

London Care Limited

# London Care (Basildon)

## Inspection report

1st Floor, Pembroke House  
11 Northlands Pavement, Pitsea  
Basildon  
Essex  
SS13 3DU

Tel: 01268585800  
Website: [www.londoncare.co.uk](http://www.londoncare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

London Care is a domiciliary care agency providing the regulated activity of personal care to people who live in their own houses and flats. At the time of our inspection there were 96 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were systems in place to monitor, maintain and improve the quality of the service. People and relative's spoke positively about the leadership of the service. However, whilst staff spoke about their passion and commitment for the work they do, the majority of staff told us they felt unsupported, communication was poor and any issues or concerns they raised either with the office staff or management team were either not responded to or not followed up.

Staff felt confident their training provided them with the knowledge they needed to support people safely. People told us they received safe care from staff who knew them. There was a safeguarding policy in place and the registered manager, and staff knew how to identify and report concerns. The service had enough staff to meet the needs of people using the service. Staff had been safely recruited and pre-employment checks carried out.

Staff had received training in medicine administration. People told us they received their medicines on time. Staff told us they had access to personal protective equipment (PPE) and there were effective infection control measures in place. People confirmed appropriate PPE was worn by staff when being provided with care and support.

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 in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 4 January 2018).

### Why we inspected

This inspection was prompted in part due to concerns received about people's care and treatment and poor conduct of managers and office staff. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# London Care (Basildon)

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and 2 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 April 2023 and ended on 25 April 2023. We visited the location's office on 17 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 members of staff, these were the head of quality and governance, the regional manager, and the registered manager. We spoke with 17 people using the service and 12 family members. We looked at staff records in relation to recruitment, training and supervision and a variety of records relating to the management of the service.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager to validate evidence found. We spoke with a further 8 members of staff either by telephone or email correspondence.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments and care plans identified included information about a range of risks including falls, moving and handling and medication risks. The care plan contained guidance for staff to follow.
- People who received catheter care, or who were prescribed blood thinning medicines we found to have no risk assessments in place and minimal guidance for staff to follow. For example, how staff would observe for signs of infection, blockage, or overflow.
- Following the inspection the registered manager told us they would be including risk assessments and additional guidance to those people's care plans.
- Staff told us they received training on how to use equipment and keep people safe. One member of staff said, "I have had training on all the equipment I use, staff are trained and work well. If I am not sure about something I will ask."
- Staff were able to describe the risks identified to people they supported and how they were able to mitigate the risk. A member of staff told us about people they supported who were at risk of developing pressure sores, they told us "I make sure sheets are kept smooth and ripple free. I ensure the person is washed, dried and their prescribed barrier cream applied if required. If I had any concerns regarding a person's skin integrity, I would contact the office to request a district nurse visit."

### Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding systems and staff training meant that people were safe.
- Staff we spoke with, knew how to identify different types of abuse, and reported any concerns they had. They knew how to safeguard people from the risk of abuse. One staff member said, "I am very vigilant. If I had any concerns, I would call the office and advise them to check the completed incident form. If I felt the need to take it further, I would report it to the regional manager, CQC or the local authority."
- People told us they felt safe, one person told us, "Yes, I do feel safe with all of them (carers)." One relative told us, "Yes, very much so. I can go out for the day, and have no worries, as the carers take over and are always there for (person)."

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA.
- The provider had considered people's capacity to consent as part of the initial assessments of their needs.

### Staffing and recruitment

- Systems and processes were in place to recruit people safely. Appropriate checks were carried out, including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- The majority of feedback from people and their relatives about the timeliness of their care calls was positive.
- Comments included, "We have 4 calls a day, they (carers) are excellent and have become more like friends, they are very kind", "If they (carers) are going to be a little late they call me, or the office lets me know. We've not had a missed call in 3 years", "If ever there is a problem, the office call." And "I get different ones, this is depending on if someone is off, but I know them anyway. They always come within 10 or 20 minutes of their allocated time and ring me if they are running very late."
- An electric call monitoring system was used that enabled the office staff to monitor people's call times. We ran an analysis of data provided by the registered manager. Our analysis identified the system appeared to be working effectively with 99% of calls being correctly logged in and out.
- The analysis did identify a high percentage of calls with no travel time. The registered manager told us they were reviewing the scheduling and moving forward they were going to include a 5 minute travel time between calls.
- The registered manager told us, "The system enables you to monitor all calls. Since we went live with this system at the end of last month, we have seen an improvement in people's scheduled calls times."

### Using medicines safely

- The provider had a safe medicine management system in place and staff were trained and assessed as competent before administering medicines and knew how to report errors.
- A member of staff told us "I have had training both theory and practical and spot checks are carried out, my last one was a few months ago."
- People told us they receive their medicines and at the correct time. One person told us, "They (carers) know exactly what medicines I have got to have, and make sure I take it. They never miss, they are like lovely fuss pots." Another person told us "They (carers) are excellent. I always get my medicines on time."

### Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons and masks were provided for them. Staff told us, "We have enough supply of PPE, we can go into the office to collect it." And "I always wash my hands before and after supporting people and use the correct PPE required."
- People and relatives, we spoke with had, no concerns regarding the use of PPE. One person told us, "The carers wear masks, aprons and gloves, they put them in the bin outside when they leave."

### Learning lessons when things go wrong

- Processes were in place to review all information relating to accidents and incidents which included an events analysis log to monitor and identify any trends or patterns. Lessons learnt were shared with staff at regularly held staff meetings.
- Staff knew how to report accidents and incidents. One member of staff told us, "I would contact the office and call 999 if required. I would then complete a feedback and follow up form. The office would notify the



person's next of kin."



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Feedback received from staff suggested the culture of the service was not always open and transparent, staff did not always feel engaged or empowered and felt there was a lack of consistency in how well the service was managed and led.
- Staff comments included, "I feel we are not important to them (senior team). There is room for improvement into how the service is managed", "A lot of us feel it is them and us", "We wish they (senior team) were more approachable." And "I try not to go into the office, the registered manager is approachable and there is always someone on call all the time."
- Following the inspection, the registered manager told us the provider had recently piloted a new workshop designed for staff to attend and have their voice heard. This was currently being rolled out across the organisation. However, no assurance was provided as to what action would be taken in the interim period by the registered manager, in recognition of staff unease and the potential impact it may have on the people they provided day to day care and support to.
- The service provided people and relatives the opportunity to give feedback through voice of the customer telephone monitoring calls. These were carried out 3 monthly to monitor and improve the quality of the service being provided.
- People's equality and diversity characteristics had been considered and integrated into their care plan. The registered manager told us, "My aim is to ensure people's goals are achieved to improve their quality of life, in a way they are happy with."
- The registered manager and senior team had undertaken regular staff meetings, supervisions, and appraisals with the staff team. Staff feedback was mixed in relation to being able to attend the meetings due to work commitments.
- Following the inspection, the registered manager told us staff meetings are scheduled at 1 hour time slots over the course of a day to give staff the opportunity to attend. All staff receive a copy of the staff meeting minutes via email.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- People and their relatives told us about their positive experiences of care being delivered to them or their loved one. They told us, "I am very happy with the support", "They (carers) are very good with [person], they always ask how [person] is and talk about anything, they have a laugh with [person]." And, "They (carers)

regularly go above and beyond, if [person] runs out of anything or needs a telephone call made, they will do it for [person]."

- Systems were in place to check the quality of the service including audits of people's care plans and MAR charts to ensure positive outcomes were achieved for people using the service.
- The registered manager and staff members understood their roles and what standard of care was expected from them.

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

- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. We saw where required investigations had been undertaken and actions taken.

Continuous learning and improving care; Working in partnership with others

- The provider had a service improvement plan in place which identified what improvements had or were being made to improve the quality of the service being provided. For example; People satisfaction reviews were being monitored weekly, anyone that is dissatisfied to be followed up. We saw 56.3% were currently very satisfied and 40.6% were satisfied, with 1 outstanding review to be followed up.
- The registered manager worked in partnership with external organisations and other healthcare professionals to support people's needs where required, such as the local authority, District Nurses, Chiropodists, Diabetic teams, and GP's.