

London Care Limited

London Care (Harlow)

Inspection report

Unit 2, Whitehall Estate
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Harlow
Essex
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Date of inspection visit:
06 October 2016

Date of publication:
22 November 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 6 and 14 October 2016. London Care Harlow provides personal care for people living in their own homes. At the time of our inspection there were 90 people receiving personal care.

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

The provider did not have adequate systems and policies in place to ensure that staff were provided with travel time to enable them to provide all of people's commissioned care. Staff had developed strategies to try and overcome this to minimise the affect on the timing of people's calls. However, this resulted in staff working additional hours unpaid or in people receiving shorter care visits than those that had been commissioned.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support from staff that understood their role in safeguarding people and who knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

People's care records contained risk assessments and risk management plans to mitigate the risks to people. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

People could be assured that their complaints would be managed appropriately. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Where complaints had been made these were responded to promptly.

The provider and registered manager had systems in place to monitor the quality and safety of the service. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

There were enough staff to provide care and support to people.

Is the service effective?

Good 

The service was effective.

Staff received appropriate induction, training and supervision for their role.

People were supported to have a meal of their choice. People's dietary requirements were followed.

People had access to health care professionals and relevant services.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and dignity . Staff maintained people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good 

The service was responsive.

People received personalised care which was responsive to their needs.

People were involved in the planning of their care which was person centred and updated regularly.

People knew how to complain should they wish to and were confident that their complaint would be resolved appropriately.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The systems adopted by the provider to schedule people's care did not allow staff to consistently provide the care that London care Harlow had been commissioned to provide.

The registered manager was active and visible to people using the service. They worked alongside staff and offered regular support and guidance.

People were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The management team and provider completed regular audits and a quality assurance system was in place to review the quality of the service.

London Care (Harlow)

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.

Our inspection took place on 6 and 14 October 2016, was announced and undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with six people receiving care from London Care Harlow and one person's relative. We also looked at care records and charts relating to five people. In total we spoke with eight members of staff, including four care staff, the care coordinator, registered manager and the Operations Director. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People received support from staff who knew how to recognise if people were at risk and what actions to take to keep people safe. People told us that the support they received from staff made them feel safe. One person told us "The carer's are great. I feel safe with them." One person's relative told us "They keep [relative] safe, they know just what to do with them." Staff had received training to help them identify if people were at risk and staff understood their duty to report concerns about people's safety. Staff demonstrated that they knew how to report concerns about people's safety and felt confident to do so. One member of staff told us "If someone wasn't safe I would tell the manager, or their relatives or the Council who fund people's care."

Staff had access to a handbook that provided information on how to report concerns to the local safeguarding authority; the provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed by the manager when concerns were identified. Staff had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's medicines were managed appropriately and people could be assured that they would receive their prescribed medicines safely. One person said "The staff always give me my tablets each morning and they make sure I have enough to last me." Staff had received training that had equipped them with the knowledge and skills that they required to manage people's medicines safely. Staff maintained accurate records in relation to the administration of people's medicines. There were regular medicines audits completed each week by senior staff to ensure that people had received their medicines safely. Where shortfalls had been identified actions had been taken to improve practice.

There were sufficient numbers of staff employed to provide people with their care safely. One person told us "The staff always arrive on time and I normally have the same person too." The records we reviewed showed that people's call times were consistent with their preferences and that staff provided the care that London Care Harlow had been commissioned to provide.

People were assessed for their potential risks and plans of care had been implemented to mitigate these risks. People's needs were reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their moving and handling risk assessment reflected their changing needs. People's individual plans of care provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example one person told us "The staff really help me with my mobility and have got me a walker so that I can move around my home safely and independently." People at risk of developing pressure sores had appropriate plans of care in place to mitigate this risk which were followed by staff.

People could be assured that prior to commencing employment with the agency, all staff applied and were

interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. Staff had access to regular training and there was a system in place to ensure that staff had access to refresher training in key areas to update their skills and knowledge. One member of staff said "I have regular training. There's always training on offer. I've done dementia and manual handling training recently." We saw from the staff training records that all staff had completed the training they needed and there were regular updated training available to help refresh and enhance their learning. One person's relative commented upon the skilled interaction they had observed and told us "The staff are clearly well trained; they know exactly how to interact with [relative] and what to say to encourage them to complete tasks independently."

New staff benefitted from a period of induction to equip them with the knowledge, skills and confidence that they required to support people effectively. All new staff undertook an induction programme which comprised of shadowing more experienced staff for a period of time before working alone. One member of staff told us "When I first started I got to shadow and work alongside someone for a week and meet the people I would be supporting. It meant I felt confident when I had to work on my own and that I knew what I had to do."

Staff received regular supervision and support from the registered manager to enable them to work effectively in their role. Staff supervision sessions were used effectively to reflect upon their practice and identify areas of development and training for staff. One member of staff told us "I get regular supervisions with the manager. It provides a forum for me to be able to discuss my own development and any concerns that I might have."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. People's care plans contained assessments of people's capacity to make decisions and evidence of best interest decisions if people lacked capacity. On a day to day basis people were encouraged and enabled to make decisions about their care and support. One person told us "The carers always ask me what I want doing when they visit me."

Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. One person told us "If I'm not well then they'll always call the doctor for me. They have helped me get out to my appointments before too when I've needed it." We saw examples in people's care records of staff reacting promptly to changes in people's health, contacting their GP and reporting these changes to the on-call staff.

People received the support that they needed to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed through their individual plans of care. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly. One person told us "The carer's always help me to make my meals. They encourage me to do as much as I can myself. They are great cooks. They've put a stew on for me today." Another person told us "I choose my breakfast and they make it for me. I never used to eat much but I have proper meals thanks to the carers now."

Is the service caring?

Our findings

People received support from staff that provided kind and compassionate care. Staff knew the people that they supported well and were motivated to provide consistently personalised care and support. The people we spoke with praised the approach of staff and the positive relationships that they had developed with the staff. People told us "The carer's are great; they have a brilliant sense of humour. We get one well" and "I've got to know the carers really well. It's like having a friend visit."

People were involved in their care and staff supported them to make choices. One person told us "The staff always ask what I want to do and what help I need. I choose when I want to have a shower and what meals I want them to make." People's care records promoted people's right to make choices. One person was living with dementia and wanted support to be maintain their independence. Staff told us that they encouraged this person to help prepare their meals, complete household chores and choose their own clothing. Daily notes demonstrated that staff worked around this person's desire to maintain their independence.

People were encouraged to express their views and to make choices in relation to their care and support. People's feedback about their care and support was actively sought through bi-monthly visits by the registered manager to people seeking their views about their care and support.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent, closing curtains when providing personal care and encouraging people to make choices about their daily activities.

Is the service responsive?

Our findings

People's care and support needs were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced to guide staff in providing support before new people began to use the service; these were then monitored and updated as necessary. People's individual plans of care were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many calls and at what times in the day or evening people required enabling consistent, appropriate care and support to be provided.

People's individual plans of care were updated regularly and were reflective of people's current care needs. Staff were knowledgeable about people's care and support needs and provided care in line with people's plans of care. For example one person's care plan stated "Encourage me to have a hot meal as I will not have remembered to have eaten in the day." The daily records completed by staff for this person showed that staff had supported them to have a hot meal each evening. People had also been supported to complete a 'one page profile' which provided staff with a brief life history and an overview of what was important to them. Staff used this information to relate to each person as individuals and be able to talk about their interests.

People and their relatives told us that it was easy to make changes to their care when needed. One person told us, "They always ask if I'm happy with things and if I want an extra call or to change the time of my usual call I only have to let them know." Staff were vigilant of people's changing care needs and updated senior staff if they felt that people's needs had changed so that their plans of care could be reviewed and updated appropriately.

People said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place, and records maintained by the provider showed that all complaints had been addressed promptly. The provider and registered manager responded appropriately to people who had made complaints and used their feedback to make necessary improvements to the service such as the timings of calls.

Is the service well-led?

Our findings

The provider did not always operate effective systems to enable staff to provide the care that London Care Harlow had been commissioned to provide.

The provider had not responded to feedback from staff about issues they identified about the lack of allocated travel time scheduled into their rotas. Although people told us that this had not impacted upon their experience of being supported, staff told us this is because they had found ways in which to manage the lack of travel time. The comments we received from staff included "I have to start my round early, in my own time, without pay otherwise I would not be able to get to anyone on time." Another member of staff told us "We can't spend as long as we are supposed to with people otherwise we would not get to the next call on time" and "We do have to rush but I never let the client know that I'm in a rush to get to my next call." Staff told us that this meant that they had to either start work early to make up time or to cut people's commissioned care calls short to enable them to arrive at their next call on time. We reviewed the schedules for four staff and saw that each member of staff had been scheduled to provide back to back care calls without travel time in-between calls being allowed for. Staff told us that they had raised the lack of travel time as an issue with the management of the service however, they had been told that this was the providers' policy and that travel time could not be provided. Staff also told us that they did not receive any payment for the fuel they used when travelling to provide people's care.

We brought this matter to the attention of the the registered manager and Operations Director as we had concerns that people were not receiving their commissioned length of calls; they acknowledged that the lack of travel time could impact upon the ability of staff to provide people's commissioned care consistently. The Operations Director told us that London care Harlow would review the policy immediately of not providing travel time to staff.

People could be assured that all other areas of the quality of the service that they received was appropriately monitored and improvements made when required. Audits were completed by the registered manager and provider to ensure that an accurate overview of the service was maintained and any potential shortfalls were identified and rectified in a timely manner. People's care was overseen by a visible management team that consisted of a registered manager and care coordinator. Issues that had been identified from audits and feedback had resulted in actions that had been implemented to improve the service, such as ensuring that staff had access to appropriate training to refresh their knowledge in key areas.

Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. People's suggestions for improvements to the service were listened to and acted upon as necessary. People, their relatives were encouraged to provide feedback about the service and it was used to drive continuous improvement.

People who used the service and staff told us that the management were usually open, accessible and

responsive to their feedback. One person told us "The manager comes out to see me regularly to check that I am happy with everything." A member of staff told us "I would have no qualms about approaching the manager. They are always available and easily accessible."

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.