London Care Limited

London Care Highdown Court

Inspection report

Highdown Court
2 Durrington Lane
Worthing
West Sussex
BN13 2GZ

Tel: 01903266372
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?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 and 24 October 2018 and was announced. London Care Highdown Court registered with the Care Quality Commission (CQC) on 3 October 2017 and this was the first inspection.

London Care Highdown Court provides care and support to people living in specialist 'extra care' housing. They provide support to people living with dementia, people with learning disabilities or autistic spectrum disorders, people living with mental health conditions, older people, people living with physical disability and people with sensory impairments. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. 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 and support service.

People using the service lived in 52 one or two bedroomed purpose-built flats in Highdown Court.

Not everyone using London Care Highdown Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 40 people were receiving the regulated activity of 'personal care'.

There was a registered manager in post at the time of the inspection. 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.

There had not always been sufficient managerial oversight of the care visit system. People had a variable experience ascare visits had not always been planned and allocated correctly. This meant that some people had sometimes had visits later than they expected or their visits were shorter than expected. People told us that sometimes this meant tasks would not all be completed. Staff told us that they had to rush to fit in additional visits to people. The registered manager was recruiting new staff to meet people's visit times and length.

People had not always been treated with dignity by all staff. One person's dignity had been compromised by a member of staff. This was raised with registered manager who took appropriate action immediately. However, other people told us staff treated them with dignity and respect. On person said, "We're treated with a great deal of respect."

Assessments took place before people moved into London Care Highdown Court and people's needs, including risks, were considered and planned for. Staff knew people well, including their life histories.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they were treated with kindness and compassion and their privacy and independence were respected.

People told us they felt safe. Systems and processes were in place to learn from things that went wrong and prevent reoccurrence. People's views were surveyed annually and the registered manager identified actions in response to any improvements required. People told us they could discuss any concerns with the registered manager and complaints were listened and responded to.

People told us they enjoyed activities on offer in the communal lounge and photographs around the building showed some parties which had been enjoyed by people and staff.

Staff worked with healthcare professionals and other relevant people and professionals to ensure people received the right support. People received the right support with their medicines and risks around infection control were well managed. People who needed it received support with eating and drinking and preparing meals.

There were safe recruitment procedures, training, staff meetings and supervision to help support the staff team. The provider had systems to motivate staff, such as the care worker of the year award.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's care visits had not always been planned and allocated correctly. Sometimes some people had visits later than they expected or their visits were shorter than expected.

People told us they felt safe, and systems were in place to learn from things that went wrong.

Risks to people were considered and planned for.

Is the service effective?

Good

The service was effective.

People's needs were holistically assessed.

People were supported to live healthier lives.

People consent was considered in accordance with legislation.

Is the service caring?

Requires Improvement

The service was not always caring.

Not all people had always been treated with dignity by all members of staff.

People were treated with kindness and compassion.

People's privacy was respected.

People's independence was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.
Complaints were responded to in a timely way.

End of life care was considered and planned for, when needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There had not always been management oversight of the care visit scheduling system to ensure that visits were correctly planned to meet people's needs.

The views of people, staff and others were sought to improve the service.

Staff worked in partnership with other agencies.

London Care Highdown Court

Detailed findings

Background to this inspection

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

We gave the service two days' notice of the inspection visit to allow time for people to be contacted by staff and consent to talking to us.

The inspection team consisted of an 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.

Before the inspection we reviewed the information that we held about the service, this included notifications. Notifications are information that provider is required by law to tell us about. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 23 and 24 October 2018 to see the registered manager and office staff; and to review care records relating to five people, four staff recruitment files, policies and procedures and other records relating to the running of the service. We talked with five people and one relative of a person receiving a service on the telephone on 23 October 2018. We also visited six people in their homes. We talked with the registered manager, the regional manager, the care team leader and three care staff. We also spoke with two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People had a variable experience. Some gave us feedback that they did not always receive care visits when they expected and were not always kept informed when their visits were delayed. One person said, "They can be at least an hour late. They are short staffed. They don't let me know so I'm waiting." A relative said, "They are too short staffed." People told us that their visit times, or the tasks undertaken, could be affected when there was a shortness of staff. One person told us, "Sometimes they rush the job." One member of staff told us they were, "Having to cut calls due to short staffing." Some people had a different experience and told us they were kept informed, one person said, "If you wait, there is a reason why and they apologise to you." Another said, "They are usually okay on time but I'm not told if they are going to be late."

Staff were not deployed in way that ensured that people's needs were met as planned. On the day of the inspection additional care visits, which had not been allocated to staff individually on the rota, were handwritten onto staff rotas. One member of staff said, "We get asked to squeeze in additional calls." Another member of staff described they had to, "Run round doing it." The registered manager told us they were continuing to recruit new staff which would help to meet the times and length of care visits people needed. We met staff who were on training ahead of starting work at London Care Highdown Court.

People's care visits were not always included on the rota system. Staff had documented times when people had not had care visits allocated correctly on the rota system. People's safety had not been affected because staff knew people's usual routines and operated an emergency bell system to allow people to call for help and assistance. These systems had ensured that people were supported as needed. However, there was a risk that people's care needs may not have been met due to these care visits not being properly allocated on the rota system. . This was fed back to the registered manager who acknowledged that the correct allocation of care visits to staff on the rota system was an area for improvement.

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring System (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults.

There was a planning system to match care staff to planned care visits to produce the rotas. Staff were available at night, in the case of an emergency. One person, who had need emergency assistance at night told us, "Staff responded very quickly."

Staff were able to work flexibly to meet people's needs. People told us that with notice, they could vary the time of their care visits when they needed to. One person said, "If I go out I ask for an early call, then they come early." Another person told us, "You can arrange your own care times. No problem if you give them the time to sort it."

People told us they felt safe. One person said, "Perfectly safe with the people and in the building." Another said, "They are watching out for me." People were safeguarded from abuse with the systems and processes

that were in place. For example, one person had recently told the registered manager about their care not being delivered correctly. They had been listened to, appropriately supported and kept informed with the investigation. The registered manager had worked with the local authority to complete the investigation. Staff knew about safeguarding people, and how to report any concerns.

Accident and incidents were recorded and ways to prevent these from reoccurring were identified. These were then uploaded to the provider's computer system which allowed for these to be analysed by senior managers to ensure that lessons were learnt.

Risks to people were assessed and planned for. For example, when people were assessed at being at significant risk of falling, risk reduction methods were identified and put in place. These included assessing the person's level of independence or need for staff support with moving and transferring. These records were kept up to date and available to staff to ensure people were supported to stay safe.

People were supported with their medicines as needed. The level of support needed was assessed with the person. Some people used staff to help open the packaging of their medicines and others were supported by staff with all aspects of taking their medicines. Staff had medicines training and were observed before supporting people with their medicines alone to ensure they would do so safely.

Risks around the prevention and control of infection were well managed. Staff had access to personal protective equipment, such as gloves and aprons.

Good

Is the service effective?

Our findings

Assessments of people's needs were undertaken before they started to use the service. These included details on when they wanted their care visits and what they wanted to achieve at each visit. The registered manager explained that further information was added as staff got to know people and they settled into the service. People's needs were holistically assessed, including any preferences, cultural or religious beliefs that were important to the person. Care plans considered people's needs, abilities and what they wanted to achieve. When people had specific health conditions, information on these and how it would affect their care was considered through their care plans and assessments. People's care plans were updated when things changed.

People told us that staff were trained to meet their needs. One person said, "Some are well trained and others are 'in training' at various levels." Another person told us, "I get the feeling that they know what they are doing." Staff were supported with regular training in various subjects including first aid and moving and handling. Staff told that when they had begun to support more people at risk of choking, they had received training about choking. New staff told us they attended induction training for five days and then had some shadow shifts. The provider had recently reviewed their process of induction and developed a new approach to supporting new staff, called 'on-boarding'. The registered manager explained it was 12 weeks of support for the new staff member, to be supported by a member of staff specifically trained in shadowing new staff. Staff were supported with regular supervision, some of which were focussed on specific areas of practice such as record keeping and medicines.

People were support with eating and drinking, when needed. People's likes and dislikes were recorded in their care plans alongside any physical assistance they required. When people had specific risks around eating and drinking, such as choking, there was clear guidance for staff. There was a restaurant within the building and people told us they enjoyed the food available.

People were supported to live healthier lives including those with specific health conditions. For example, staff had taken part in guidance sessions lead by a specialist Huntington's nurse. One relative told us that staff had prolonged their loved one's life by years with their support. People were supported to access healthcare services, as appropriate. For example, people could request staff support to attend hospital appointments. One person told us, "It was very helpful to be able to arrange that."

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.

We checked whether the service was working within the principles of the MCA. People were supported to make their own decisions, with their mental capacity considered when needed, in line with the MCA. The registered manager knew when people had appointed others to have legal authority to consent on their

behalf.

At the time of this inspection each person each person had a tenancy agreement with the housing provider and separate contract with London Care Highdown Court to provide their care. However, people were able to choose their care provider.

Requires Improvement

Is the service caring?

Our findings

People's dignity was not always respected by all staff. One person's dignity had been compromised by a member of staff, and this was disclosed to us during the inspection. A photograph had been taken of a person without their consent and circulated amongst the staff team by a member of staff. This had not been brought to the attention of the registered manager until during the inspection. Staff were aware of their responsibilities to report but were concerned about potential negative consequences within the staff group. Once this concern had been brought to the registered manager's attention, they were addressed appropriately.

Otherwise, people told us their dignity was respected. One person said, "When I have a shower they are mindful not embarrass me." Another person said, "They do things the way I want them done." Staff told us they protected people's privacy and dignity by listening to them and supporting them the way they wanted.

People told us they were treated with kindness and compassion. One person said, "Staff are just so nice." Another said, "They're kind here, they try and do as much as they can for you." Another person said, "Very friendly place and everyone has got time for you." One member of staff told us. "I think we've got a really good care team that work really hard." Relatives told us that staff spoke to them, and kept them informed, as appropriate.

People were supported to express their views and to make decisions about their care. Staff knew people and their preferences well and acted when people's needs began to change. One person told us, "When they thought I needed an extra call they talked that over with me." People told us that their preferences, such as the gender of the staff supporting them with washing, was respected.

People told us that their choices were respected. One person said, "They always ask what I'd like to wear, they never assume and always tell me and chat as we're doing things." A member of staff told us they would, "Always offer things and use open questions with people." When people needed support to communicate the staff looked for ways to make communication easier for them, such as using picture cards.

One person had complex emotional needs about maintaining their environment and belongings in a safe way, Staff were working with this person to make positive changes about the environment they lived in, whilst considering their emotional connection to their belongings.

People told us their privacy was respected. One person said, "They always ask if they can come in. They always knock the door." Another person told us, "They knock and I think they just generally have a respect for people living here." Another person said, "I think it's better than a care home as I value my privacy and this is my own home." People told us their property was respected. One person said, "No one has ever given me cause for concern. We are very relaxed with the staff here."

Information about people was held securely in a lockable office and on a secured computer system. People also held copies of their care plans in their flats. These copies were kept where the person chose.

People told us their independence was respected and promoted. One relative told us about how staff supported a person with walking even though there were risks. They said, "He loves having that support so he can still walk a little." Other people talked about the how staff supported them to keep their independence. One person said, "Staff do anything I ask, if I can't do it myself." Another said, "I do a lot but they do bits that I have trouble with."

Staff had also thought about how to support people's independence outside of care visits. For example, signs located around the building helped one person living with dementia to move around independently.

Good

Is the service responsive?

Our findings

Care plans included details of people's life histories and what was important to them. Goals were identified individually with people, such as remaining independent or maintaining their health. When people were living with long term health conditions these, and their effect on the person and their needs, were considered throughout their care plans. Guidance for staff was clear about how each person liked their care visits to be carried out. People told us that staff knew how to support them and staff told us the care plans were informative. For example, one person did not always communicate with staff verbally. Their care plan about this was detailed, and staff knew about this and understood how to best communicate with the person. Another person said, "They do things the way I want them done."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's needs when communicating with others were assessed and planned for. The registered manager explained that staff would work with people to find the best method of communication with them. For example, they had tried picture cards with some people to aid their understanding. Memos and general service information was displayed in large print to assist people with sight loss.

Some people had care visits to support them to access the wider community. One person told us they enjoyed this support and they visited places they chose to. Others could access the community independently. The provider also put on some activities in the shared lounge area for people to attend if they wished. People spoke positively about these activities which included games and quizzes. The shared lounge area was decorated for Halloween at the time of the inspection. People and staff told us about a party they had hosted for the royal wedding and cup final earlier in the year. Photos of this day and other parties were displayed in the corridors.

A wishing tree allowed people to add any wishes they had. The registered manager explained, following a person putting a wish on the tree, staff had assisted one person to regain their confidence to access the community and use public transport. Staff had also arranged for local ice cream van to visit.

The registered manager had considered the use of assistive technologies to improve people's experiences. People's flats were fitted with 'care alarms' which meant they could call for assistance in an emergency at any time. One person also had a monitor installed on their door, with their agreement, to alert staff if they left their flat at night. A touch screen computer was also available in a shared area for people's use.

People told us they could raise concerns with the registered manager. Complaints logged had been considered and responded to in a timely and effective way. For example, a relative had complained that the care visit did not cover all aspects of the person's needs. The registered manager had liaised with the local authority to increase the person's support time to resolve the concern. Compliments were also recorded.

People's preferences and choices around their end of life care were discussed and recorded, as appropriate.

Staff worked with a local hospice to ensure that people's final wishes could be met. Relevant medical information, such as forms when people had chosen not to have certain procedures, were included in people's files.

Requires Improvement

Is the service well-led?

Our findings

There had not always been sufficient managerial oversight of the care visit scheduling system and planning to meet people's allocated care visits. There were occasions when people did not have care visits scheduled when they were needed. Though staff had met people's needs on these occasions there was a risk that this lack of planning and oversight could put people at risk of not receiving care visits. The effective oversight of care visit scheduling was an area of practice in need of improvement.

There was a quality assurance framework. An internal quality team visited the service regularly to check the quality of the service provided. An action plan highlighted any areas for development for the registered manager. The registered manager also completed an action plan, as a form of self-assessment on the service provided.

Records of care visits were audited monthly by staff to ensure they were consistent, showed continuity of care and that the notes were in line with the care plan. When people were supported with their medicines, the medicines records were also audited monthly. These were overseen by the registered manager.

There was a registered manager in post. The registered manager understood their responsibilities. Notifications had been submitted to us, in line with regulation, to ensure we had the information to complete our regulatory function.

Regular staff meetings were held to discuss topics relevant to the service. There were systems in place to motivate staff. For example, the provider held staff awards throughout the company. One of the members of staff at London Care Highdown Court had been recently awarded care worker of the year.

Surveys had recently been sent out to people for their views on the service. The results were generally positive with some negative comments about the timeliness of staff and not being informed when care visits would be delayed. The registered manager told us they planned to complete an action plan and put in a process to advise people when staff were running late.

The registered manager met regularly with the scheme manager, who represented the landlord, and with a representative from the local authority. We received positive feedback from health and social care professionals about partnership working. A health and social care professional told us, "They work really well in partnership with landlord and us. We work as a team. The London Care ethos has been brilliant, very positive."