

London Care Limited

London Care (East London)

Inspection report

Unit 6, Textile House
33 Chatham Place
London
E9 6PE

Tel: 02089868425
Website: www.londoncare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: London Care (East London) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using London Care (East London) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 292 people were using the service.

People's experience of using this service:

- People told us they felt safe. People were protected against avoidable harm, abuse, neglect and discrimination.
- People's risks were captured, and plans were put in place to mitigate the risks.
- People's likes and dislikes were assessed and people's needs were being met in a personalised way.
- Feedback from people about the care and their care workers was positive.
- People told us the service was caring.
- People's care was person-centred. The care was designed to ensure people's independence was encouraged.
- People were involved in the care planning and review of their care.
- The service had a stable management structure.
- The provider had implemented systems to ensure they continuously measured the quality of the service.
- 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.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection:

- This was the first inspection for the service since its registration in April 2018.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

London Care (East London)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- London Care (East London) is a domiciliary care agency. It provides personal care to 292 people living in their own houses and flats.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
- Inspection site visit activity started on 13 March 2019 and finished on 13 March 2019. During this time we visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

- Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.
- We spoke with the registered manager, regional manager, regional director, two care coordinators and six care workers.
- We spoke with 11 people who used the service and 10 relatives.

- We reviewed 22 people's care records, seven staff personnel files, staff training documents and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. One person said, "Yes thank you I do feel safe because I get on well with the carers." Another person said, "Yes, I do feel safe, [the care workers] haven't caused me any harm and we do get on. Yes I am happy with them. They help me, and I have no concerns." A relative told us, "Yes we do feel safe with the carers. [My relative] likes [care worker] she is lovely and very obliging."
- People were protected from the risks of harm, abuse and discrimination. There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff. Care workers knew what to do if a safeguarding issue arose. One care worker told us, "I need to report it to my immediate superior. I've not had any safeguardings."
- The service kept a log of all safeguarding incidents, outcomes and resolutions.

Assessing risk, safety monitoring and management

- Care plans contained a handwritten needs assessment, risk assessment and care plan document. Care workers had access to people's care plans and assessments via a mobile application and this set out the details of what care was required and what was to be provided in the allotted time frame.
- The risk assessment template used in people's care records was robust and considered people's needs holistically. This included but was not limited to falls, mobility, environmental, nutrition and skin integrity risk assessments.

Staffing and recruitment

- The provider followed safe recruitment practices. Recruitment records showed relevant checks had been completed before carers worked with people. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks.
- People who used the service told us their care workers were punctual and they were always informed of any changes or lateness. One person said, "Usually, nine out of ten times they are on time. If they are running late they let me know. Yes, they stay the full duration of the visit and they write out what they have done in the logbook." A relative told us, "The carers' timekeeping is really good. They stay for the entire duration of the visit and write down what they have done."

Using medicines safely

- People's medicines were managed safely and records confirmed this. Medicine administration record (MAR) charts were used for people who needed support with taking their medicines. MAR charts were fully completed showing that medicines were taken as prescribed.
- People's care records showed that a medicines risk assessment had been carried out where required. This included an assessment to determine whether any medicines were time critical.

Preventing and controlling infection

- Care workers followed good infection control practices. They used aprons, gloves and hand sanitiser to help prevent the spread of infection. A relative told us, "When dealing with my father's personal care they always wear gloves".
- Care worker infection and prevention control knowledge was assessed by management during observations of their practice and records confirmed this.

Learning lessons when things go wrong

- There were appropriate forms and processes in place to use for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.

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.

Good: 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

- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support were regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation relating to the person's home environment.

Staff support: induction, training, skills and experience

- Care workers had the skills and knowledge to support people. Refresher training was provided to ensure staff were up to date with current best practice guidance. One care worker said, "[Training] was okay. It was like a refresher, we did mental capacity, health and safety, policies and procedures, medications. Induction was done for a week. It was done here. I did shadow with one of my senior colleagues." Another care worker said, "[Training] was good. 100%. Very intense. Very informative."
- People told us they thought their care workers had the skills and experience to support them. One person said, "Yes I think the carers are well trained and good at their jobs." A relative said, "Overall I think they are well trained."
- Care workers told us they felt supported within their role and had completed a thorough induction when they joined the service. Regular supervision was taking place and one care worker told us discussions during supervision included, "Any concerns I've got, the training I need, any area of improvement."

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

- People were supported to have enough to eat and drink in line with their preferences and any dietary requirements, and these were documented in detail within care plans. For example, one person's care plan stated "I like pasta, rice, roast chicken. I dislike milk products, only use soya milk." One person told us, "They give me choices [with food] and ask me what I would like. I have a pot noodle, or a peanut butter sandwich and they give me breakfast."

Staff working with other agencies to provide consistent, effective, timely care

- Staff followed professional guidance. Information was shared with other agencies if people needed to access other services such as hospitals and GP's.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals and staff sought medical advice for people where required.
- Information about people's health needs was recorded in their care plan.

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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- The registered manager was clear on the process to follow if they had concerns about a person's capacity and care workers understood what it meant to ask for consent when providing care. One care worker said, "You ask consent for everything you do." A relative told us, "The staff are friendly and caring and treat [relative] with respect for example they always ask her if she wants to go to commode and respect her decision if she says No. They don't force her."
- People signed to show they had consented to the support provided.
- Where it was recorded that people had lasting power of attorney (LPA) in place, proof of this was not always in people's care plans. The regional manager explained that they would be carrying out an audit of LPA's and asking those who have said they have them to provide a copy. During our inspection, we saw that management had drafted a letter to the relevant people and their families in relation to this.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service told us they were supported in a respectful way and that their care workers were caring. One person said, "They are friendly and caring and treat me with respect."
- Care workers told us they were able to form positive and caring relationships with people. One care worker said, "I try to treat people the way I want to be treated."

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

- People and their relatives told us they felt listened to by care workers and were involved in making decisions about their care. One person's relative said, "The carer is very polite and caring. Yes she respects [relative's] privacy and dignity. And the carer listens to me too."

Respecting and promoting people's privacy, dignity and independence

- People's religious and cultural needs were respected and their preferences were recorded in care plans. One care worker told us, "If someone is a Muslim this is something they have to eat [Halal food] so I will do it. Or they want to go to Mosque or they want to go to church, I will take them." In relation to personal care, they explained, "There is only one [person], where there is a specific way she likes to be washed [for religious reasons]."
- The registered manager and care workers understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. One care worker told us "I support [people] based on their need."
- People told us they were supported in a dignified way and that their independence was promoted. One person said, "Yes they do respect my privacy." Another person said, "They are friendly and caring and we can have a chat and a laugh. Yes, they do respect my privacy for example when they are doing my personal care they give me space and privacy and are not too intrusive."
- A care worker told us, "You must make sure you close the door [during personal care], you close the curtains and you make sure you communicate with the person. If they cannot communicate, go by the care plan." Another care worker explained, "I always talk to them and ask them if that's okay and do they feel alright."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some people's care plans were more detailed than others. For example, some people's care plans contained specific information relating to their needs, preferences and life history, whilst others contained more generic information. We spoke to the registered manager about this and they have been proactive in ensuring that all care plans now contain consistently detailed information about each person.
- Care workers told us they always had enough information about people and that they were able to provide personalised care and got to know the people they cared for. One carer worker said, "They [management] always fill you in before you go in. You never go in blind." A care coordinator told us, "Everyone has a mobile phone with the care plan and what needs to be done on an app." During the inspection we were shown examples of care plans on the mobile application and these contained detailed information about people's specific care needs. A relative told us, "Staff do know [relative] well and encourage her to be independent for example encouraging her to wash herself."
- People and their relatives told us they felt involved in their care planning and reviews. A relative explained, "I have been involved in the care plan."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place that included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service.
- People who used the service knew how to make a complaint. One person said, "I would complain if I was not happy." A relative told us, "I have never had to complain about the present carer. A year ago [relative] was unhappy with the carer and London Care changed the carer." This meant the service was responsive to people's complaints.

End of life care and support

- Although the service did not specialise in end of life care, they did support people who chose to die at home and policies and procedures were in place for this. The registered manager gave us a recent example and said, "The service user in question had family support at home. We were in contact with the GP and made sure that palliative care was in place. The service user was taken to a hospice for her last days where she passed away. I made sure that my carers were supported during this period. A new risk assessment was done by a field care assessor. It's important to me that service users are supported if they choose to die at home."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Effective communication systems were in place to ensure that care workers and office staff were kept up to date with any changes to people's care and support needs. For example, through team meetings, emails and newsletters.
- The registered manager engaged with everyone using the service, their relatives and professionals involved; this ensured the service provided person-centred, high-quality care.
- The service had a positive culture that was open, honest and inclusive. Staff and people provided positive comments about the management team.

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

- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- A comprehensive quality assurance system was in place to monitor, and where required improve the service. Action plans were in place when shortfalls were found.

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

- Feedback from people had been used to continuously improve the service. Action had been taken when areas of improvement were identified.
- The service sent out a welcome letter to all new service users as well as birthday and Christmas cards.
- The service provided a Christmas party for staff and the registered manager explained, "We did a Christmas party day where carers attended throughout the day. They had party food and drinks from around the world. The branch was open Christmas Day so the carers can come in when they have breaks. For safe delivery of care, we arranged taxis for all carers that worked Christmas Day and Boxing Day." In addition, the service celebrated other cultural days, for example Eid. The registered manager explained, "We also celebrated Eid with our Muslim carers. It was a fun day where carers brought their national dishes and sampled each other's dishes."

Continuous learning and improving care; Working in partnership with others

- The service had good links with the local community and key organisations. Information on events taking place in the community were available within the service.
- The registered manager told us, "We have a good relationship with the London Borough of Hackney. We

are part of a project with Hackney Social Services and the feedback from them was that they couldn't recruit male carers. Our recruitment team took a male carer to their offices to their open day to talk about recruitment and encourage more male carers to join the sector because we have quite a lot of male carers and they wanted to learn from us."

- The registered manager also explained their working relationship with a local college and said, "We are working with the college in supporting the older generation to get back into work and to have further education, encouraging people to get into care, and they refer students to us as well."