

London Care Limited

London Care (East London)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

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 in the community. At the time of the inspection the agency was providing personal care to 540 people.

Not everyone who used the service received personal care. The 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 provider's recruitment checks and records needed improvement to ensure appointed staff were safe and suitable to work in the caring profession. The provider took action to address this during the inspection.

People's care records did not always contain information about when they should receive medicine on an 'as required' basis. We made a recommendation about this. People told us medicines were administered safely and staff told us they had received relevant medicines training.

The provider needed to make further improvements regarding medicine administration and audits. The provider's recent upward trend in timely care visits needed to be sustained. The provider told us the pressures of the coronavirus pandemic meant that these improvements were still being embedded. Since our last inspection, the provider had made improvements to care delivery to ensure people received care from a consistent care staff team. People told us they felt safe and care workers were friendly.

People told us the managers were accessible and felt any concerns would be acted upon. Staff told us the management was good and the registered manager reported they worked in partnership with the local authority and other external agencies to improve care delivery.

The provider had put infection control measures in place to minimise the risk of the spread of infection. People told us staff wore personal protective equipment (PPE) when they visited their homes and the provider told us they had enough PPE in stock.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 April 2020) and there were two breaches of the regulations around staffing levels and good governance.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 9 March 2020. Breaches of legal requirements were identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same and requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care (East London) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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. 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 team consisted of two inspectors and six 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers 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

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff, including the two registered managers, the regional manager, the care manager and the call monitoring officer. We looked at five staff files in relation to recruitment. A variety of

records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at six care records, medicine administration records and quality assurance records. We spoke with 17 people who use the service and 15 relatives to gain their experiences of the care provided by the service. We spoke with two 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing

- The provider had established a new system to minimise the likelihood of missed or late care visits and ensure people's needs were consistently met.
- The care manager told us there was now a four-stage supportive procedure with staff to reduce lateness.
- We looked at the call monitoring records and saw that there had been an upward trend in timely call visits but this was an trend the provider knew they needed to sustain. The provider had assessed people who were at increased risks associated with missed or late calls and ensured they were prioritised.
- People and relatives told us visits were made on time with a largely consistent staff team. One person said, "They always come on time and do what I ask them to do. They are great. A group of four carers come, so you don't get missed." A second said, "they come after 10am which suits me and they are mostly on time give or take a bit."
- People and relatives told us that their non-regular carers were not always punctual but the office kept them up to date about their arrival time which they told us was satisfactory.

Recruitment; Learning lessons when things go wrong

- The provider needed to make improvements to their staff recruitment checks to ensure staff they employed were suitable to work in the caring profession.
- The provider did not always explore gaps in people's employment history. For example, one staff member had not informed the provider about their work history between 2011 and 2018 on their application. Secondly, the provider had not verified another staff member's references. This meant the provider had not done all that was reasonable to check staff's passed behaviour to protect people from the risk of harm. The provider took steps to address these gaps during the inspection and requested staff to bring further proof to verify their histories.
- The provider interviewed new staff to check their competency and staff underwent a probation period. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) before staff started working alone with people.

Using medicines safely

- The provider's systems for managing "as required" (PRN) medicines were not robust. There was a lack of information for staff to follow about when to provide these medicines. For example, one person did not have a protocol in place to tell staff when to give the person their medicine. A second person was prescribed PRN medicine for managing pain, as well as routine medicine. There was no protocol for staff to follow about when to give this additional medicine. After the inspection the provider told us this medicine was no longer prescribed but their system had not updated the person's records in a timely manner meaning they were inaccurate and the person at risk of receiving too much pain medicine.
- Staff had not always completed medicine administration records accurately. For example, medicines had been signed as given at the wrong time or not given at all and there was no explanation about the reasons for this. After the inspection the provider provided evidence that they had investigated the circumstances when they had occurred and were assured people had not received too much or too little of their medicines. This is highlighted in the well-led section of the report.

We recommend the provider seek guidance and support to ensure safe management of PRN medicine.

- Most people we spoke with did not receive help from the service to take their medicines, but two people told us the service managed their medicines well. One person said, "I get my tea on time then they give me my medicines."

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse. We found the provider notified the local authority and CQC about allegations of abuse as appropriate.
- People and their relatives told us they felt the service was safe. One person said, "I have no problems I am safe. There are no complaints the staff are friendly." Another person said, "I am very happy with everything. I can leave anything about and know it will not be touched. The staff are very considerate and always wear masks."
- Staff we spoke with told us they felt confident with the safeguarding process and would blow the whistle on bad practice. One member of staff said, "I'd report it to my supervisor and the office. I know about whistleblowing, it's anonymous."
- The provider had a relevant safeguarding policy and records showed they kept staff informed about the procedure through emails and the staff handbook.

Assessing risk, safety monitoring and management

- The provider had kept people safe from the risk of harm. The provider had considered the risks people faced such as, mental health, COVID-19, tissue viability and nutrition. The provider wrote plans for staff to follow to keep them well. A staff member told us, "It's all in the care plan. That's why you need to be very familiar with this. They review every year. If you notice any changes, let the office know."
- People told us staff knew about their medical conditions and how to prevent harm. One person said, "Oh yes the staff keep me safe, things like in the shower." Another person told us there were always two staff to help hoist them safely. A third person described how staff helped them with their medical needs to keep them safe.

Preventing and controlling infection

- The provider had established systems to help prevent and control the spread of infection. Care records contained detailed guidance about using personal protective equipment (PPE) and hand hygiene. Staff were kept up to date about national guidance by email and were encouraged to receive testing and supported to isolate if they had symptoms or a positive test result appropriately.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has now remained the same. 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.

At our last inspection the provider had failed to ensure people's records were always accurate and up to date and feedback from people had not always been acted upon robustly. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however, further improvements need to be made and the changes needed to be embedded at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care plans were kept up to date with people's changing support needs but did not contain accurate information about people's medicines.
- The provider's medicine management required further improvement. For example, one person's medicines had not been recorded in line with their prescription and their medicine administration records (MAR) showed that they received too much pain medicine on one occasion but there were no records of the actions taken by the provider to ensure the person was kept safe from any harm caused. After the inspection, the provider told us they had reviewed the incident and were assured the person was not receiving too much medicine. The provider explained they had not updated their systems to reflect a change in the person's prescription and had asked care staff to fill out the MAR incorrectly until the provider had updated it. This ineffective system put people at risk of not receiving the right medicines in the right amounts at the right time particularly when they were not supported by their regular care team.
- We found gaps in MAR without an explanation about why people had not received their medicines. These had not been highlighted in the provider's monitoring system because audits were not up to date. The provider was aware of this and explained it was due to the pressures of the coronavirus pandemic and had a contingency plan to address the issues highlighted.
- The provider had begun to make improvements to increase the number of visits that were on time, however, some people were still not receiving their visits in a timely manner. The provider was aware that improvements needed to be embedded and sustained to ensure people always received the right care at the right time.
- The service had two registered managers each having oversight of care packages in different London

boroughs. The provider recognised that this meant the two services were effectively operating as separate branches with managers that supported each other and was out of step with their registration as a single location.

- The regional manager explained they had a plan in place for one of the branches to move office and submit new registration documentation as appropriate, however, this move had been delayed by the pandemic and would be carried out as soon as practicable.
- In the meantime, the registered managers felt they worked well as a team and were fully supported by different teams including care managers and care coordinators.
- The provider asked for people's feedback about the quality of the care they provided by meeting with them or phoning them. The provider also carried out spot checks of care visits to assess staff performance and behaviour. In some cases these processes had been delayed due to the pressures of the pandemic.
- People told us they had been contacted by the provider for feedback. One person said, "Oh yes there were some forms sent. I have no complaints." A relative said, "The managers do spot checks on carers and check everything safety wise. We have no complaints and [we] are content." A third said, "I have not seen [the managers] for a while, but they ring to see all is OK. I have just filled in a survey. I wouldn't change anything. [Carer] comes at the right time. My staff are always laughing and happy."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was an open and person-centred culture at the service and the management team had made improvements since the last inspection.
- People and their relatives told us the management team were accessible and the provider would listen to and act on any concerns they may have. One person said, "It's much better now, it's slowly got better with the new care co-ordinator and we work together." A second person said, "oh yes I know the manager well. The service is well managed. The manager listens to me." A third said, "The manager is good. She is quite good and communicates well with emails and if there are any problems we let her know. She is a good person." A fourth said, "I saw the manager last week, he was asking about my needs he was here for three hours. This [service is] 100% better than my previous care company. The staff chat and are interested."
- Staff told us the management team were accessible. One staff member said, "They do a survey. Every three months we have an appraisal and we can raise things They are very good, they are up to date with records." A second staff member said, "They have been supportive this past year. They try their best."

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; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their duty to be open and honest about allegations of abuse and when things go wrong. Records confirmed that the provider reported concerns to the local authority and care quality commission as appropriate and facilitated weekly monitoring by the local commissioners.
- The provider attended the local provider forum to share good practice and learn from other services.
- People told us staff referred them to medical professionals where appropriate. One person said, "The carer 'found me after a fall and had arranged my admission to hospital."