

London Care Limited

London Care (Southsea 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. 13 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 the service overall.
- ☐ 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.

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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. Their 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 five people who used the service and one relative.
- We spoke with the registered manager, the area manager and four 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: Medicines management was safe. People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- ☐ There were enough staff to meet people's needs safely. One person told us, "There's enough staff that you don't feel deserted."
- ☐ The registered manager and staff confirmed there were enough staff.
- ☐ Staff provided each person with care hours as agreed with the local authority who funded their care.
- ☐ 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.

Using medicines safely:

- ☐ Overall people were supported safely to manage their medicines. One person told us, "They are good at asking me if I want a pain killer." We identified one person preferred to receive their night time medicine three hours later than scheduled and the provider told us they would accommodate this.
- ☐ 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 each week to ensure staff recorded medicines administration appropriately.
- ☐ Risk assessments were completed for the safe management of people's medicines.

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 covered risks relating to physical or mental health conditions, medicines management and receiving personal care.
- ☐ The provider reviewed people's risk assessments each year or more often if their needs changed.
- ☐ Staff understood people's risk and how to keep people safe.

Systems and processes; Learning lessons when things go wrong:

- ☐ People told us they felt safe when receiving care from staff.
- ☐ All staff received safeguarding training during their induction with refresher training. Staff we spoke with understood how to safeguard people from harm including reporting any concerns.

- The provider reported allegations of abuse to the local authority safeguarding team and CQC and took action to reduce recurrence.
- 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, 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 good, and their 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 began receiving 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 to ensure their care plans continued to meet their needs. The provider requested social services reassess all people at the service to ensure their agreed care packages remained suitable.
- ☐ Many people made their own arrangements to see healthcare professionals involved in their care. However, the provider arranged and supported some people to see healthcare including their GP and mental health professionals. One person told us, "Staff saw I wasn't well a few days ago and called an ambulance." We observed a senior staff member spent much of the day arranging mental health support for a person experiencing a deterioration.
- ☐ Staff told us they would like to receive more training to help them understand people's mental health conditions.

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 thorough and they could request any further training they needed.
- ☐ People were supported by staff who received regular supervision with their line manager. This means staff were able to discuss any concerns and receive 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. Annual appraisals were scheduled for all staff. Staff felt well supported by management.

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

- ☐ Most people received pre-cooked meals of their choice delivered by an external company and ate independently. For some people staff reheated cultural meals prepared by their families as agreed. Staff prepared breakfast for some people in their flats according to their preferences. One person told us, "Staff know what I like for breakfast and are good at getting me something."
- ☐ 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 were able to demonstrate to us they understood their responsibilities in relation to this.
- 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:

- ☐ Most people were complimentary about staff and developed good relationships with them. Comments included "Staff are friendly and kind and they just get on with things", "They take good care of me, all of them are loving to me", and "They care, they are sorrowful if I'm not feeling so well." However, some people told us some staff worked in a task-based way and did not spend enough time talking with them. One person told us, "Some staff don't even say 'good morning'. Talking is really important to me."
- ☐ Staff told us they enjoyed working with people and gained great satisfaction from this.
- ☐ Staff knew people well and understood their needs. New staff read people's care plans and spent time shadowing experienced staff to get to know more about them and the care they required.
- ☐ Some people told us they would prefer more consistency with the same staff providing their care where possible and to be told in advance who would be providing their care.
- ☐ 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. One person told us, "They don't gossip about others to me so I'm happy that they don't gossip about me to others. I wouldn't like that." Staff also spoke about people in a respectful manner and ensured people's doors were locked while they carried out personal care.
- ☐ We observed staff knocked on people's flats and waited for permission to enter. However, one person told us staff did not always introduce themselves before providing care.
- ☐ Staff received training in privacy and confidentiality to help them understand their responsibilities in relation to this.
- ☐ Staff supported people to maintain their independence. Staff understood how to encourage people to do as much as they wanted to maintain their independence.

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, up to date and reflected the care people wanted. Staff followed people's care plans so people received the right care.
- ☐ People's needs and preferences were set out in their care plans, including those related to protected equality characteristics such as age and disability.
- ☐ The provider held some activities for people including coffee mornings. One person told us, "The coffee morning gets me out and down to the lounge." A Catholic minister held a service at the scheme each month and people were signposted to other religious groups in the area if requested. The provider was gathering people's preferences via a questionnaire so they could offer more activities in future.
- ☐ 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 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. One person told us, "I would talk to an older carer if I had a complaint, they would take me seriously."

The provision of accessible information:

- ☐ We saw the provider was adhering to the Accessible Information Standard principles. The provider recorded details any communication impairments and people's preferred methods of communicating.
- ☐ The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs 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. For example, the provider found out people's communication needs and preferences when they began using the service and recorded this in their care plans for staff to refer to.

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: Despite a change of management the service was well-led. Leaders and the culture they created promoted good 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 told us the quality of service was good and it was well managed. Comments included, "There's no trouble that I see so it must be managed OK" and "No staff or company could be as good as this!"
- ☐ 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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
- ☐ The registered manager was an experienced manager of extra care services. They were also registered at another scheme and were the area manager for all the Croydon London Care extra care schemes.
- ☐ We found the registered manager understood their role and responsibilities well and had sufficient time and resources to lead the scheme. The registered manager told us the Deputy manager as being trained to become the registered manager in the near future. The Deputy manager received positive feedback from every person we spoke with and also staff and was seen as a good manager.
- ☐ The registered manager and deputy were well thought of by people and staff. Staff described managers who always listened to staff and acted on any issues raised.

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 tenants' meetings and used these as an opportunity to gather people's views as part of improving the service. However, one person told us they did not receive minutes of meetings they were unable to attend and would like to do so.
- ☐ The provider held regular staff meetings where they engaged and communicated well with staff.
- ☐ The provider planned people's care openly and in partnership with them and their relatives, ensuring care was centred on individual needs.
- ☐ If 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 working with the commissioners to redesign the process for deciding who received care from the London Care extra care schemes.

- ☐ 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.