London Care Limited

London Care (Willow House)

Inspection report

Willow House
Victoria Court
Wembley
Middlesex
HA9 6EB

Date of inspection visit:
23 March 2023

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12 May 2023

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
London Care (Willow House) scheme provides care and support to older people and people with mental health needs living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Willow House is a purpose-built block of flats on three levels, containing 40 flats. People remain independent and live in their own flat within their community. 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. There were 38 people living at the scheme at the time of this inspection.

People's experience of using this service and what we found
People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support people to ensure risks were reduced.

There were enough care workers deployed to keep people safe. Appropriate recruitment checks had been carried out for all care workers so suitable staff were employed.

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.

There were systems in place to ensure proper and safe use of medicines. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented in a timely way which was in line with the service's policy and guidance.

There was an effective training system in place. Care workers demonstrated good knowledge and skills necessary for their role.

Governance processes were effective and helped to hold staff to account, kept people safe, protected their rights and provided good quality care and support. Audits were used to good effect, which resulted in people achieving good outcomes.

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 the service was requires improvement, (published on 28 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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 effective?

Good

The service was 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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

London Care (Willow 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. 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
The inspection was carried out by one inspector.

Service and service type
London Care (Willow House) provides care and support to people living in a 'supported living' 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.

This 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. 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.

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

Notice of inspection
This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service. 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 12 people, a relative, registered manager, team leader, regional manager regional head of quality, quality manager, and 8 members of staff. We looked at care records of 7 people to see how their care and treatment was planned and delivered. Other records looked at included 6 staff recruitment files. We also looked at records relating to the management of the service along with a selection of the service's policies and procedures.

Good

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.

Systems and processes to safeguard people from the risk of abuse
• People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were policies that covered adult safeguarding, and these were accessible to all staff.

• We saw evidence staff had received up-to-date safeguarding training appropriate to their role. They were aware they could report allegations of abuse to the local authority safeguarding team and the Commission if management had taken no action in response to relevant information. We had received relevant notifications.
• People told us they were safe. Their feedback included, "I feel safe here.", "I am happy with this place" and "I feel safe. The staff are lovely."

Assessing risk, safety monitoring and management
• There were adequate systems to assess, monitor and manage risks to people's safety. Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
• People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well. The service utilised a Herbert Protocol (HP), for managing risk for people living with dementia. HP is a risk reduction tool to be used in the event of an adult with care and support needs going missing.
• There was a record of essential maintenance carried out at the scheme. Regular safety checks had been carried out to ensure the premises and equipment were safe for people.
• Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

Staffing and recruitment
• There were sufficient care workers deployed to keep people safe. The registered manager, staff and people informed us staffing levels were adequate. People told us, "Staff turn up on time" and "Generally I have the same staff, but sometimes I have different ones, they turn up on time."
• During the inspection we observed the service had enough staff, including for one-to-one support for people to take part in activities. Staff told us, "Team leaders help when staffing numbers are lower than planned."
• Safe recruitment processes were being followed. Appropriate checks were made including references being sought and Disclosure and Barring Service (DBS) checks carried out. These checks provide details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

• There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.
• The staff gave medicines prescribed to people and recorded this on the MAR. There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
• Staff had received training to administer medicines safely. Staff also underwent competency assessments to make sure they had the correct skills to support people with medicines. Staff spoke knowledgeably about administering people's medicines safely and knew the need to report any issues to do with medicines to the registered manager.
• There were PRN (as required) medicine guidelines with personalised details of the signs the person may show, indicating they need those medicines.

Preventing and controlling infection

• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
• Staff were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.

Learning lessons when things go wrong

• There was a process in place to monitor any accidents and incidents. Accidents were documented promptly in line with the service's policy and guidance. Records of incidents that had occurred showed action had been taken to reduce risks of the incidents reoccurring.
• We saw that responsive action had been taken by management when one member of staff had not taken appropriate action regarding reporting that a person had refused a dosage of their medicines. The record showed that action had been taken to provide the member of staff with further learning and to help minimise the risk of a similar incident happening again.

Good

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law
• Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Support plans that were personalised, holistic and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
• In each care plan, there was also a detailed life story summary. In one example, this included information about where the person was born, their employment, and personal characteristics such as the person being private and not being keen on large crowds of people.
• Agreed goals of care were delivered in line with standards, guidance, and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).

Staff support: induction, training, skills and experience
• Staff had appropriate training and experience to meet people's needs. Newly recruited staff completed a recognised induction programme. Training matrices and documentation confirmed the service checked staff's competency to ensure they understood and applied training and best practice. For example, there were also observational competency checks, which showed that staff had been assessed in regard to health and safety, recordkeeping, well-being, nutrition, and hydration, safeguarding, communication and medicines management.
• Training certificates showed that staff had received recent training in a range of topics, including epilepsy, fitness to practise, risk assessments, health, and safety, moving and handling, nutrition and hydration, fire safety, first aid, infection prevention, Mental Capacity Act, record keeping, medicines management, safeguarding, communication, and person-centred care.
• Staff received support in the form of regular supervision, appraisal, and recognition of good practice. Their personnel records showed that they had received an observation of their practise. The observation included whether the staff member communicated effectively, met people's dignity needs, accessed people's care plans and records, and administered medicines safely. There was also a record of a themed supervision which had focused on safeguarding and included learning about whistle blowing, types of abuse and how to report suspicions and allegations of abuse.
• Relatives told us staff were competent. They told us, "Staff are really good here" and "I really like the staff. They are really good." Another person told us with a lot of enthusiasm, "I love it here!"

Supporting people to eat and drink enough to maintain a balanced diet
• There were arrangements to ensure people's nutritional needs were met. People were able to eat and drink

in line with their cultural preferences and beliefs. Care plans included information about the people's religious, cultural, and other dietary needs. For example, people from an Asian background and who preferred specific Asian meals were supported.
• Shopping lists was based on people's preferences. People had their own kitchens in their flats and received meals in various ways depending on their needs and wishes. Some people had meals delivered to them, whereas others received support from people with preparing their meals.
• Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. The care plan summary of one person recorded that "I particularly like cheese and tomato sandwiches. Staff encourage me to have a balanced diet." The care plan recorded a moderate nutritional risk and there was lots of detail about supporting the person to have a balanced and good nutritional diet. It included how the person's health condition may impact on their eating and drinking.

Supporting people to live healthier lives, access healthcare services and support
• People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Health and wellbeing records showed the service supported people to attend appointments with healthcare professionals, including GP and podiatrist.
• Staff told us several people liked to be accompanied when they are attending appointments. People told us, "I can see the GP when I need to" and "I can access my GP at any time I want." Several people told us that an optician visited the scheme once a year.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

• People's support plans showed which decisions had been made in their best interests. Care files contained signed consent forms. Where people had been unable to consent to their care, best interest decisions had been made to provide support.
• The care plans contained information about any advance decisions the person had and whether the person had a Power of attorney for health and welfare and / or finances.
• Staff empowered people to make their own decisions about their care and support. In one example, a mental capacity assessment was completed regarding a specific decision about locking a person's medicines away. It recorded that the person had been involved in the development of the risk assessment and understood why their medicines were being locked away and that they had the capacity to make that decision and consent to it.

Adapting service, design, decoration to meet people's needs

• People's care and support was provided in a safe, clean, well equipped, well-furnished, and well-maintained environment which met people's needs.
• The design, layout and furnishings supported their individual needs. However, one person raised concerns about insufficient space for their wheelchairs to move freely within the premises. We spoke with the registered manager about this and they told us a new wheelchair had been ordered.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
• People told us staff were kind and caring. They said, "Staff are really kind to me always", "Staff are chatty and sociable "and "I can have banter with staff. They are more like friends."
• Staff spoke with people in an appropriate way throughout the inspection. They had a good understanding of how to treat people well and with respect.
• People were supported to be as independent as possible. Staff encouraged and prompted people to attend to their personal care as opposed to staff doing everything for them. One person told us, "Staff have helped me stay independent. I always do my own washing up."
• People told us their privacy was respected. There were risk assessments that included some people having a key safe at their door and whether they were able to open and manage their post by themselves. One person told us, "Staff don't just barge in. They knock before coming into the flat."
• Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and electronically.

Ensuring people are well treated and supported; respecting equality and diversity
• Care workers spoke knowledgeably about how they ensured people received care that met their diverse needs, including spiritual and cultural. A care plan of one person included information about the person's religion, cultural and other dietary needs such as whether the person was vegetarian.
• People were supported with religious observances and celebrated religious and cultural festivals including Diwali, Christmas, and Easter. One person told us, "Sometimes staff take me to church." Another person said, "We had a wonderful Christmas party. The deputy manager had organised an entertainer and he got everybody involved."

Supporting people to express their views and be involved in making decisions about their care
• There were systems and processes to support people to make decisions. As we said earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
• People were supported to express views. For example, there was information about medical conditions and mental health needs that may affect one person's mood and ability to make decisions. It was clear from records that the person wanted to always be included in making decisions. The person's record was clear in reminding staff to, "offer me clear and simple choices and remind me of the choices that I have made."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• Assessments had been completed prior to people moving to the scheme to ensure the service could meet people's needs. People's choices, likes and dislikes were reflected in their caret plans. Staff were given detailed information about people's particular medical conditions including Parkinson's, COPD (Chronic obstructive pulmonary disease) and mental health conditions. Staff were provided with fact sheets about the conditions so they could access information when need be.

• Support plans were regularly reviewed. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

• People were supported to participate in their chosen social and leisure interests on a regular basis. We observed people engaged in games, including Bingo. We witnessed friendly conversations between people. Everyone enjoyed socialising together. Some people were not interested in playing bingo and were offered another game. Staff helped and encouraged them. There was excellent friendliness.

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 families.

• Each person's preferred method of communication was highlighted in their support plans, which enabled care workers to communicate with people in the way people preferred. A member of staff told us staff spoke a range of languages, including Bengali and Hindi, which was helpful when communicating with people.

• Staff had a good understanding of dementia and its impact on communication. For example, a member of staff spoke of one person who asked the same question frequently. The staff member understood the behaviour form a communication perspective and always responded in a supportive manner.

End of life care and support

• The service did not have anyone receiving end of life care at the time of the inspection. However, care workers had received end of life training. They had attended a workshop on 'death and dying, and 'talking through Loss' so they were skilled if the need arose

• The care plans contained information about any advance decisions the person had and whether the person had a DNACPR, (Do not attempt cardiopulmonary resuscitation (CPR)).

Improving care quality in response to complaints or concerns

• The service had a complaints procedure. The procedure gave details of the process for reporting complaints.
• People and their relatives confirmed they could complain if they needed to. One person outlined a complaint she had made that had been resolved well and promptly by the deputy manager. Others mentioned the deputy manager always make a point of asking them if they had any feedback about their care.

Good

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 Requires Improvement. At this inspection the rating has changed to 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, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples, including meeting people's cultural and religious needs.

• Staff understood the values of the organisation. They told us the organisation, "had a good culture of respecting people and protecting people." As well as mentioning a number of values associated with the organisation, another staff member told us, "They [organisation] care about people and treat them with respect and always willing to listen."

• People were regularly asked for their views on the quality of the service being provided. The record showed that currently 37 people had provided feedback and 81.1% were satisfied about the service that they received. Where people had recorded a low score in their feedback staff were able to drill down and find out more detail and that would form part of an improvement action plan. For example, following feedback from people, the provider had engaged an occupational therapist to enhance the ability of one person to live independently.

• There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions. Staff told us they would not hesitate to speak up about any concerns and were confident they would be listened to by management and appropriate action taken. Staff told us they had reported an issue about practise in the past and that the registered manager had listened and had been responsive to their concerns.

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 leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

• The service had a clear management structure consisting of the regional manager, registered manager, deputy manager, and team leader. Care workers were well informed of their roles and reporting structures.

They spoke positively about the registered manager, who they described in complimentary terms. They felt free to raise any concerns knowing these would be dealt with appropriately.
• The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service. The regional manager, regional head of quality and the quality manager were equally informed and took a genuine interest in people.
• Systems were in place to ensure continuous improvements and lessons learned. Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and to help drive improvements. The quality manager provided an example where there had been some medicine errors and that staff had received further training and the regional manager had worked with staff to minimise the risk of future medicine errors occurring.

Working in partnership with others
• The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, psychiatrists, district nurses, podiatrists, and opticians.