

Achieve Together Limited

London Community Care and Support Service

Inspection report

John Morris House Community Centre
164 St. John's Hill
London
SW11 1SW

Date of inspection visit:
01 September 2022
08 September 2022

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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

London Community Care and Support Services is an outreach service that delivers personal care and support to people who have a hearing impairment in their own homes. At the time of the inspection only one person received support with the regulated activity 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

There were systems in place to safeguard people from the risk of abuse. Risks to people's safety were assessed and managed. The person using the service was being supported by consistent staff who had been safely recruited and knew them well. Feedback was positive from the person and their family regarding the support they received.

The registered manager undertook assessments before agreeing to support people to ensure that their individual needs and preferences could be met. People's support plans were developed in partnership with the person and/or their family. Staff received an induction and were trained in areas that were relevant to people they were supporting.

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.

Staff understood and respected each person's individual characteristics, likes, dislikes and preferences. People were supported to express their views and be involved in decisions about their care. Family members told us staff respected their relatives' privacy and dignity.

People, their relatives and staff were given opportunities to be involved in how the service was run by being asked for feedback on all aspects of the service.

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

Why we inspected

This service was registered with us in July 2021 and this is the first inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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 Community Care and Support Service

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 01 September 2022 and ended on 10 October 2022. We visited one person who used the service and their family on 8 September 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with one person using the service and their relative about their experience of the care provided to their family member. We spoke with the registered manager and received feedback from two members of staff.

We reviewed a range of records. This included one person's care records and three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service and quality monitoring

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm because the service assessed, monitored and managed safety well.
- The registered manager and their staff had robust arrangements for monitoring risks. This included the risks associated with people's health needs, the environment and when out in the community. Support plans included a 'risk and positive outcomes' assessment addressing all key areas such as the safe use of equipment.
- The service worked with external professionals to monitor risks to people. Professional guidance was used to guide staff on safe working practices and to keep people safe from avoidable harm during personal care delivery and while taking part in community activities.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment and their human rights were upheld. Staff received training on how to recognise and report abuse and they knew how to apply it. They knew people well and understood how to protect them. Where any concerns were identified the service worked well with partner agencies to resolve them.
- A relative we spoke with told us the service was safe commenting, "I trust them. They trust me." A staff member told us, "I am confident in my managers, that they would deal appropriately with any concerns raised and raise an alert."

Using medicines safely

- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicines. No support was being given with medicines at the time of this inspection.
- Staff undertook medicines training with quality assurance systems in place to have their competency checked to ensure they could support people safely.

Staffing and recruitment

- There were adequate numbers of suitably skilled staff who were matched to the needs of people using the service. A relative told us that their family member was safely supported by a small group of consistent staff who were experienced and flexible. They said they were supplied with a rota so they knew who was coming each day but would welcome this being made available as a shared live document so any changes could be seen immediately.
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This

included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff told us they felt there were allocated enough time to support people with their needs however some people said they would welcome more time for administrative tasks and to meet up as a team more often.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were provided with appropriate protective equipment, such as face masks, disposable gloves and aprons.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Any accidents and incidents were appropriately recorded and investigated with areas for improvement identified and acted upon. The organisation electronically monitored incidents and accidents to help ensure people's safety and to learn lessons across services.

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 received the care they needed because the service undertook assessments of each person's physical and mental health before they started receiving support.
- People's needs, and choices were assessed with them and/or others acting on their behalf. This information informed the support plans and risk assessments, documenting clear detailed information about the support the person needed and their preferred routines. People, or where appropriate relatives and advocates, were involved and consulted when reviewing support plans. A staff member commented, "We ensure that people are informed and empowered when they join our service. This means that we explain in understandable terms how they can access help and support, as well as how to raise any concerns about our service."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. People, and where appropriate family members were involved in all decisions related to people's care.
- The service had procedures to seek people's consent in various areas of their care. Any best interest decisions were carried out with relevant authorities and were recorded where people lacked capacity. Staff received training in the MCA and put people at the centre of decision making where possible.

Staff support: induction, training, skills and experience

- The service supported staff to obtain the relevant skills and knowledge to carry out their roles effectively. Staff told us they regularly updated their training. Comments from staff included, "I have done lots of training. I have access to training online and have completed 27 courses through them to date this year alone" and, "Pre-pandemic the method of training suited me better; dynamic and interactive and more conducive to my way of learning. Since COVID training has been remote which is less interactive and less effective because there is less time for questions and discussion."
- Staff told us they felt supported by the registered manager and senior staff to maintain their competence and skills. One staff commented, "I have regular quarterly one to one sessions with my manager."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were effectively supported to meet their nutritional needs. Staff considered people's independence and choice to tailor each individual's nutritional support.
- People's health needs were assessed and planned for before they started receiving support from the service to make sure they received the care they needed. The service maintained regular links with specialist health care professionals where required and included guidance provided to effectively manage people's health needs.

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

- The service had a person-centred approach. People were supported by a small team of staff who they had developed positive and supportive relationships with.
- A relative spoke highly of the service saying it was, "A gift. A weight off my shoulders."
- The service recognised people's diversity and promoted this in their policies, which highlighted the importance of treating everyone as individuals. People's autonomy, privacy and dignity was respected and upheld by staff who had received training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- The service had a person-centred culture. The values of the service motivated staff to support people in a compassionate and kind manner. A relative told us that staff were always patient, polite and respectful.
- All staff members who shared their views with us were passionate about encouraging people and supporting them to achieve best outcomes and were proud of the difference they made to people's lives. A staff member told us, "When we first meet with them, on any given day, we always prioritise their wellbeing. When they feel comfortable and confident, we then give them options, sometimes in pictures, so they can choose what they fancy doing." Another staff member commented, "I always pass the time of day with clients in a polite and respectful way. I ask them how they are and what they plan to do with support today."
- Staff treated people well and respected each person's individuality. People's support plans focused on their abilities and goal setting was prioritised. Each plan provided in-depth personalised information for staff to be able to support the person in a safe and effective way whilst minimising any risks to the individual.

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

- People were supported to express their views and with decision making. Care records contained evidence that the person who received support or a family member had consented and were at the centre of the process. The registered manager involved all relevant people in decisions about the support provided.

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

- People received personalised care which met their needs. Support plans addressed what was important to people, their preferences and needs, and how best to meet them. A relative praised the person centred, flexible and 'sensible' approach of staff saying, "They know who [person] is."
- People's preferences were identified and matched to staff. Profiles of staff had been created giving people a pen picture of their background and interests.

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.

- People were supported by staff who could communicate effectively with them. The service employed staff that were both hearing and hearing impaired and proficient in British Sign Language (BSL). A relative told us, "The staff are role models. They communicate effectively, adapting as necessary." They said staff were aware of the issues around being hearing impaired and the person's rights so were able to advocate effectively on their behalf.

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

- Arrangements for social activities and, where appropriate, education and work, was inclusive, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. People were supported to set goals and aspirations and had the freedom to take risks in a way that enriched their lives.
- People were supported to develop and maintain friendships that were important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was shared with people and their relatives when they started using the service. The relative we spoke with knew how to raise concerns.
- There were no active concerns or complaints at the time of this inspection.

End of life care and support

- There was no one receiving end of life care. People and their relatives had been given the opportunity to express their wishes.

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.

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

- There was a positive culture within the service, encouraged by the leadership and implemented by a staff team who were motivated to achieve the best outcomes for people.
- There was good organisational oversight of the service. A programme of effective quality assurance and checks was in place. Audits gave clear actions for staff to take and where improvements were identified there was evidence discussions took place and if necessary further training and support provided. These checks helped to sustain quality and drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an established person-centred vision and related values for the service. A relative told us the service was well-led and responsive to their requests. A staff member told us, "I would recommend this agency for care, it is professional, caring and compassionate. I know that [people] will receive dignity and reassurance during their time in our care. They will be empowered and informed and able to lead a good life."
- The registered manager kept up to date with best practice and shared learning from other similar services to look at ways in which they could improve the service 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 registered manager was committed to transparency in the management of the service and to deliver the best service possible. They recognised the importance of learning when things went wrong and sharing that learning with others.
- We saw examples of accident and incident records that had been completed and trend analysis. There was evidence of how the organisation learned from significant events.

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

- People were treated as equals and as individuals and with respect. The registered manager listened to feedback and acted on it to improve the service. The provider carried out surveys across the organisation seeking people's views of the care provided and what was important to them. It was however, noted that the latest organisational survey results supplied to CQC were not specific to the service which may limit their

usefulness. This was highlighted in our feedback to the registered manager.

- The views of people they supported and family members were obtained through care reviews and spot checks.

Working in partnership with others

- Staff in the service had developed and promoted positive working relationships with commissioners, other social care staff and health care professionals.