

London Care Limited

London Care (Leaholme)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

London Care (Leaholme) is an extra care housing service providing personal care to 26 people at the time of the inspection.

The service supported people who lived in a bespoke housing complex consisting of 40 flats. The accommodation is rented or owned and is the occupant's own home. There was a housing manager who ran the scheme. 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 positive in their feedback about the care they received. One person told us, "I'd recommend it to anyone." Staff knew people well and encouraged them in their independence. People shared examples about how staff had gone above and beyond to help them or support them in one to one activity.

Everyone we spoke with felt safe in the company of staff. Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. There were enough staff to meet people's needs and people told us staff came quickly if they needed additional support. Staff supported people to take their medicines or reminded them when they were due. People were protected from the risk of infection. As a result of the COVID-19 pandemic, staff had received additional training in infection prevention and control.

People received good quality care that improved their wellbeing. People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff felt supported and felt their views and opinions were valued. Staff supported people to access healthcare professionals and support when needed.

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.

Care was personalised to meet people's needs. Care plans provided information and guidance for staff on people's care and support needs, likes and dislikes, and the way they wanted to receive personal care. People's communication needs were identified and planned for. Staff supported people to pursue their interests and had adapted activities to fit within COVID-19 restrictions. People expressed confidence they could raise any issues or concerns with any member of staff and that they would be addressed.

People benefited from a well led service. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. Professionals who worked with the

service said they appreciated the open communication and willingness of staff to collaborate to improve outcomes for people.

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

Rating at last inspection

This service was registered with us on 9 August 2019 and this is the first inspection.

Why we inspected

This was the first inspection for this service.

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 (Leaholme)

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 was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. 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.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, two care workers and a representative of the provider.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and four in relation to staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with four professionals who regularly visit the service, two relatives and one care worker and received feedback from them.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They were able to call for assistance if needed and staff were happy to speak with them if they had concerns.
- Staff had been trained in safeguarding and knew how to report any concerns. One staff member described safeguarding as, "Abuse, any type of abuse." Another said, "I would report it to my manager but if not I would go higher just to make sure they are safe."
- Where staff supported people to purchase items this was clearly recorded. This helped ensure all financial transactions could be traced.
- Staff understood whistleblowing procedures. Posters giving details of who to contact were displayed in the staff room.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed. Clear guidance was in place to support people in a safe way and to minimise limitations on their freedom.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan included risk assessments specific to their needs, such as with mobilising, skin integrity or nutrition.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Staff had supported one person to use a metal bucket for their cigarette ends (to keep them separate from wastepaper) and had sourced fire-retardant bedding.

Staffing and recruitment

- There were enough staff on duty to cover people's agreed calls and keep them safe. One person told us, "There is always someone at the end of the buzzer."
- The registered manager was recruiting. This was to meet additional demand for care hours and wellbeing support.
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- People received their medicines safely.
- The support each person needed with their medicines had been assessed and was clearly recorded. This included where medicines were stored in the home and details of the supplying pharmacy.

- Medicine Administration Records (MAR) were completed accurately. There were regular checks by staff to assess for any gaps in administration or recording. At the end of each month the MAR were audited and any issues of practice were addressed.

Preventing and controlling infection

- People were protected by the prevention and control of infection. One person told us, "Staff have been marvellous."
- Staff had been trained in infection prevention and control and had received specific training in relation to COVID-19 and the use of personal protective equipment (PPE).
- Staff, and people who used the service, participated in a regular testing programme to identify cases of COVID-19.
- The registered manager and housing manager had worked together to ensure people's safety in the scheme, for example there were regular hand sanitising points and a limit on how many people could use the communal lounge at any one time.

Learning lessons when things go wrong

- There was a culture of lessons being learned if things went wrong.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- The form staff used to record accidents and incidents had been revised to ensure key information was captured. This included detail such as where the person was at the time of the incident, what footwear they had on (in the case of a fall) and whether there were visible hazards in the environment. The registered manager explained how the new form has served as a prompt to staff and had enabled her and the provider team to better analyse incidents and take measures to prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care and support needs were assessed before they began using the service. The assessment was used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Daily notes made by staff demonstrated that care had been delivered in line with the care plan. In feedback to the provider one person commented that it was, 'A very good service'.

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the staff team at the service.
- Staff had received training to enable them to fulfil their roles. New staff completed a programme of induction, followed by a period of shadowing experienced colleagues. One new starter told us, "I saw how they work and what I needed to do in each call." A staff member said, "They are really good with shadowing, they (the new starter) say when they are confident."
- Staff completed annual training known as 'fitness to practice'. This included safeguarding, food hygiene, medication management and moving and handling. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism.
- Where people had specific support needs, staff received training. Staff had completed courses in diabetes, stroke, dementia and Parkinson's awareness as well as specific training in stoma care.
- Staff practice and competence was checked through a series of spot checks. These covered a wide range of areas, including timeliness, dress code, communication, care support tasks and recording.
- Staff received regular supervision and appraisal. Where staff had raised issues during these meetings action had been taken. One staff member told us, "(Registered manager) will always pick up the phone, any problem, any time. It is 24-hour support with her."

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

- Staff supported some people in the preparation of food and meals. This was done safely, and staff had completed food hygiene training. At the time of our visit, there was no on-site catering, so meals were prepared individually in each person's home.
- Information concerning people's preferences and needs in relation to their food was clearly detailed in their care plans.

- Where people had involvement from external health professionals, such as speech and language therapists, this was recorded and guidance about the recommended food texture and fluid thickness was included in the care plan.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other agencies to provide a consistent level of care and support to people.
- Key contact information was included in each person's care plan. This included their emergency contacts, GP and any other professionals involved in the person's care. This helped staff to make timely contact with others when required.
- A specialist nurse who visited one person told us, "They are supporting (name of person) extremely well. As soon as there are any issues they will contact me and we collaborate together in order to sort it out."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to make and attend appointments where required.
- One person had written to the registered manager to recognise one staff member for their support in helping them sort out their hearing test and hearing aids. They wrote, 'I am no longer deaf as a result of (staff member's name) efforts. I can't praise her enough and I wish to commend her for the highest praise possible.'
- Staff were vigilant to people's emotional wellbeing, which was particularly important given the impact of the pandemic and restrictions on people's lives. The local authority funded 'wellbeing' hours, which staff used for one to one time or emotional support where needed. Staff had also supported one person in finding a 'buddy' via a charitable organisation.

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.

- The registered manager had a good understanding of the Act and was working within the principles of the MCA.
- People had been directly involved in planning their care and liaised directly with staff when changes were needed.
- Consent to care and treatment was routinely sought by staff. One staff member told us, "We respect privacy and choices. Sometimes they decline showers even though they need one but as they have full capacity we can't force them."
- Where people had appointed attorneys to act on their behalf, this information was clearly recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 spoke highly of the care team. One person told us, "They are all nice and I talk to them all". Another said, "I'm not boasting them up, they are brilliant".
- People's care plans included information about their preferences, including religious or cultural beliefs. Staff had supported one person to make contact with a local priest after they returned to faith. A staff member told us, "You could really see a huge difference in (name of person)".
- Staff had developed strong relationships with the people they supported. A staff member had helped one person to arrange delivery of their belongings that were being held in storage at significant cost. They then helped the person sort through and retrieve the important and sentimental items. This had a significant long-term impact on the person as they then had more financial freedom. A second person had asked for a specific staff member to visit them during a hospital stay and this was arranged. A third person had been with staff to find new clothing at local charity shops.

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

- People were involved in planning their care and in day to day decisions about how they wanted their support delivered.
- Staff had discussed with one person how their medication would best be stored. Due to their past history, the person felt safer when their medication was locked away and this was put in place. Another person was being supported by staff to manage their diet and exercise with the aim of losing weight.
- Once the care plan was in place, reviews were held at least every three months to ensure it continued to meet the person's needs and goals. This was an opportunity for the person to give feedback about their experience and to request and agree any changes to their support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff supported people to be as independent as they were able. Care plans included detail on which tasks a person could manage without support. For example, "I am able to brush my own teeth but will need assistance with bringing items to me". A staff member told us how they encouraged one person to turn their own lights off as this was something they were also able to do.
- Staff had supported one person to visit a hairdresser in the local town. This enabled them to have their hair cut and styled in their preferred way. Afterwards, the person and staff member had lunch out together. Following this outing, it had been agreed that staff need not wear uniform when out in the community with people, if that was the person's preference. This helped some people to feel at ease and less self-conscious.
- People were assured staff respected their privacy and would not share information with others.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans included detail about people's preferences. Staff used this information, and their knowledge of the individual, to tailor the support they provided to the person. One staff member told us, "Care plans are pretty detailed with everything. It gets reassessed where needed."
- Representatives from the local authority shared positive feedback about how staff responded to people's changing needs. One wrote, 'The support in place was not quite right for (name of person's) needs. (Registered manager) was quick to notice this, send a new recommended support plan.' Another told us, "The care team go above and beyond for (name of person). They could be considered as needing nursing care but (name of person) doesn't want to move. They really do go above and beyond."

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.

- Care plans contained information about people's communication needs. This included whether they needed glasses or hearing aids, if they used sign language and how they would give consent.
- There was guidance for staff in the care plans on how they could support a person in their communication. In one case we read, 'speaking clearly' helped and in another, 'I will also use my eyes if I am talking about an object.'

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

- Staff were aware of people's interests and engaged in conversation around these. There was information about how people liked to spend their time in the care plans.
- While group activities had been curtailed due to the pandemic, staff had managed to make poppies with people for Remembrance Day and Christmas decorations. We saw photographs of people looking very pleased with their craft and staff told us they had supported one ex-service man to attend the local Remembrance Day parade.
- People spoke enthusiastically about their individual outings and pursuits. One person said, "I went shopping with a carer three weeks ago, it was lovely to get out. She even took me to a café. We had coffee and cake and it was lovely. On the way back I popped into (name of shop). I was thrilled." Another person told us how they worked on the gardens at the service. They told us, "It's (the garden) is coming on lovely. I'm very proud of the front, I grew all the roses up on the trestles."

- Staff were proud of the activities they had achieved during the lockdown period and were hoping to increase the wellbeing opportunities for people once the national situation and their staffing levels allowed.

Improving care quality in response to complaints or concerns

- People felt confident to raise any concerns directly with staff and had every confidence they would be listened to. One person told us, "I do have a moan about things sometimes. If you don't say anything it doesn't get better. They do sort it out, they write it in the book and sort it out." A relative said, "We have had conversations, they were dealt with really quickly. (Registered manager) has open communication which has helped."
- The provider's complaints policy was shared with people in their home files. Any complaints received were logged on the provider's system and addressed. This centralised recording of information helped to improve oversight and identify any trends in the issues being raised.

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- The registered manager explained how they would work closely with the person, their family, the community nurses and local hospice if the need arose.
- A representative from the local authority shared with us how staff had supported one person, who passed away in hospital. They said, "They all went above and beyond, and they really did work their hardest to support him right to the end."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had built a positive, person centred, open culture based on honest communication with people and their families/representatives.
- There was a positive and can-do feeling at the service. One person told us, "I couldn't be happier, this is nice." The registered manager said, "The team here are phenomenal."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. There had been no duty of candour events at the service.

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

- People spoke highly of the registered manager. One staff member said, "It is a nice place to work, managers are good, any problems (registered manager) will try and help you out."
- The registered manager had good oversight of the service. Staff worked closely together to ensure effective communication and a high level of support to people. A representative from the local authority told us, '(Registered manager) is a great manager and takes pride in the care she provides at this scheme. The care staff are always quick to help when I visit.'
- There were systems in place to assess and monitor the quality of care people received. These ranged from weekly medication checks and monthly audits to quality monitoring visits carried out by representatives of the provider. Each audit had an action plan which was reviewed to ensure improvements had been made.
- The provider had an electronic system that produced a monthly report of activity due at the service. This included staff training and supervision. It also provided oversight of accidents and incidents and complaints and enabled the provider to seek clarification or make suggestions for improvement.

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

characteristics

- People were asked for their feedback about the care they received during quality assurance checks. These checks were completed every three months and included a review of their care plan and an opportunity to share their experiences and wishes.
- Staff had opportunities to share their views during staff meetings and supervision. They told us they felt valued and supported.

Continuous learning and improving care

- During the pandemic, the provider sent regular updates and held meetings for registered managers to ensure they kept abreast of new guidance for the sector. The registered manager told us how useful this had been and how they had felt supported.
- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Commission and other organisations.

Working in partnership with others

- Professionals spoke highly of the service. The housing manager told us, "You can all sit there and discuss things. There is open communication between us. Through this pandemic, we have worked together. We have worked as a team to keep all the residents here safe." A representative from the local authority said, 'The overall pride and commitment that the manager puts into this service is brilliant.'
- The registered manager explained a new way of working with the pharmacy. After two instances of missing medication on the order, staff now checked they had medicines for each person while the delivery driver waited. She told us, "We now have a system to make sure everything has arrived. It means won't have that situation again."
- Relatives we spoke with felt involved in the care of their loved ones and were kept informed of any changes.