London Care Limited

London Care (Tayo Situ House)

Inspection report

Tayo Situ House, Cator Street
73 Commercial Way
London
SE15 6FA

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Date of inspection visit:
28 March 2019
01 April 2019

Date of publication:
21 May 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:

Tayo Situ House is an extra care service which provides care and support to people who live in their own flats. The service is mainly for older people and people with mental health needs. At the time of the inspection there were 34 people using the service.

People's experience of using this service:
• People told us they were treated with dignity and respect by staff but felt they were often bored and lacked activities and social engagement.

• People received care that met their basic needs but goals and outcomes for care did not always consider how to avoid social isolation. People's preferences for food were respected but there were not always clear plans to support people to maintain good health.

• The building was in places bare and sterile, although management of the building was the responsibility of the local authority. One person told us "it's like a box." There had been limited attempts to personalise communal areas of the building and the design of the building did not enable people to orientate themselves. There were items like board games and a piano in a communal area. People reported their cultural needs were met by the service.

• There were appropriate measures to safeguard people from abuse but sometimes risk management plans were not sufficient to protect people from harm or deterioration to their health. Medicines were safely managed and staff received training and support to assist people with their medicine needs.
• Staff were recruited in line with safer recruitment processes and there were enough care workers to meet people's needs. People were able to call for help and assistance from their flats.

• People had consented to their care, but there was not always sufficient consideration of what kind of decisions people could make for themselves. We have made a recommendation about this.

• The garden was not well cared for and there were no opportunities for people to be involved in the running of the service. The building was kept clean throughout and people were supported to make sure their flats were clean and hygienic.

• There was a new management team who recognised the need to change the service. This included better engagement with people using the service and increased quality assurance measures. This had resulted in improvements, but many of the planned initiatives required more time to implement.

• Staff received sufficient training and supervision to carry out their roles and reported feeling well supported by their colleagues and managers.

Rating at last inspection:
This was the first inspection since the provider registered this location in May 2018.

Why we inspected:
This was a routine first ratings inspection.

Follow up:
We will continue to monitor this service and will return within 12 months to check that improvements have been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive

Details are in our Responsive 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 (Tayo Situ House)

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 was carried out by one adult social care inspector on both days and an expert by experience on the first day. 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

• Tayo Situ House is a newly built service providing 42 self-contained flats which open out into shared corridors. The ground floor contains shared facilities such as a large lounge, launderette and hairdressing salon.

• The service had a manager who had applied to register 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: This inspection was unannounced on the first day. The provider knew that we would be returning on the second day.

What we did:
Before the inspection
• We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about. We also spoke with a monitoring officer from the local authority.

During the inspection
• During the inspection we looked at records of care and support for six people and reviewed records of recruitment, training and supervision for five care workers. We spoke with eight people who used the service and one relative. We spoke with the service manager, regional director and four care workers.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Requires improvement: 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. Regulations were met.

Systems and processes to safeguard people from the risk of abuse
• Care workers had received training in safeguarding adults and understood their responsibilities to report abuse. Staff told us they were confident that their concerns were taken seriously by managers.
• People told us they felt safe using the service. Comments included, "I feel safe. The carers are always in my flat and I like that – during the night twice and again in the morning" and "I feel safe here."
• There were appropriate systems to record when care workers had handled money on behalf of people, for example to go shopping, and this was countersigned by the person or another staff member in order to protect people from loss or financial abuse.

Assessing risk, safety monitoring and management
• There were suitable processes for ensuring fire safety in the building, including staff training and personal evacuation and egress plans. However, the overall evacuation required updating as it indicated ten people required hoists to transfer out of bed which was no longer the case.
• There was a set process for assessing and mitigating people's risk of developing pressure sores. However, this process was not always followed and although the provider's plans stated that records should be kept of how people had been repositioned in bed at every visit, this was not being followed. Where a person had behaviour which could challenge others, there was a risk assessment that highlighted possible triggers for this, but this lacked a strategy for de-escalating and preventing incidents.
• Aspects of the risk assessment were more relevant to a domiciliary care agency, such as assessing local street lighting and the path to a person's home. This did not fully reflect the needs of a person living in an extra care service.
• The provider was not following the Herbert Protocol. This is an initiative which encourages care workers to compile useful information which can be used in the event of a vulnerable person going missing, and was a contractual obligation with the local authority. This meant that there may be a delay providing crucial information which could delay a person being located safely. The provider told us they intended to implement this in future and we saw evidence this was implemented after the inspection.
• The provider had assessed the risks to people of falls and measures were in place to mitigate these. Managers told us they felt there was more work to do in raising awareness and were working with a local initiative to plan further events.

Staffing and recruitment
• The provider followed safer recruitment measures to ensure that care workers were suitable for their roles. This included pre-employment checks and assessments of candidate's literacy and numeracy.
• Everyone using the service and care workers told us they thought there were enough staff present. A single member of staff was responsible for monitoring the front desk and ensuring that call bells were responded and we observed a prompt response to these. There were clear daily roles for care workers based on

people's support needs and rotas showed that these were covered as required.

Using medicines safely
• Care workers received training in supporting people with their medicines and were required to demonstrate their learning. Managers carried out assessments of competency and assessed staff understanding of medicines in themed supervisions.
• When people required support with medicines this was recorded in plans together with information on what the medicine was and the possible risks of taking it.
• Care workers recorded people's medicines support needs on medicines administration recording (MAR) charts. These were completed to high standard and audited every month by a manager with discrepancies followed up.

Preventing and controlling infection
• The building was kept clean throughout and we saw examples of staff using personal protective equipment to prevent the spread of infection.
• Managers used spot checks to ensure that no-body had out of date food.
• Care workers received training in infection control and food hygiene.

Learning lessons when things go wrong
• There were processes in place for reporting incidents and investigating when complaints and concerns had been raised. In response to a medicines incidents the provider had introduced additional training and medicines supervisions and had reviewed staffing levels.
• Where incidents had identified the need for changes to how risks were managed for people, this had taken place.

Requires Improvement

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
Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider carried out a brief but suitable assessment of people's care needs. This drew on information from the person and from social services.

Staff support: induction, training, skills and experience
• Staff received mandatory training in key areas such as safeguarding adults, managing medicines, first aid and health and safety. There were processes in place to ensure that staff members received refresher training as required.
• New staff undertook a detailed induction around the principles of care and the role of the care worker and a five day training course which covered all aspects of mandatory training. Care workers completed a log book to demonstrate their learning and understanding.
• A large number of staff had transferred from the previous provider; the provider had carried out assessments of staff training and competency as part of the transfer process. A care worker told us "When London Care took over they gave us five days straight training."
• Staff received regular supervision from managers to discuss any issues of concern and review staff skills. This included themed supervisions on medicines safety.

Supporting people to eat and drink enough to maintain a balanced diet
• People had the option to come downstairs for a daily lunch club. People's lunches were served promptly and with courtesy.
• People's plans identified when people were nutritionally vulnerable and required prompting to ensure they ate properly. We saw examples of this taking place. However, people's daily logs showed examples of people refusing food and requesting food with limited nutritional benefit. There were not plans in place to address this, and sometimes it was not followed up later in the day to ensure people had eaten.
• People's plans identified people's likes and dislikes for food and how they liked to be supported with meals.

Staff working with other agencies to provide consistent, effective, timely care
• The provider held quarterly meetings to review the individual needs of people using the service, including discussions of concerns raised by people and how risks to people's wellbeing had been managed.
• There were examples of the provider working jointly with other agencies, for example working with the police and local authority to address the needs of a person at risk.
• Care workers gave us examples of when they had worked with palliative nursing and local charities to support a person at the end of their life.

Supporting people to live healthier lives, access healthcare services and support
• People's assessments and care plans considered medical conditions and how these impacted on people's daily living skills, but did not consider the day to day support that people required to maintain good health.
• Where people experienced incontinence they received appropriate support to manage this safely.
• The provider did not routinely plan how to monitor and improve people's health.

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.

We checked whether the service was working within the principles of the MCA.
• Where people were able to consent to their care this was taking place.
• There were limited processes for assessing people's decision making capacity. Care plans contained a brief section to describe how people could be supported to make decisions. At times this stated that a person could not make any decisions for themselves, and there was no consideration of the areas in which a person could make decisions for themselves.
• We recommend the provider take advice from a reputable source on assessing people's decision making in line with the MCA.

Good

Is the service caring?

Our findings

Ensuring people are well treated and supported; respecting equality and diversity
• We saw examples of care workers attempting to engage people in communal areas and promote communication between people. People were greeted by name by care workers.
• Care workers gave us examples of how they had supported people to meet their cultural and religious needs. This included supporting people to go to church and access religious services and to obtain food which met people's cultural needs. There were communion services available for people who were Church of England, but no services available for people of other dominations. One person told us "I like to go to church but the priests don't visit here."
• People were positive about their treatment by care workers. Comments included "It's quite good living here. It's comfortable and I like my flat" and "My carers are brilliant, they look after me do my shopping, cleaning cooking and laundry – all I have to do is breathe! This is the best thing that's happened to me. The royal family don't get better than me!"

Supporting people to express their views and be involved in making decisions about their care
• The provider had recently introduced keyworking, whereby each person had a named staff member who was responsible for ensuring they had enough medicine and food, and to keep them informed. Staff members told us they also wanted to carry out activities with people individually during this time.
• The provider had carried out life story work with people to identify previous employment and what was important to people such as family and friends. Plans contained information on how people communicated their needs and possible impairments to their communication and understanding.

Respecting and promoting people's privacy, dignity and independence
• People told us they were treated with dignity and respect. Comments included "I like the carers – everyone and they all treat me with respect" and "The carers are helpful."
• We saw examples of respectful and friendly interactions between care workers and people using the service.
• Plans were clear about what people could do for themselves and daily records showed that this was respected.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
Requires improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's basic needs relating to personal care and nutritional support were met and people had been consulted on how they preferred to receive care. Staff rounds were planned with people's preferences in mind. Records showed that care was delivered as planned.
• The service identified goals for people to achieve, but these were limited in their scope and primarily related to personal care and nutritional support. Plans did not take account of the need to provide social inclusion and opportunities. There was a process for reviewing how people's goals had been met as part of quality assurance but this was almost always omitted.
• There were limited activities for people to participate in, even though this was part of the service specification with the local authority. Comments from people included "There aren't enough activities here. We could do with more, really anything" and "I don't do any activities." The provider had introduced a fish and chips supper and seated exercise programme with a local organisation and a member of staff carried out nail painting with people, but on most days there were no scheduled activities outside of the regular lunch club. The provider told us of opportunities they hoped to introduce which the local authority had committed to support and had proposed introducing an activities co-ordinator to develop this.
• People had limited opportunity to be involved in the running of the service. For example, the garden was untidy and uncared for and the majority of plants were dead. We identified a person using the service who enjoyed gardening and told us they would like to get involved. The provider told us that the landlord had responsibility for managing the garden and they were looking into this, but considered it to be unsafe to introduce gardening before this was resolved.

Improving care quality in response to complaints or concerns
• Several people we spoke with did not know how to make complaints.
• There was a process for recording and following up complaints. This showed that two had been recorded since March 2018. Other people told us of times they had complained but these had not been recorded. One person told us "I've complained but nothing gets done – there are no answers".
• There was information on how to make a complaint in the service user handbook. The provider had identified that people did not always know how to complain and had an action plan to address this through regular meetings with people who used the service, including at a recent tenants' meetings.

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. Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 provider carried out a survey of people using the family and their family members to obtain their views about the service. This had resulted in an action plan to address people's concerns, such as the need to ensure improved consistency of staff and a reminder to care workers to use people's doorbells before entering their flats.

• Managers visited people in their flats to carry out quality assurance visits, but these were not taking place regularly. People's records of care were checked by managers to ensure recording was of a good standard and reflected their care plans.

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

• There was a new management team in place who recognised the need to improve and develop the service. Some aspects of quality assurance had been poorly managed but this was improving.

• In the month of March 2019 managers had introduced a daily walk around which included regular checks of care workers, people's flats and wellbeing and the safety of communal areas. This had identified areas for improvement which had been acted on. For example, managers had identified that infectious waste bags had been left in corridors and had addresses this in memos to staff.

• Managers were carrying out regular checks of staff competency as they carried out care. This included checking that care workers followed plans and policies and communicated well with people whilst upholding their dignity. Care workers told us that managers discussed their performance with them and would tell them if anything needed to change.

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

• There were limited ways for people to be involved in running the service. A relatives and residents meeting had recently taken place but this was the first since the provider took over in February 2018. The provider told us "the families were quite involved under [previous provider] but then they withdrew. I want tenants to be vocal." People we asked could not identify the manager. Managers were planning an open day in July to improve engagement. There was also a newsletter in place for residents which described plans to improve the service and information on how to keep safe.

• In response to feedback from care workers and people using the service, managers had changed the rota to ensure that a manager was available every day. A care worker told us "The managers now are supporting us a lot, before they didn't come at weekends. I am happy about this."

• Team meetings had not been carried out regularly but were now taking place. These were used to explain

staff responsibilities on shift, recording requirements and safeguarding. These meetings also gave staff members the opportunity to speak up and have their views on the running of the service taken into account. A care worker told us "The team work is very good here."

Continuous learning and improving care

• There were several initiatives in place to improve the standards of care that people received, but managers lacked an overall action plan which would allow these to be seen together with a clear understanding of roles and responsibilities.

• The provider had a branch reporting system, which allowed them to monitor trends and identify where improvements needed to be made.

Working in partnership with others

• The provider had identified local organisations which could support improved activities and social inclusion. In some cases this had resulted in changes to the service, such as the inclusion of additional activities and a small library, but the provider acknowledged they needed to make more progress in this area.

• The service had worked with the local authority to review the quality of the service and identify areas for improvement.