

London Care Limited

London Care (Rochester)

Inspection report

Ground Floor, Stirling House
Culpeper Close, Medway City Estate
Rochester
Kent
ME2 4HN

Tel: 01634294555

Website: www.londoncare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: London Care (Rochester) is a domiciliary care agency providing personal care to people in the community in their own houses and flats. They provide support to people with physical disabilities, older people and people living with dementia and mental health conditions. At the time of this inspection, they were providing personal care to 353 people.

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

People told us they felt safe but we found records relating to risk were inconsistent and there were not always plans in place to keep people safe. People said calls were usually fulfilled on time but they told us that sometimes they were supported by inconsistent staff and the provider did not have a robust system to monitor call attendance and punctuality. Records relating to medicines were not always accurate and where inconsistencies were identified the actions taken to address them were not robust.

Assessments did not always gather enough detail and important information about people's healthcare was not always documented. Care plans did not always contain detailed information about people's preferences for care and we found instances where information about people's culture was missing. Records relating to complaints and incidents sometimes lacked accuracy and the systems to check and audit care files were not robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems supported this practice. However, there were gaps in documentation relating to people's legal representatives where they could not consent and this was addressed by the service after the inspection.

People said staff were caring and promoted their independence. People said they liked the food prepared for them by staff. There was limited evidence of people's involvement in care but staff were able to demonstrate ways they offered people choice and respected people's dignity. Staff had received training and support for their roles and had regular meetings.

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

Rating at last inspection

The last rating for this service was Good (Report published on 14 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

We have identified breaches in relation to medicines, risks and personalised care planning. We also found shortfalls in the way the quality of care people received was monitored.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

London Care (Rochester)

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

This inspection was carried out by two inspectors, three assistant inspectors, a directorate support co-ordinator 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

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 48 hours' notice of the inspection. This was because this was a large service and we needed to get details of the people using the service and arrange telephone interviews with people and staff.

Inspection activity started on 12 June 2019 and ended on 19 June 2019. We visited the office location on 13 June 2019.

What we did before the inspection

We reviewed information we held about the service including feedback received and statutory notifications. Statutory notifications are reports of events that providers have a legal duty to notify us of. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service and 9 relatives. We also spoke with the registered manager, the regional manager, the regional director, two co-ordinators, and eight care staff.

We looked at care plans for 24 people, including information about risks and medicines. We checked 10 staff files and records of staff training and supervision. We reviewed the providers records of quality assurance including audits, surveys and spot checks. We looked at records of accidents and incidents and complaints, as well as meeting minutes and some policies.

After the inspection

We received information from the registered manager by email, including evidence relating to staff training and incidents. We also received an action plan of initial actions taken in response to our feedback.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely;

- People told us they felt safe when supported by staff. One person said, "They're [staff] absolutely brilliant, I do feel safe and I look forward to them arriving." Another person said, "They [staff] always help me if I need it to get up from the chair or bed." A relative told us, "The carers all know what they are doing and are considerate of [person]'s dementia."
- Despite people's positive experiences, we identified inconsistencies in planning around risks and medicines.
- Risks to people were not responded to consistently. Assessments of risk differed between people and the level of detail within plans was inconsistent. Staff were able to describe appropriate responses to individual risks, but a lack of clarity in some records heightened the risk that people could receive unsafe care.
- Plans to reduce risk of pressure sores were not always robust, some contained detailed guidance but others were limited. One person had a pressure sore but there was no guidance for staff about how to identify and respond to changes, including which healthcare professional to contact. The presence of the pressure sore showed this was an increased risk but staff had graded this person as at 'medium' risk of pressure sores on the provider's assessment tool.
- Other examples included a person with epilepsy with no guidance for staff about how to identify or respond to seizures, two people living with dementia with no detail about how to reduce the risk of agitation and a lack of detail about how to identify and respond to diabetes risks.
- The detail in medicines care plans was inconsistent. Whilst some medicine administration records (MARs) contained detail about medicines people were prescribed, other lacked detail. Where one person was prescribed a medicine that meant they should avoid certain foods, this was documented in their risk plan but the information was missing from their nutrition plan.
- Where people were prescribed topical creams and these were administered by staff, charts were not completed accurately to state when creams had been administered topically. Every example we saw contained gaps or inconsistencies on the MAR.
- Where people were prescribed medicines or creams on an 'as required' basis, there were no clear protocols in place for staff. Whilst in some cases there was guidance, we identified multiple instances of people being prescribed creams or medicines where guidelines for staff were not recorded.

The shortfalls in relation to planning around risks and medicines were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- The feedback about call attendance and punctuality was mixed. Whilst most people were satisfied, we heard examples of people's calls not being fulfilled at the times expected, particularly at weekends. People also said they didn't always receive support from a consistent staff team and we saw examples of this.
- One person said, "The times can vary most of the time they come on time, sometimes they call but not always." Another person told us, "They [staff] are rarely late." Another person said, "Sometimes they disappoint me they don't come I call the office and they say no one to come." Another person told us, "This weekend I'm dreading as I don't know who is coming, the rota seems to change so much now."
- The system in place to track and monitor call attendance was not robust. The registered manager and the regional manager described how they were reliant upon people, relatives or staff contacting the office to inform them of missed calls, rather than having a system that would identify these proactively.
- Office staff carried out checks of time sheets and daily notes to pick up any late or missed calls. There were also regular quality assurance telephone checks in place where people and relatives were asked about call attendance. However, our findings showed these calls did not take place every three months as planned. We also identified delays in how quickly daily notes were checked.
- The majority of people we spoke with were satisfied, but we saw examples of daily notes where call times were shorter than planned and others where people's call times and frequencies had changed but these had not been updated in care plans. This showed the governance systems was not effective in ensuring call attendance could be monitored robustly.

The lack of robust governance systems to plan and monitor people's care calls was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate checks had been carried out on staff to ensure they were suitable for their roles. Staff files contained evidence of checks such as references, work histories and a check with the Disclosure and Barring service (DBS). The DBS carry out criminal record checks and hold a database of staff who would not be appropriate to work in social care.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and were able to tell us how they would identify and respond to abuse. Staff knew signs to look out for and were able to tell us how they would escalate concerns, including contacting the local authority or CQC if required.
- Where there had been incidents, we saw that staff took action to keep people safe and concerns had been escalated to the safeguarding team when required.
- The provider had notified CQC of safeguarding concerns appropriately. In each case, the provider shared their actions with us which were focused on keeping people safe.
- There was a system to record track and monitor incidents. This was done electronically in most cases but one incident form was in a paper format. This showed there was some inconsistency in record keeping relating to incidents, but this had not affected safety.

Preventing and controlling infection

- People said staff were clean and washed their hands before and after care delivery.
- Staff were knowledgeable about how to reduce the risk of the spread of infection. One staff member described how they received food hygiene training and cooked with a person, assisting them to wash their hands and making sure food had been properly cooked before they served it.
- Infection control was observed at spot checks and discussed at supervision, staff received training in this area and it was regularly refreshed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Assessments were not consistent and did not always result in care plans. Whilst we saw some positive examples, in other cases assessments had not prompted robust care planning.
- One person had an assessment that identified needs relating to nutrition but this had not prompted a robust nutrition care plan. Another person did not speak English but their assessment did not capture what their native language was or record any alternative communication methods aside from 'pointing' or asking relatives.
- Another person had an assessment tool completed for skin integrity which marked they were not incontinent, meaning they were assessed as 'medium risk' of skin breakdown. However, their care plan reflected that they were incontinent due to their medical condition which would impact on the risk of skin breakdown. This showed staff were not following the provider's assessment tools accurately.
- There was a lack of information about people's healthcare needs. Whilst some care plans contained details about healthcare professionals involved, we found examples where this important information was missing.
- One person was under the care of a respiratory nurse and their care plan said they used oxygen, the details of the healthcare professional overseeing this was not documented in their care plan.
- The level of detail about people's food preferences and dietary needs was mixed. Whilst some care plans contained examples of meals people liked, others contained very basic details.
- One person was on a soft diet and their care plan contained examples of soft foods they liked to eat. However, another person's care plan only documented the need for soft foods and did not contain any examples for staff to follow.

The inconsistencies in assessments, healthcare needs and nutritional care planning were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and we found staff were following good practice in relation to consent, but important information about people's legal representatives was not always recorded accurately.

- People told us staff asked them for permission before completing care tasks and staff told us this was something they did routinely.
- People had signed consent to their care plans and in most cases this had been applied consistently. However, we identified three examples where relatives had signed on a person's behalf and staff had not explored the person's mental capacity to consent to care.
- In each case, relatives had signed to say they held legal authority to consent on the person's behalf, but there was no copy of this legal authorisation in care files. This showed staff had not sought confirmation of the relatives' legal right to make these decisions on the person's behalf. The provider sent us evidence after the inspection to show these files had been updated.
- The impact of this was minimised because people told us staff sought consent and staff were able to describe to us how the MCA applied to their work. However, our findings showed inconsistencies in record keeping in relation to consent.

Staff support: induction, training, skills and experience

- Staff told us they had received training which supported them in their roles. One staff member said, "The training is good and the overall support is good."
- Records showed staff had received training in areas such as health and safety, dementia and moving and handling. Staff described to us what they had learned in training, such as techniques to support people to move safely and how to respond to episodes of agitation for people living with dementia.
- Staff told us they had regular one to one supervisions and records supported this. There was an annual appraisal process and staff used these to discuss performance and training goals. Staff were given the opportunity to complete qualifications in social care and all staff had completed the Care Certificate. The Care Certificate is an agreed set of training standards in adult social care.

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

- Aside from the inconsistencies in record keeping around people's healthcare needs, people said staff liaised with health and social care professionals where required to ensure referrals were made promptly when necessary.
- Care files contained evidence of information gathered from commissioners, such as the local authority and clinical commissioning group. There was evidence of a referral process which led to an assessment and care plan being set up.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People said they were supported by caring staff. One person said, "The regular ones [staff] are always caring and chatty they will help if I need it." A relative told us, "For me it is such a relief to know that [person] is in good hands, I am confident that they will inform me if there is a problem. The main carer has got to know [person] and her interests."
- Whilst the feedback about individual staff was positive, our findings showed work was required to ensure people were treated well by the service. People were not always supported by consistent staff and some people said they had not received care as expected and did not receive a call from the office.
- Care plans did not always capture information about people's diversity. As reported, we found instances where there was a lack of information about a person's native language. We also found care plans did not document information about people's sexuality and gender identity.
- Our findings showed these shortfalls had not impacted negatively on people's experiences of care, but the lack of information heightened the risk that people could receive care that was not appropriate.
- At our next inspection we will check that improvements to care planning have ensured important information about people's individuality have been recorded so their needs can be met. Until this is addressed, the service will not meet the characteristics of a 'Good' rating in Caring.
- People's religions were documented and we saw examples of care being planned around them. One person regularly attended their place of worship and this was in their care plan so calls could be planned around their faith. Another person practiced a faith that meant they did not eat certain foods and this had been clearly recorded in their nutrition plan, with documented examples of meals they liked.

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

- People told us they were regularly asked about their care and we saw record of this.
- Regular surveys were conducted where people were asked about their care experiences and asked if they wished to change anything about the care they received. Where a person had requested a change to staff in a survey, this had been actioned.
- People also had regular reviews where they were given opportunity to make changes. We noted surveys and reviews did not always take place as frequently as planned due to shortfalls in governance, but people's feedback showed this had not impacted negatively upon them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a way that encouraged them to be independent. One person said, "They [staff] do know my capabilities they know I am quite capable of a lot things so they allow me to get on with what I can do."
- Whilst recorded information about people's strengths and abilities was mixed, staff were able to describe how they supported people in a way that promoted their independence. A staff member gave an example of how they supported a person to cook and make a cup of tea themselves, as they were able to do this with support. Another staff member described how they enabled a person to do personal care tasks themselves by supporting them only with washing areas they could not reach.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People told us they usually received personalised care, but some people felt there could be improvements in this area. One person said, "[Staff member] will always make sure that everything is done before leaving and responds to whatever is thrown at her with great aplomb." Another person said, "They [staff] mainly do the things the way I like them done but I do have to sometimes remind them."
- Care plans lacked detail about how to support people in a personalised way. Some care plans contained detailed guidance for staff about how people liked to receive care, but this was not consistent.
- One person was living with dementia and their care plan reflected that they could resist care, however there was no guidance for staff about approaches that could encourage the person. Another person had reduced mobility and required support with most personal care tasks, the information about how to support them to wash and dress did not explain how staff should do this in a way that was safe and reflected their preferred routine.
- People's needs were regularly reassessed but the system to track and monitor reviews was limited. As we have reported, care plans contained limited information so it was not always clear where changes were made in response to reviews. We noted quarterly telephone checks did not always take place as planned and further work was required to ensure systems could pick up and respond to changes in people's needs promptly.
- There was a lack of information about people's preferences in end of life care. We reviewed three care files that were highlighted to us as people who received palliative care, with involvement from healthcare professionals. Whilst one contained detail about functional arrangements and health needs, the others contained limited information about professionals involved in supporting the people.
- All three of these care plans lacked information about people's basic preferences regarding hospital admission and whether there was a plan for resuscitation if their health deteriorated.

The shortfalls in personalised care planning and end of life care were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence of information provided to people in accessible formats. The provider had information about complaints and safeguarding available in large print or easy read formats.
- Staff described providing support to people in a way that was considerate of their communication needs. Care plans documented where people used hearing aids or glasses.
- However, as described above the level of information was not consistent and we found examples where personalised information about communication was missing. Where one person had a hearing impairment and was living with dementia, there was a lack of information about how to communicate with them effectively.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's policy, but we identified one concern raised in a survey which had not been recorded as a complaint.
- The record of complaints was not always accurate, in two instances the provider's investigation documentation contained irrelevant information about separate complaints so there was not a clear audit trail. We will check if improvements to governance have addressed this at our next inspection.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's experience of the service was mixed. Some people told us they felt the service was well organised whilst others described poor communication.
- One person said, "I've got no concerns with the office I think they do a good job of keeping things in order." Another person said, "Communication is not good and it is made all the more impossible by the fact we cannot contact the carers direct." Two staff members also described how communication with the office could be difficult, particularly at weekends.
- The systems to check and monitor the quality of the care people received were not effective. The provider did not have a robust system to monitor call attendance. They shared plans with us about trialling an electronic system but this was not in place at the time of this inspection and there was no set date for it to begin.
- Checks of care records did not take place promptly, which meant any concerns could not be quickly identified and addressed. The majority of daily care records relating to care tasks and medicines administration had been checked two or three months after care had begun to be delivered. This meant there was a significant delay in any issues or discrepancies being identified or addressed.
- Actions taken in response to recording errors were not robust. Where we identified gaps in records relating to topical creams and medicines, audits had already identified these and the staff involved had received a memo. In multiple cases, staff had received memos but had continued to maintain inaccurate records. This showed the actions had not worked and further measures had not been considered to address the issue.
- Records were not always accurate and up to date. We identified multiple care plans where important information was missing and documentation audits had not identified these shortfalls.
- As reported, the records relating to incidents and complaints were inconsistent, with some information missing. We also found responses to quarterly quality assurance surveys were not collated and analysed, so patterns and themes were not picked up. This showed that the systems to monitor the quality of care were not robust.

The shortfalls in governance and auditing were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Aside from the two staff we reported on above, staff said they felt supported by management.
- Duties were delegated to office staff to ensure care staff in the field had points of contact and line management in place. We spoke to one staff member who provided in-house training and they said they were given enough time to do this alongside other duties. Audits were carried out by office staff, however our findings showed action would be required to ensure these took place promptly.
- Staff had regular meetings and they told us they used these to discuss best practice and share important information about care delivery. We checked minutes of meetings and found these showed learning from any concerns or incidents as well as discussions about practice.
- People told us they were given opportunities to provide feedback. We saw evidence of regular surveys, but these often did not take place as planned. Staff responded to individual issues raised in surveys, but there wasn't an overall analysis of survey responses to identify trends.

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; Working in partnership with others

- The provider had notified CQC of events they were legally required to do so. Whilst we did find that these incidents were not clearly tracked and logged consistently on the provider's records, CQC had been notified of events such as deaths, injuries and allegations of abuse.
- Where we identified concerns on this inspection, the provider responded openly and submitted an initial action plan to CQC that showed work was already underway to improve governance and amend risk assessments and medicines records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not always reflect people's needs and preferences and we found instances where information about people's culture and healthcare needs was missing. Assessments were not always robust.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Responses to risks people faced were not consistent and information was missing regarding people's prescribed medicines and creams.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was not a robust system in place to check and monitor call attendance. The provider's auditing and governance systems did not identify the shortfalls we found at this inspection.</p>