

London Care Limited

# London Care (Brookhurst Court)

## 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:

- ☐ The service is an extra care service. This service provides care and support to people living in one 'extra care' scheme, so that they can live as independently as possible. 27 people were using the service at the time of our inspection.
- ☐ The service supports older people who require assistance with personal care.

People's experience of using this service:

- ☐ People received a good standard of care in all areas and were content with all aspects of the service.
- ☐ The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
- ☐ More information is in our full report.

Rating at last inspection:

- ☐ This was our first inspection of the service since it registered with us in May 2018.

Why we inspected:

- ☐ All services are inspected within one year of registering with us. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- ☐ We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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 findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

# London Care (Brookhurst Court)

## **Detailed findings**

### Background to this inspection

The inspection:

- ☐ We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- ☐ Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise for our expert by experience was as a family carer of an older person.

Service and service type:

- ☐ This service provides care and support to people living in one 'extra care setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.
- ☐ The service is required to have a registered manager. 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. At the time of our inspection a manager was registered with us.

Notice of inspection:

- ☐ Our inspection was announced.
- ☐ We gave the service 48 hours' notice of the inspection visit because staff were often out of the service or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with six people who used the service and the visiting hairdresser.
- We spoke with the registered manager, the area manager and two care workers.
- We reviewed three people's care records and medicines records, three staff personnel files, audits and other records about the management of the service.

# Is the service safe?

## Our findings

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

Good: people were safe and protected from avoidable harm; legal requirements were met.

Using medicines safely:

- ☐ People were supported to manage their medicines safely, in line with their care plans. People confirmed staff administered their medicines as expected.
- ☐ We checked medicines stocks and records and found people received their medicines as prescribed. Staff recorded medicines administration in line with best practice.
- ☐ Staff received regular training in the safe management of medicines and the provider assessed their competency. Staff also attend a workshop to help them understand the consequences of medicines errors.
- ☐ The provider checked staff managed people's medicines safely with spot checks and observations. In addition, the provider checked people's medicines records to ensure staff recorded medicines administration appropriately.
- ☐ Risk assessments were completed for the safe management of people's medicines and staff followed guidance to reduce the risks.

Staffing and recruitment:

- ☐ There were enough staff to support people in a safe way. One person told us, "There is always someone here." Two people told us staff were quick to respond when they pulled the emergency cord for assistance.
- ☐ The registered manager and staff confirmed there were enough staff to fill all shifts.
- ☐ Staff provided each person with care hours as agreed with the local authority who funded their care. The provider reviewed people's care hours when their needs changed.
- ☐ Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining an employment history with references, obtaining a criminal records check, proof of qualifications, identification and address and a health declaration. The provider interviewed candidates to check they were suitable to care for people at the service at a central location to ensure consistency in recruitment across the services.

Assessing risk, safety monitoring and management:

- ☐ The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely. Assessments included risks relating to physical or mental health conditions, falls, medicines management and receiving personal care.
- ☐ The provider reviewed people's risk assessments each year or more often if their needs changed.
- ☐ Our discussions with staff and other inspection findings showed staff understood risks to people and how to keep them safe. Staff also knew how to respond to help keep people safe from having falls

Systems and processes; Learning lessons when things go wrong:

- ☐ People felt safe with the staff who supported them and felt comfortable raising any concerns. One person told us, "I feel safe as staff help me here."

- ☐ All staff received safeguarding training during their induction and with refresher training. Our discussion with staff showed they understood how to safeguard people from harm and report any concerns. Staff were encouraged to 'whistleblow' regarding unsafe or abusive practices.
- ☐ The provider reported allegations of abuse to the local authority safeguarding team and CQC and the provider took action to reduce reoccurrence.
- ☐ The provider recorded and investigated accidents and incidents. Systems were in place to learn from any accidents and incidents to reduce the risk of reoccurrence.

#### Preventing and controlling infection:

- ☐ Staff received training in infection control and understood and followed safe infection control practices. For example, staff used personal protective equipment (PPE) and disposed of clinical waste safely. Staff also received training in food hygiene to help them reduce the risk of food borne infections.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives:

- ☐ The provider assessed people's needs before they received care from the service. Assessments included people's backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed any available professional reports as part of their assessment.
- ☐ The provider recently reassessed all people using the service and now review them annually, or more often if people's needs changed. This has helped to ensure people's care plans continued to meet their needs.
- ☐ The provider supported people to see healthcare professionals, including their GP, if this was part of their agreed care. Many people made their own arrangements to see the healthcare professionals they needed. People gave us examples of when the provider called an ambulance promptly when they required urgent medical care.

Staff support: induction, training, skills, and experience:

- ☐ People were supported by staff who received the necessary training and support. Staff training included annual refreshers in dementia, infection control, first aid, medicines management and fire safety. New staff completed a comprehensive induction in line with national standards and shadowed staff to learn the role. Staff told us the training was enjoyable and covered the topics required for their role.
- ☐ People were supported by staff who received regular supervision with their line manager where staff discussed any concerns and received the support they needed. Some supervisions were themed, focusing on topics including medicines management and record keeping. Senior staff observed staff carrying out their roles to check they remained competent and annual appraisals were scheduled for all staff. Staff told us they received the support they needed through supervision.

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

- ☐ People received pre-cooked meals of their choice delivered by an external company and most people ate independently. Staff prepared breakfast for some people in their flats and staff understood their preferences well.
- ☐ The provider recorded any guidance from professionals relating to eating and drinking in people's care plans and ensured staff followed this guidance.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- ☐ Staff received training in the MCA and our discussions showed they understood their responsibilities to provide care in line with the MCA. Staff told us all people at the service had capacity in relation to their care so no MCA assessments were required.
- ☐ People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

# 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.

Good: 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 we spoke with all liked the staff who supported them and told us staff were caring and kind. Comments included, "Staff are friendly and helpful", "Staff know me well", "They are lovely people here" and "I know everybody here." One person told us staff always checked on them, especially if they had not left their flats for a while. We observed staff interacting with people in their flats and the communal areas and saw they had good relationships and staff were warm towards people.
- ☐ We observed staff supporting a person to eat and saw they were caring and treated the person with dignity and respect. Staff made sure the person was comfortable and knew what food they were being served. Staff also ensured the person's clothes were protected from any spillages.
- ☐ Staff enjoyed their roles supporting people at the service and knew people well. Staff read people's care plans to learn their needs and new staff spent time shadowing experienced staff to learn people's preferences.
- ☐ Staff received training in equality and diversity to help them understand their responsibilities in relation to this.

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

- ☐ People were supported to make decisions about their care, including decisions about when and how they received personal care, choice of clothes and food. People's overall wishes about the care they received were recorded in their care plans for staff to follow.

Respecting and promoting people's privacy, dignity and independence:

- ☐ People received care from staff who were respectful and maintained their dignity and privacy. We observed staff were respectful when talking to people.
- ☐ Staff told us they ensured people's doors were locked and curtains closed while they carried out personal care. We observed staff knocked on people's flats and waited for permission to enter.
- ☐ Staff received training in privacy and confidentiality to help them understand their responsibilities in relation to this.
- ☐ Staff supported people to maintain their independence and gave us examples of how they supported people to be as independent as possible when supporting them each day.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and to give them choice and control:

- ☐ People's care plans were sufficiently detailed and reflected the care people wanted. Care plans were also up to date and accurate so they were reliable for staff to follow. Staff read and understood people's care plans so people received the right care.
- ☐ People's needs and preferences relating to protected equality characteristics such as age and disability were also recorded in their care plans.
- ☐ The provider offered some activities for people and it was planned to offer more. The provider was gathering people's preferences via a questionnaire so they could offer more suitable activities in future. A religious minister from a local church visited people at the service regularly.
- ☐ We observed some people chose to eat in the communal dining area and staff were on hand to assist and encourage social interactions. However, most people chose to eat in their own flats.

Improving care quality in response to complaints or concerns

- ☐ The provider had suitable systems to investigate and respond to complaints and kept clear records of issues and the remedial action. A senior team oversaw complaints management to check complaints were responded to appropriately.

The provision of accessible information:

- ☐ The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs and preferences were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- ☐ The provider, staff and people using the service all agreed the service was well-led and gave us positive feedback about the registered manager. Comments included, "She is a lovely manager, stern but kind hearted", "The manager is a helpful lady" and "The manager will talk to you and help you."
- ☐ The registered manager was experienced and knew the service well, having managed the service for many years under different providers.
- ☐ The registered manager understood their role and responsibilities well, as did staff, and they had sufficient time and resources to lead the scheme.
- ☐ The provider had a system of audits and trackers in place to check they met the fundamental standards. This included regular audits carried out by the quality team in line with CQC standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality, care and support with openness; how the provider understands and acts on their duty of candour responsibility

- ☐ The provider held regular residents' and staff meetings to share information about any service developments and gather views as part of improving the service. People and staff told us the provider communicated well with them.
- ☐ The provider planned people's care openly and in partnership with them and their relatives where appropriate, ensuring care was centred on individual needs.
- ☐ The provider apologised to people and their relatives if investigations found people did not receive the right standard of care they should expect.

Working in partnership with others:

- ☐ The provider worked closely with the local authority who owned the building and commissioned the service. For example, the provider was working with the commissioners to redesign the process for deciding who received care from the London Care extra care schemes. The provider supported people to arrange repairs to their flats with the local authority. One person told us, "They listen well and take issues to the right people to get things fixed."
- ☐ The service communicated with external health and social care professionals to ensure people received the care they needed when this was the provider's responsibility.