the quality of the service and to improve the service delivery of care and support. Quality assurance systems and processes included audits looking at key aspects of the service. The service carried out quarterly quality checks with people which included satisfaction calls and home visits and also spot checks of staff. The service also carried out various checks of records which covered staff recruitment, care records, MARs, staff punctuality and complaints. However, we found that there were some instances where the service failed to effectively check various aspects of the care provided and failed to identify their own failings in aspects of care. For example, the service had failed to identify issues in respect of gaps in MARs and the lack of person specific risk assessments. We raised this with the operations director who advised that following the findings, management would ensure that staff who carried out these checks would receive a refresher training session to ensure they were aware of how to complete audits effectively. Further, audits completed would then be further checked by management to ensure they were completed correctly.

● Senior management carried out further checks. This included a weekly manager's report that checked out various aspects of the service which included hours activity, missed visits, visa requirements, serious concerns, sickness and other challenges. We saw that these had been carried out consistently. Management also carried out a monthly operations audit which looked range of areas including training, missed, MARs, medication errors and visit logs. We noted that the last one had been carried out in June 2019. The operations manager acknowledged that the audit had not been carried out in recent months and confirmed that it would be carried out for October 2019.

● Policies and procedures were in place to ensure the service was run appropriately and safely.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There had been significant changes in relation to the management of the service. In June 2019, the previous registered manager left the service. In response to this, the operations director and operations manager were overseeing the running of the service until a new manager was appointed. A new manager had was appointed in October 2019. At the time of this inspection, the operations director, operations manager and, operations support manager were supporting the manager whilst she was becoming more familiar with the running of the service.

● At the time of the inspection, the service had a clear management structure in place. Staff and management were clear about what was expected of their respective roles.

● Feedback from staff was mixed in respect of communication with between management, office staff and care workers. One member of staff said, "Communication is perfect. They keep me informed of what is going on." Another member of staff said, "Communication sometimes can be a let-down. It is not a major issue, just occasionally. For example, I went to a person's home for a call but was not told by the office that the person was in hospital. Communication could be improved." Another member of staff said, "Communication was an issue. It is much better now. Communication has improved definitely." We discussed communication with the operations director and she explained that communication systems were in place to ensure staff were kept up to date with any changes to people's care, staff learning, support arrangements and organisational changes.
● The majority of staff we spoke with told us that staff morale was positive. They told us they felt valued and supported. Staff spoke positively about the way the service was managed.
● Extra care services carried out monthly staff meetings and daily handovers to ensure staff were kept up to date with any changes and had the opportunity to share good practice. However, the office had last held a meeting in July 2019 for all staff to attend. The operations manager admitted that they had fallen behind in this area due to the management changes but said that a meeting had been scheduled to take place on 11 November 2019. The office communicated with staff in other ways which included telephone calls, texts, emails and supervision sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● When asked about management of the service, the majority of people spoke positively about how the service was operating. One person told us, "The service is well run." Another person said, "Everything seems to go quite smoothly." One relative told us, "I am confident in them but there is a problem with communication sometimes." However, one relative said, "I don't think it's well run. I don't know who the manager is now."
● Staff we spoke with told us that enjoyed their jobs. The majority of staff we spoke with told us they felt well supported by office staff and management. They confirmed that management were approachable and provided guidance and direction whenever they needed it. One member of staff told us, "Support has really improved and going in the right direction which is really good." Another member of staff said, "The support is great. If any problems I can talk to the office and they help with issues. They sort issues out."
● One way the office communicated with people, relatives and staff was with a quarterly newsletter that was issued to staff and people which provided information, feedback and guidance about the service.

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
● Management understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
● The operations manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We noted that the service promptly sent the CQC notifications, with the exception of one incident where a person sustained an injury and was admitted to hospital for treatment. This was not notified to the CQC and we raised this with the operations director. She explained that this was an oversight by the previous registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others
● There was mixed feedback about people's ability to reach the office. One person said, "Office staff are generally friendly and get the job done." Another person told us, "Office staff are always polite and helpful." However, another person said, "Office staff are not always readily available. They are very friendly when I

phone, but sometimes it is difficult to get through. No one to answer. I may have to try two or three times to ring. It's just a niggle." Another person said, "Not readily available. Very difficult to get hold of." We discussed this feedback with the operations director so that the service could take appropriate action.

● Annual feedback questionnaires were completed by people. The last survey was carried out in November 2018. We noted that the feedback obtained was mixed. When asked "How do you rate the honesty, trust and professional integrity of your care workers?", 91.11% of people questioned said 'good' or 'excellent'. However, when asked "How responsive is the office informing you if your care worker is running late?", the response from people was 51.11% for 'poor'. Following the survey completed in November 2018, the service sent a letter to people and relatives informing them of the results and details of what action would be taken. The service also had an action plan in place to make improvements.

● The operations manager confirmed that questionnaires had been sent out in October 2019 and they were waiting to receive completed questionnaires.

● Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

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 Effective systems were not in place to demonstrate that medicines were managed safely.