

London Teaching Pool Limited

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## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

The London Teaching Pool Limited is a domiciliary care agency registered to provide personal care. At the time of the inspection, 22 people were receiving support with personal care.

### People's experience of using this service and what we found

The service had systems in place to safeguard people from abuse. Risks to people were assessed and mitigated. Staff were recruited safely and there were sufficient staff available to support people safely. Staff were trained in infection control and there were infection prevention measures in place. Lessons were learnt when things went wrong to minimise the risk of re-occurrence.

People and relatives spoke highly about the service and thought the organisation was well managed. The registered manager understood their responsibilities towards the quality of care and risks to people. People and staff felt they could engage with and make suggestions to direct the care at the service. There were quality assurance measures in place, but we have made a recommendation about expanding their scope to include care plan audits as this will assist consistency with business growth.

### Rating at last inspection

This service was registered with us on 01 July 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been inspected since registering with the CQC.

### 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# London Teaching Pool Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

#### Inspection team

The inspection was carried out by one inspector.

#### 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 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 a short period of notice because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support us with the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection

#### During the inspection

We spoke with the registered manager and two directors for the service. We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included speaking to four people and one relative about their experience of care. We also spoke with three members of staff. We looked at further evidence sent to us by the provider with regard to risk assessments and audits.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. There were numerous instances where the provider had raised safeguarding concerns and alerts with local authorities to ensure people were being safeguarded from abuse. The registered manager had clearly evidenced the risk of harm to people and sought to keep them safe by letting social services know there was a risk.
- Where safeguarding concerns had been raised these had been recorded by staff with subsequent actions taken by the service to ensure people were kept safe.
- People were placed at the fore front of decision making and the service was transparent with multi-agency approach to information sharing. For example, there was one situation where a person was being assessed by the service and at assessment appeared to be at risk of neglect. The assessor explained their concerns to the person they were assessing, sought their input on how to best support them and informed the local authority and relatives about their concerns. This showed people were supported in line with current safeguarding principles and kept as safe.
- People told us they felt safe with staff. One person said, "Yes, [I feel] perfectly [safe with staff]." Staff had received training in safeguarding and were aware of the different types of abuse and who to report to. One staff member said, "I've done a lot of training. Yes, on safeguarding. There's lot or different types of abuse. Financial abuse, emotional abuse, neglect."

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. We saw numerous risk assessments, which highlighted risks to people and how to best support them to minimise risks. Risk assessments covered different areas in people's lives but focused mainly on continuing health concerns. Risk assessment included people's home environments, their nutrition, risks of falls as well as other areas.
- Risk assessments sought to support people in a sensitive manner where required. For example, we saw one risk assessment where risks covered a person's tendency to self-neglect due to their dementia. Carers were instructed to encourage the person with their self-care and support the person with personal care when required. In this way the person's dignity was upheld.
- Staff told us they were aware of risks to people because they had risk assessments, "One for each individual, they all have a risk assessment, they are in depth."

Staffing levels

- Recruitment practices were robust. We looked at four staff files and saw pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. There were checks on employees' references, their employment histories and their criminal records. This meant people were employed with

people's safety in mind.

- People told us staff turned up on time, "It's never happened [staff being late]. I have the same carer all the time and they are never late." The service employed sufficient number of staff to work with people. The service used an electronic system to ensure calls to people were covered. We were able to see how early or late staff were for calls and noted their punctuality for the most part. Where staff were going to be late, due to traffic or emergency, the service ensured communication with people and relatives was maintained.

#### Preventing and controlling infection

- Infection control prevention measures were in place. Staff were supplied with Personal Protective Equipment (PPE) of which we saw ample supply. Staff were trained on how to use PPE and about infection control. One staff member said, "We've done a full training course on PPE and we have masks and other PPE given to us by the company."
- There was documentation to support infection control. Aside from COVID-19 specific policies and emergency planning. We saw specific risk assessments for staff and people about their potentially increased risk to COVID-19 due to their health and or ethnicity. This meant the service sought to keep people as safe as possible from risks of infection.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. We saw the provider acted appropriately to ensure people were kept safe when things went wrong. This included ensuring people were safe from harm and sharing information with other professionals involved with people's care.
- The registered manager told us they were not holding meetings during the pandemic but were able to show us supervisions and emails, which demonstrated learning from incidents were shared with staff.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service achieved good outcomes for people. People and relatives spoke positively about the service. One person said, "They are very caring." A relative told us, "I'm really impressed with the organisation." Staff worked towards person centred outcomes and service documentation reflected this with care plans, policies and procedures all reflecting this.
- The provider sought to develop staff. The registered manager and other staff had been supported to access nationally recognised training and qualifications in the health and social care field. This demonstrated an investment in staff to further enhance employee's capabilities when supporting people.
- Staff were positive about the management and the organisation. One staff member said, "One of the best organisations I've worked for and I've worked in care for a long time."

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

- Staff were clear about their roles and responsibilities. One staff member told us, "I have a job description and I have supervision from my boss and feedback from the relatives. So, I know what I'm supposed to be doing." The registered manager knew their responsibility towards people using the service. When required they informed local authorities and health professionals about risks to people. They had also notified the CQC when required to do so.
- The registered manager had completed investigations when concerns arose. Communication with people and their relatives indicated an open and transparent approach when things had gone wrong.

Continuous learning and improving care; ; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought to improve the service by listening to what people and staff had to say. People and relatives told us their suggestions were listened to and their opinions on care was sought by the service. One person told us, "The manager phones to check up on the care and see if there any other problems." People told us they felt able to raise concerns and suggestions and staff and management listened to what they had to say.
- Staff told us they felt engaged in the service and could influence how work was carried out. The service were planning to complete surveys with people but had not done so yet, but management were calling people regularly. One staff member told us, "I always advise them if I think something can work better on



different occasions to improve the care. If there is a concern with the client, I always inform them." The pandemic had lessened opportunities for staff meetings, but supervisions notes and emails showed engagement and communication between staff and the organisation.

- There were quality assurance processes in place to ensure people received good care. These included regular contact of people at the service to ensure staff were meeting their needs, spot checks and employee reviews. We saw systems to check on the quality of people's care as well as systems which flagged issues with the timeliness of calls and also recruitment.
- We noted there were no audits of care plans. We found no issues with the content or consistency of care plans, but we have made a recommendation to the registered manager to broaden the scope of quality assurance measures at the service to further enhance good governance and continuous learning.

We recommend the service follow best practice around quality assurance in care services.

#### Working in partnership with others

- the service worked in partnership with others. Staff told us they worked alongside other agencies to ensure people received the best support. One staff member told us, "I have been working with the district nurse with one of the clients. I give them feedback on the client I look after."
- There was evidence of numerous instances of interaction between the service and other professionals involved with people. These professionals included social services, GP's, pharmacies and other healthcare professionals. The service was also a member of both local and national networks and forums, where they could share ideas and access information and training which could benefit and support people they cared for.