

London Care Limited

London Care (Harlow)

Inspection report

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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 (Harlow) is a domiciliary care agency. It is regulated to provide personal care for children, older people, younger adults and people with dementia, mental health issues, physical disability or sensory impairment. At the time of inspection 76 people were using the service.

People's experience of using this service:

People told us they received a good service and felt safe. Accidents and incidents were recorded and analysed, and risk assessments were in place. We made a recommendation to strengthen risk assessments.

There were enough staff to meet people's needs and the registered manager followed established recruitment procedures to ensure staff employed were suitable for their role. Following the previous inspection travel time had been introduced in between calls to ensure staff stayed for the full time. People received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction and on-going training to ensure they could provide care based on current best practice when supporting people. People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff provided support to people when needed to make sure they received continuing healthcare to meet their needs. People received support from caring staff who respected their privacy, dignity and the importance of maintaining their independence.

The registered manager was very visible at the service and spent a lot of time working with people and staff to ensure quality care was being provided by the service.

Rating at last inspection: Good (report published 23/11/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good. More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 remained Good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains Good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains Good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good

Details are in our Well led findings below.

London Care (Harlow)

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: This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: London Care (Harlow) is a Domiciliary Care Agency registered to provide personal care to people in their own homes.

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: We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

What we did: Inspection site visit activity started on 15 May 2019 and ended on 17 May 2019. We visited the office location on 15 May 2019 to see the registered manager and staff team and to review care records and policies and procedures. On 16 and 17 May 2019 we spoke to people who used the service and staff to collect their feedback.

Before the inspection we gathered and reviewed information we received from the provider on the provider information return (PIR). This is a document the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement.

During the inspection: We spoke with eight people who used the service and two family members. We spoke with the registered manager, the area manager, a field supervisor and two care staff. We looked at the care records of four people who used the service and the personnel files for three members of staff.

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 and their relatives told us they felt safe being supported by staff. One relative told us, "Oh yes I have no reason to be concerned at all. They [staff] do their best, so I would say [family member] is safe yes."
- The provider had a safeguarding policy in place. The registered manager understood their responsibilities with regards to safeguarding people and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risk assessment were in place. However, we found risk assessments related to moving and handling, did not always include the level of detail required to ensure staff had sufficient guidance. When we spoke with staff they had a clear understanding of these risks and told us they always had more experienced staff with them when they were supporting people to move using equipment such as hoists. A staff member told us, "They put us with a regular carer so we are never thrown in the deep end."

We recommend the service seeks advice and guidance from a reputable source to strengthen risk assessments in relation to moving and handling.

- The environment which staff supported people in was assessed for any risks such as fire, slips, trips and falls.
- Accidents and incidents were recorded electronically and analysed by senior management. Follow up actions, including any lessons learned, were documented.

Staffing and recruitment

- People and their relatives told us there were enough staff to support them and they usually received their care visits on time. One person told us, "[Staff] are very good, sometimes they can get held up, traffic or the customer before me. They can't always let me know if they're running late but the office will let me know when they can." Another person said, "I have a good team around me but if they're running late the office calls me." A relative said, "I suppose [staff] arrive on time, there have been a few recent concerns about times, but generally they're pretty good."
- The provider followed recruitment procedures which included police checks and taking references to ensure new staff were safe to work with people.

Using medicines safely

- People were happy with the support they received to take their medicines. One person told us, "They [staff] put the tablets out for me and make sure I take them".
- Appropriate arrangements were in place for the safe administration of medicines. Medicines records were audited regularly, and staff were trained.

Preventing and controlling infection

- Regular spot checks were carried out to ensure staff were following the provider's policies and procedures correctly.
- People told us staff wore gloves and aprons whilst carrying out personal care to minimise the risk of infection.

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

- People's needs were assessed before they started using the service.
- Staff told us they read people's care plans to ensure they understood people's needs effectively. One staff member said, "It is all in the care plan, but we ask them as well."

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training and support to do their job well. The registered manager told us the provider had recently introduced a new fitness to practice work book that would replace refresher training. This work book covered all mandatory training and included observation of practice by the field supervisor. The registered manager told us moving and handling was included and would replace the practical refresher. We questioned whether this method of training would be sufficient. The registered manager told us after discussion with the provider staff would still be receiving practical moving and handling training.
- One person told us, "Quite a few carers have left now, and some new ones have arrived, but the new ones go around with the experienced ones to start with."
- A staff member told us, "Training was good, they go through everything." Another staff member said, "We have training, and we have on site supervision to check we are doing medicines right." A third staff member said, "We also have webinars and go into another branch for updates."
- Staff were provided with small handheld cards with guidance for subjects such as MCA, fire risk, end of life care, safety, falls prevention, choking, bipolar, financial abuse, aggression, Huntington's disease, angina, diabetes, epilepsy and safeguarding.
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.

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

- Staff supported some people with their dietary needs. Records described the support people required with meal preparation. One person said, "I've got a youngster who comes in and cooks and another one comes in to get the tea, they're very good. They always ask me what I fancy."
- A relative said, "[Family member] is assisted to eat by the carers now, [family member] has lost a bit of weight but is still eating well, and they always make sure they have plenty of fluids." When we asked if the carers took time to enable [person] to eat, the relative told us the call had been increased to 45 minutes and was ample and added, "They're very good with [family member], no problems at all."

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

- People were supported with their healthcare needs and to attend appointments when necessary.

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.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- People had signed records to say they agreed with their care and support.
- A staff member told us, "We encourage choices we show people different clothes, and give different options."

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 were positive about the care they received. One person told us, "[Staff] know me well now, occasionally I have a new one, but they always seem to fit in well. They're all lovely girls. I have the same one's now [staff] and know who's coming most days." Another person said, "I am very happy with London Care in general, [staff] do lots of things for me, they make my breakfast, get me my cereal, and a cup of tea, they help with a shower if I want one, but I can do it myself. They're fantastic people and always polite, there's been no trouble with them at all, in fact I would like to have them more often." A third person said, "[Staff] are as good as gold to be honest."
- It was clear the registered manager and staff knew people really well. One staff member told us, "It is lovely to work here, we get to know people really well as some of us carers have been around for years."

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

- People's preferences and choices were clearly documented in their care records. For example, how they wanted staff to enter their home and introduce themselves, preference for male or female staff, and preferred meals and drinks.
- One person told us they preferred female carers only for personal care and if their morning care was male they would only get their breakfast. They added, "[Male carer] will come out and get me some breakfast and then I am happy to wait for a female carer for personal care a bit later."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected people's privacy and promoted dignity.
- One person told us, "[Staff] are so friendly and gentle with me. They give me the flannel so I can wash my face and they get me to sit down so they can do all the bits, I've had some wonderful carers."
- Another person said, "The carers help me with a shower, [staff member] is very good and they are coming again tomorrow. The person told us they were recovering from a fall and starting to walk a little again and added, "The staff who come encourage me to walk and, in the evening, they get me into bed but they let me do it too."

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

- Care records were regularly reviewed. People and their relatives told us they were involved in planning their care and support.
- Records provided detailed information about each call visit and the outcomes to be achieved. For example, ensuring personal care needs were met, prompting people to use the toilet and ensuring people had enough to eat and drink to reduce the risk of dehydration and malnutrition.
- Staff recorded people's care in daily notes to ensure staff attending would know what care had been delivered. The daily records matched with the care plans.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs. For example, one person whose first language was not English care plan had recorded the person was able to speak English but sometimes chose not to. The care plan guided staff to gain support from family members who would interpret when required.
- The service was responsive to changes in people's needs and wishes. Staff told us they reported any changes in people's needs to the registered manager, who would then reassess the person's needs if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Systems were in place to ensure complaints were acknowledged, investigated and responded to. One person told us they had complained in the past about the high turnover of staff, but this had improved.
- Quality assurance visits were carried out regularly. However, we discussed with the registered manager that some we viewed did not always clearly record the action that would be taken to address minor concerns. The registered manager told us they would check the documentation and clearly record any action taken.
- One person said, "I have no concerns, [staff] have been very good actually. [Family member] used to call them if they needed help to get to the toilet and they would come out straight away."

End of life care and support

- None of the people using the service at time of our inspection were receiving support with end of life care needs.
- The area manager told us the provider had introduced a specific end of life care plan for use when needed.

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

- The registered manager and the provider knew the importance of being open, honest and transparent with relevant persons in relation to the services provided to people. A booklet called 'The impact and consequences of getting it wrong' was available to staff.
- There were established processes and procedures in place to ensure people received care and supported they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The management team and provider carried out regular audits to drive improvements and check the quality of the service. These included care records, medicines and spot checks of staff.
- The registered manager and staff understood their roles and responsibilities.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.
- Plans were in place at the services and guided staff what to do in case of incidents such as fire or bad weather.
- Staff meetings were held regularly which staff told us enabled them to raise topics of important around any issues that needed to be addressed.
- The registered manager ensured they kept up to date with legislation changes and guidance about best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People and their relatives were positive about the management of the service.
- One person said, "I ring [field supervisor] and they come around to see me and fill in the care books. I get on very well with [field supervisor] and yes I would recommend the service to someone who needed help, most definitely."
- Another person said, "[Named registered manager] is the office lady, she's been out to see us, she's always here!"
- A third person said, "They're a brilliant company and the manager is very good. She [registered manager] knows all my needs and she comes out if I am depressed and talks to me."
- Staff said they were happy to be working for the service. One staff member said, "It is a good company and people get what they need. Must be doing something right as I have been here nine years."

- The service shared information as appropriate with health and social care professionals. The service made referrals as when necessary for people who had been identified as requiring input from services in the community.