

London Care Limited

London Care (Truscott House)

Inspection report

Truscott House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- ☐ The service is an extra care service. This service provides care and support to people living in one 'extra care' scheme, so that they can live as independently as possible. The scheme had 40 flats and 23 people were using the service at the time of our inspection.
- ☐ The service supports people with a range of needs including mental health issues, physical disabilities and older people who require assistance with personal care.

People's experience of using this service:

- ☐ People received a good standard of care in all areas. The service met the characteristics for a rating of "good" in all the key questions.
- ☐ People and staff developed positive relationships. Staff treated people with dignity and respect and respected their privacy. People were supported to maintain their independence and were involved in their care.
- ☐ People's day to day healthcare needs were met and people received their choice of food.
- ☐ People received care from staff who were well supported with induction, training and ongoing supervision.
- ☐ The service was led by an experienced, competent registered manager who understood their role and responsibilities, as did staff. The service had a clear management structure and people had confidence in the registered manager and provider.
- ☐ The provider had good systems to oversee the service. These included electronic monitoring of staff training, supervision and appraisal, any complaints, accidents, incidents or safeguarding and care plan reviews.

Our overall rating for the service after this inspection was "good".

- ☐ More information is in our full report.

Rating at last inspection:

- ☐ This was our first inspection of the service since it registered with us in May 2018. The service was previously registered under a different provider.

Why we inspected:

- ☐ All services are inspected within one year of registering with us. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- ☐ We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for in line with our inspection schedule or in response to concerns.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

London Care (Truscott House)

Detailed findings

Background to this inspection

The inspection:

- ☐ We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- ☐ Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was as a family carer of older people and people with dementia.

Service and service type:

- ☐ This service provides care and support to people living in one 'extra care setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.
- ☐ The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

Notice of inspection:

- ☐ Our inspection was announced.
- ☐ We gave the service 48 hours' notice of the inspection visit because staff were often out of the service or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with ten people who used the service.
- We spoke with the registered manager, the area manager, the regional manager, team leader and three care workers.
- We reviewed three people's care records and medicines records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Medicines management was safe and people were protected from avoidable harm. Legal requirements were met.

- ☐ People were satisfied staff supported them safely with medicines and our findings were in line with people's feedback. One person told us, "Medicines are kept in a locked box and then everything is written in the book, even the time."
- ☐ Staff received regular training in the safe management of medicines and the provider assessed their competency each year with additional training and assessment if they made a medicines error. Staff were scheduled to attend a workshop to help them understand the consequences of medicines errors.
- ☐ We found staff completed medicines administration records (MAR) appropriately. Our checks of medicines stocks against records showed people received their medicines as prescribed. Medicines were stored safely in people's flats.
- ☐ The provider checked medicines management weekly to be sure people received their medicines safely.
- ☐ Risk assessments were completed for the safe management of people's medicines.

Assessing risk, safety monitoring and management:

- ☐ Risks to people were well managed by staff. The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely. Assessments covered risks relating to physical or mental health conditions, medicines management and receiving personal care.
- ☐ The provider reviewed risk assessments each year or more often if people's risks changed.

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

- ☐ People felt safe with the staff who supported them.
- ☐ Staff received safeguarding training during their induction with refresher training each year.
- ☐ Staff understood how to recognise and respond to abuse to keep people safe.
- ☐ The provider responded appropriately to any allegations of abuse, including reporting concerns to the local authority safeguarding team and CQC.
- ☐ The provider recorded and investigated accidents and incidents. Systems were in place to learn from any accidents and incidents to reduce the risk of them happening again.

Staffing and recruitment:

- ☐ There were enough staff to meet people's needs safely although some people felt staff sometimes had to rush when they were short staffed. One person told us, "I have my call bell on my wrist. They answer quickly and come if they need to."
- ☐ The provider and staff told us all shifts could be covered by the staff team and some staff were shared

across the extra care schemes in the local area.

- ☐ Staff provided each person with care hours as agreed with the local authority who funded the care.
- ☐ People were supported by staff who the provider checked were suitable. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining an employment history with references, obtaining a criminal records check, proof of qualifications, identification and address and a health declaration.

Preventing and controlling infection:

- ☐ Staff received training in infection control and followed safe infection control practices such as using personal protective equipment (PPE) and disposing of clinical waste safely. The provider reported any infestations to the local authority who arranged pest control. Staff also received training in food hygiene to help them reduce the risk of food borne infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were positive and their feedback confirmed this.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives:

- ☐ The provider met people and assessed their needs before they began receiving care from the service. These assessments covered their backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed professional reports from social services and any health and social care professionals.
- ☐ The provider reassessed all people using the service in the past year to ensure their care plans continued to meet their needs. The provider requested social services review the agreed care package if people's needs changed.
- ☐ Many people made their own arrangements to see healthcare professionals involved in their care. However, the provider supported some people to see healthcare professionals when they were unable to do this independently.
- ☐ Staff received training to help them understand people's health conditions such as diabetes and Parkinson's disease.

Staff skills, knowledge and experience:

- ☐ People were supported by staff who had the necessary knowledge, skills and experience for their roles through regular training in relevant topics such as infection control, first aid, medicines management and fire safety. The provider's electronic system showed 100% of staff had completed the required training. New staff completed a comprehensive induction in line with national standards and shadowed staff to learn the role.
- ☐ People were cared for by staff who had regular supervision to discuss any issues and ensure they understood their role. Some supervisions were themed, covering topics such as safeguarding. Senior staff observed staff carrying out their roles to check they remained competent. Annual appraisals were scheduled for all staff.
- ☐ Staff told us training was good quality and they were well supported by management.

Supporting people to eat and drink:

- ☐ People received breakfast of their choice by staff when this was part of their agreed care. Most people received pre-cooked meals of their choice delivered by an external company and no one required staff support to eat.
- ☐ Any professional guidance in relation to people's eating and drinking was recorded in their care plans and followed by staff.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training in the MCA and our discussions showed they understood their responsibilities in relation to this.
- The provider told us people had capacity to consent to their care so no MCA assessments were required at the time of our inspection. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported:

- ☐ People developed good relationships with the staff who supported them. One person told us, "Staff are all nice." A second person said, "They are very gentle when they put my cream on for me." A third person said, "They race around but they make me feel that it's just me when they are with me." A different person told us, "They remembered my birthday. They are chatty and no one is ever rude." We observed people appeared comfortable with staff and staff took time to interact with people.
- ☐ Staff understood people's backgrounds, needs and preferences through spending time with them and reading their care plans.

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

- ☐ Staff supported people to make decisions about their care including choosing their meals each week. People's overall wishes about the care they received were recorded in their care plans for staff to follow.

Respecting and promoting people's privacy, dignity and independence:

- ☐ People received dignified care and staff respected their privacy. One person told us, "They are very respectful" and told us how staff maintained their dignity during personal care. A second person said, "If a new person is coming then someone tells me. They don't just arrive at the door." Staff ensured people's doors were locked while they carried out personal care. We observed staff knocked on people's doors and waited for permission to enter, greeting people when they entered. Staff spoke with people respectfully.
- ☐ Staff received training in confidentiality and understood their responsibilities in relation to this.
- ☐ People were supported to maintain their independence so they could live in the extra care service as long as possible. One person told us, "Staff will help if they see that I'm struggling with something but they don't push themselves at me." Staff gave us examples of how they helped people be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery of care.

Personalised care responsive to people's needs:

- ☐ People were involved in their care and received care following their agreed care plans. One person told us, "I put the kettle on and get the bread out then I feel we're doing it together." A second person said, "They really listen to me even though I can't do much."
- ☐ People's care plans were detailed, accurate and reliable for staff to follow and all had recently been reviewed by the provider.
- ☐ People's care plans set out their needs and preferences, including those related to protected equality characteristics such as age and disability.
- ☐ People were supported to access activities they were interested in. Entertainers were chosen and funded by people using the service and voluntary organisations visited the scheme to deliver activities. A local church held services at the scheme every two weeks.
- ☐ People were supported to maintain relationships with those who were important to them. One person told us, "The carers all know my family and welcome them when they visit." Some people chose to eat in the communal dining area and the provider encouraged this to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns:

- ☐ People had confidence any concerns or complaints would be responded to well by the registered manager. The provider had suitable systems to investigate and respond to complaints and kept clear records of issues raised and the response people received. Complaints were closely monitored by the registered manager as well as senior managers.

The provision of accessible information:

- ☐ All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
- ☐ The provider was adhering to the Accessible Information Standard principles. One person told us, "If there is a meeting, my hearing isn't good and so one of the carers will come to me and tell me what's going on." The provider recorded details of any communication impairments and people's preferred methods of communicating.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

The strategy to achieving high quality care; the governance framework:

- ☐ The provider had a system of audits and trackers in place to check they met the standards required of care service.
- ☐ Audits were carried out by the provider's quality team and by senior managers in line with CQC standards.
- ☐ Trackers included the 'branch reporting system' on which the registered manager and senior managers monitored any accidents and incidents, complaints, safeguarding, staff training, supervision and appraisal.

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

- ☐ People and staff told us the service was well-led by the registered manager. Every person we spoke with praised the management team. One person told us, "The manager is a wonderful person and everyone around her acts like she wants them to." A second person said, "The carers love the manager too. She treats us like family and it means that the carers stay." The registered manager managed the service for several years and was an experienced manager. Our discussions and inspection findings confirmed they understood their role and responsibilities, as did staff.
- ☐ The service had a clear hierarchy. The manager was closely supported by an experienced team leader and senior care workers. Senior managers spent time at the service each week to provide support.

Engaging and involving people using the service, the public and staff:

- ☐ The provider held tenants' meetings where people shared their views on service delivery. One person told us, "The Manager takes notes at our tenant's meetings and then keeps us all informed." The registered manager and senior staff attended and people's suggestions were acted on.
- ☐ The provider held regular staff meetings and staff told us these were a useful. One staff member told us, "You can say what you need to and air your views." Staff told us the provider engaged and communicated well with them.

Working in partnership with others

- ☐ The provider worked closely with the local authority who owned the building and commissioned the service. For example, the local authority and provider worked together to ensure minimal disruption was caused by the installation of a new lift.
- ☐ The service communicated with external health and social care professionals to ensure people received the care they needed when this was the provider's responsibility.

