

London Care Limited

London Care-Crayford

Inspection report

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Website: www.londoncare.co.uk

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30 May 2019

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: London Care-Crayford is a domiciliary care agency that provides personal care to older adults, people with physical disability and mental health needs living in their own homes and flats. At the time of this inspection, 256 people were using the service.

Not everyone who used the service received personal care. 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

People were put at risk of receiving unsafe care and support because staff were not always deployed effectively and the systems in place were not operated effectively to ensure staff delivered safe care and support. Complaints were not always handled in line with the provider's policy and records including care plans and medicines records were not always managed safely.

People were supported to take their medicines safely, but records were not always maintained. The service worked in partnership with health and social care services but did not always follow their recommendations to improve.

People were protected from the risk of abuse and avoidable harm. Lessons learnt from accidents and incidents were used to prevent reoccurrences. Staff followed appropriate infection control practices and robust recruitment checks were carried out for staff before they started working at the service.

Before people started using the service their needs were assessed to ensure they could be met. People received care and support from staff who were supported through training and supervision. People were supported to access healthcare services and eat healthily. 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.

People were supported by staff that were kind, caring, respected their privacy and dignity and promoted their independence. People and their relatives were involved in making decisions about the care and support they received. Staff understood the Equality Act and supported people in a caring way.

People were supported to participate in activities that interest them. People's communication needs had been assessed and met. Feedback from people was gathered to improve on the quality of the service. The management team understood their responsibility to be honest open and transparent with people when things went wrong.

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

Rating at last inspection (and update) – The last rating at this service was requires improvement (Report published 3 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection telling us what they would do to improve the service. At this inspection we found enough improvements had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the 'Safe', 'Responsive' and 'Well-led' key question sections of this full report.

Enforcement: We have identified breaches in relation to deployment of staff, handling of complaints, management of records, maintaining effective systems and processes to monitor the quality and safety of the service and to drive improvement.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

London Care-Crayford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and two Experts-by-Experience. An Expert by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of expertise are in older people and dementia care.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection site visit activity started on 29 May 2019 and ended on 30 May 2019. We visited the office location on both 29 and 30 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from two local authorities and professionals who work with 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 eight people and six relatives to gather their views about the service. We spoke with 15 members of staff including the registered manager, an area manager, an area director, a care manager, a care coordinator, two out-of-hours coordinators, two field care supervisors and six care workers.

We reviewed a range of records. This included 10 people's care plans and risk assessments, Medicines Administration Records (MARs) and daily notes of the care and support provided. We looked at 10 staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service including the provider's policies and procedures, accident and incident, surveys, safeguarding logs, quality monitoring checks, complaint logs, minutes of meetings, staff rosters and time sheets.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to deploy staff effectively to ensure people were supported safely at the time it was planned for. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider was still in breach of regulation 18.

- We had mixed feedback from people and their relatives regarding staff attendances. One person told us, "Mostly [staff] are late, for instance today, it's almost 12pm and no one has turned up, [staff] should be here at 10am..." Another person said, "The [staff] are always late; I don't have regular [staff] ... but whatever happens they will turn up."
- People were at risk of receiving unsafe care and support because staff were not always deployed effectively. Staff rotas did not always incorporate travel times between visits. For example, between 17:00 to 21:20, one staff member was allocated seven visits. The total travel time required between each visit was a minimum of 35 minutes however, only five minutes travel time was planned for in the rota.
- Where two staff were required to support people at the same time, the arrival time on both rotas was not always the same to promote safe care and support. For example, one staff was scheduled to arrive to support a person at 19:00 whilst the second staff was scheduled to arrive at 20:15 (1hour 15 minutes gap for a duration of an hour's visit).
- People were not always supported by regular staff to promote continuity of care and maintain their privacy and dignity.

We found staff were not always deployed effectively to ensure people's needs were met. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a minimum of a five minutes fixed travel time had been scheduled between visits and where two staff were required, the arrival time were planned to be the same.

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks

were completed before staff were employed to work at the service.

Using medicines safely

- People were supported with their medicines as prescribed by healthcare professionals; however, their care records were not always accurate, complete and consistent about the level of support they required. For example, care plans did not always include a list of people's medicines or the level of support they required to take their medicines safely.
- Where people were supported with their medicines, a medicines administration record (MAR) was completed to demonstrate the level of support they had received. However, there were gaps in the MARs.
- Where gaps had been identified during the provider's medicines audits we saw action was taken to ensure staff improved on their practices. However not all these gaps had been identified on MARs with appropriate actions taken to prevent reoccurrences. See actions we have asked the provider to take in our well-led section.
- All staff had completed medicines training and their competency had been checked to ensure they could support people safely.

Assessing risk, safety monitoring and management

- People were supported to reduce the risk of avoidable harm. Risk to people had been identified, assessed and had appropriate risk management plans in place.
- Risk assessments covered areas including medicines, manual handling, falls, pressure sores, eating and drinking and people's home environment. For each risk identified there was clear guidance for staff on how to mitigate the risk and keep people safe.
- Staff understood individual risks to people and the level of support required to reduce the risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "My [loved one] is 100% safe."
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew how to report abuse and escalate any concerns of poor practices.
- The manager understood their responsibility to protect people in their care from abuse and had reported allegations of abuse to the local authority safeguarding team and CQC when they were required to do so.
- Where required they had taken action to ensure people were protected from the risk of abuse and neglect.

Preventing and controlling infection

- People were protected from the risk of infectious diseases. One person told us, "[Staff] always wash their hands and use gloves and aprons at all times."
- The provider had infection control policies and procedures in place which staff followed when supporting people.
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate infection control protocols including the use of personal protective equipment and washing of hands to prevent cross contamination and the spread of infectious diseases.

Learning lessons when things go wrong

- The provider had policies and procedures for reporting and recording accidents and incidents.
- Accidents and incident forms were completed appropriately, checked monthly and analysed to identify any trends. Where required the manager had taken appropriate actions to minimise risks and any lessons learnt were discussed with staff and used to improve on the standard of the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started using the service, their needs were assessed to ensure they could be met. A relative told us, "Someone from the office came to discuss the care and it was better than what I imagined. It's been excellent."
- Initial assessments contained information about people's physical, mental and social care needs. They also included information about people's health conditions and their preferences on how they would like to be supported.
- Information attained at these assessments along with referral information from the local authority were used to develop people's care and risk management plans.
- Where required, the provider involved other healthcare professionals such as district nurses and occupational therapists to ensure staff followed best practices.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills to provide the care and support they needed. One person said, "They help me efficiently and are good at the jobs, and they are obviously trained."
- All new staff completed an induction programme which included the Care Certificate. The Care Certificate is the bench mark set for the induction standards of new care workers.
- Records showed that staff training, supervision and appraisals was up to date and in line with the provider's requirements.
- Staff told us they felt supported in their role by their line managers and they could raise any concerns in an open and transparent manner.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported to eat and drink sufficient amounts for their health and wellbeing.
- Care records included assessments of people's nutritional needs and the support staff should provide. The care plans also included information on the food and drinks people liked or disliked.
- Staff knew of the level of support each person required to eat and drink safely and said they would report any concerns to their line manager or office.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where required people were supported to access healthcare services. One person said, "When I've been unwell, they have rung the doctor's surgery or an ambulance for me and they always wait until the ambulance arrives."
- Care plans included relevant information about people's healthcare needs including their GP's, allergies and communication to ensure information was readily available to emergency services when needed.
- Staff worked in partnership with health and social care professionals including social workers to ensure appropriate care and support was available to people when they moved between services.

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's rights were protected because staff sought their consent before supporting them. One person said, "[Staff] always ask if I would like them to wash me or would like to do it myself."
- Staff understood and worked within the principles of the MCA. They told us people could make day-to-day decisions about their food, clothing and how they would like to spend their day.
- Where people could not make specific decisions for themselves regarding aspects of their care and support needs, appropriate mental capacity assessments and best interest decisions were in place.
- Where people's consent forms had been signed by a relative, appropriate legal authorisations (such as power of attorney) were in place.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were supported by staff that were kind, caring and respectful towards them and their loved ones. One person said, "The carers [staff] are all kind, they bring a little bit of life into my life... They have a good attitude, friendly and caring."
- Staff were attentive to people's wellbeing and supported them in a caring and meaningful way. One person told us, "Sometimes I'm not in a very talkative mood, but they can read my mood and understand."
- People's life histories were included in their care plans to help staff build a relationship and support people without discrimination. One person said, "The office makes sure they send staff who speak my language which I think is very thoughtful of them."
- When speaking with us staff referred to people respectfully and called them by their preferred names and/or titles.

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

- People and their relatives were involved in planning their care and support needs including their preferred visit times.
- Care records included people's preferences, their likes and dislikes and how they would like to be supported. There was guidance in place for staff to ensure people were supported as they had wished for.
- People were supported to make day-to-day decisions for themselves and were provided with choices and staff we spoke with told us they respected people's choices.
- People were provided with appropriate information about the service including a service user guide to ensure they knew the level of support to expect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their right to confidentiality upheld. One person told us, "[Staff] make sure I am never exposed when I am going to and from shower and it's helpful."
- Staff we spoke with knew of their responsibility to promote privacy and dignity. For example, by ensuring doors and curtains were shut when they were providing personal care, knocking on people's doors or ring bells to announce their presence.
- Information about people was kept confidential; records were kept in lockable cabinets in the provider's office. Staff told us information about people must only be shared on need to know basis.

- People's independence was promoted, and people were encouraged to maintain their life skills to enable them to continue living in their own homes. One person told us, "I warm up my own food in the microwave and eat while [staff] are doing something else."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were not always satisfied with how complaints were handled. One person said, "The office staff are not good at dealing with complaints and their communication skills are not great". Another person said, "The agency needs to be more proactive with complaints. You never hear the outcome."
- The provider's complaint policy stated, "All level 1 complaints require a formal acknowledgement by letter or email within five working days of receipt of the complaint." A complaint log we reviewed showed two of nine complaints received in 2019 were not handled in line with the provider's own policy. For example, the complaint was not responded to within the provider's given timeframe or a formal written response sent.
- A complaints investigation report we reviewed did not identify the overall findings. The outcome of the investigations and actions taken was not always fed back to the complainant to ensure they were satisfied.

We found that the provider had failed to follow their complaints policy and was not able to demonstrate that all complaints received were handled effectively to improve on the quality of the service. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Each person had a care plan which provided staff with guidance of how their needs should be met. These care plans included people's medical conditions, preferences and the level of support they required from staff.
- Staff we spoke with knew the people they supported well and information they shared with us was in line with information in people's care records.
- Care plans were kept under review and updated when people's needs changed.
- Daily care notes written by care staff showed the care and support delivered was in line with the care and support planned for.

Meeting people's communication needs

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

- The registered manager told us no one currently using the service required information in any alternate formats such as large print, pictures, audio or brail. They said where required it was their policy to provide information in suitable formats to meet individual needs.
- People and their relatives told us they received information in standard formats however this was their preferred choice and they had no concerns about this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required people were supported to participate in activities that interested or stimulated them. A relative told us, "[Staff] take mum out to the park, she enjoys their company very much."
- People's care records contained information about those important to them including their relatives, friends and neighbours so staff could support them maintain these relations where required.
- Staff said during visits they turned on electronic appliances such as televisions and radios and had conversations with people to stimulate them. Where people attended a day centre to participate in various activities, staff supported them to be ready for their transport.

End of life care and support

- At the time of this inspection, no one using the service required end of life support. The registered manager told us they had supported people with end of life care in the past and where required, they would ensure their care needs and end of life wishes were met.
- People's records included information about their race, culture, spiritual needs and things that were important to them to ensure their preferences were respected at the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, 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.

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

At our last inspection the provider had failed to ensure the systems in place for monitoring the quality and safety of the service were operating effectively to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider was still in breach of regulation 17.

- There was a lack of management oversight on staff rostering and deployment. A relative told us, "I think the rotas are very erratic. No one follows them...We've had 23 different carers and sometimes I end up being the second carer [member of staff]."
- Managers and leaders did not always ensure people received consistent care and support from regular staff, travel time was planned for in between visits and two staff turned up at the same time where required.
- The service did not always maintain records that were accurate, complete, readable and consistent. This included information in people's care plans, medicines records and other important documents such as 'Do Not Attempt Resuscitation' (DNAR) records. One person said, "My care plan and the notes are in the folder; some of it is not legible. I have complained..."
- Various monitoring checks including unannounced home visits had been undertaken by managers and leaders of the service and the provider's quality team. However, the monitoring checks did not identify all the issues we found at our inspection including the handling of complaints, records management and staff deployment.

We found that the systems in place to assess, monitor and improve the quality and safety of the service was not robust to drive improvements and records were not safely managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where other issues were identified for example with staff performance, punctuality and adhering to health and safety protocols we saw that actions were taken including staff disciplinary to improve the quality of the

service.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and had notified CQC of significant events at their service and had displayed their last CQC inspection rating.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values and told us they upheld these values when performing their role.
- The provider had an out-of-hours system which people, their relatives and staff used to contact the management team in the event of an emergency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 managers and leaders demonstrated a commitment and willingness to provide meaningful, high quality and person-centred care. However, the systems in place were not operated effectively to ensure people received the standard of care and support they aimed for.
- Managers and leaders empowered people to be involved and to make decisions about their support needs so the care and support could meet their individual needs.
- Managers and leaders ensured people's care and support needs were regularly reviewed for their needs to be met.
- The management team understood their responsibility under the duty of candour and had been open, honest and took responsibility when things went wrong.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned them to plan and deliver an effective service. A social care professional told us, "The service had been very responsive and on the ball."
- Two local authorities that commission services from the provider had carried out quality monitoring checks at the service. We had mixed views from both local authorities. One local authority felt the service was well managed and they did not have any concerns. However, the other local authority said following their last quality monitoring check, improvements had not been made and their recommendations had not been acted upon to improve the quality of the service.

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

- People's views were sought to develop the service. The service gathered feedback from people, relatives, friends and advocates or other people involved in their care and support through home visits and telephone quality checks and annual surveys.
- The result of a survey carried out in August 2018 covered areas including privacy and dignity, feeling safe, time keeping and handling complaints; there were mixed responses.
- Where issues were identified, an action plan was in place to ensure concerns were addressed and to improve on the quality of the service.
- Staff meetings were held to update staff on best practices and to gather their views about the service. Staff also receive regular updates through an electronic communication system to ensure they were kept updated. Staff told us they felt involved and supported by their managers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The service had not ensured that complaints were handled satisfactorily and line with their policy.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were put at risk of receiving unsafe care and support because sufficient numbers of staff were not effectively deployed to ensure people's needs were met.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were put at risk of unsafe care and support because records were not accurate, complete, readable and consistent and the systems in place to monitor and assess the quality of the service were not operated effectively to drive improvement.</p>

The enforcement action we took:

People were put at risk of unsafe care and support because records were not accurate, complete, readable and consistent and the systems in place to monitor and assess the quality of the service were not operated effectively to drive improvement.