

London Care Limited

London Care (Raynes Park)

Inspection report

St Georges House
3-5 Pepys Road
London
SW20 8ZU

Tel: 02089444300

Date of inspection visit:
02 December 2020

Date of publication:
21 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

London Care Raynes Park is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community, in six London Boroughs. At the time of the inspection the service was providing personal care for 185 people. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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

At the last inspection there weren't suitable numbers of staff available to meet people's needs and audits did not always identify issues in relation to late visits and action taken was not always clear. At this inspection suitable numbers of staff were available to meet the needs of people and audits identified issues in relation to late visits and action taken was clear.

The service provided was safe for people to use and staff to work in. People were enabled to live safely and enjoy their lives, by the support they received and risks to them being assessed and monitored. The agency reported, investigated and recorded accidents and incidents and safeguarding concerns. Medicines were safely administered, by trained staff. The agency met shielding and social distancing rules, used Personal Protective Equipment (PPE) effectively and safely and the infection prevention and control policy was up to date.

The agency's culture was open, honest and positive with transparent management and leadership. The organisation had a clearly defined vision and values that staff understood and followed. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report any concerns they may have, in a timely fashion. The agency reviewed service quality and made changes to improve the care and support people received. This was in a way that best suited people. The agency played a role in the community through well-established working partnerships that promoted people's participation and reduced social isolation. Registration requirements were met.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 6 April 2019).

Why we inspected

This inspection was prompted in part due to previous concerns received that there weren't suitable numbers of staff available to meet people's needs, audits did not always identify issues in relation to late visits and action taken was not always clear. A decision was made for us to inspect and examine the risks associated with these issues.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about staffing numbers and audit management.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

London Care (Raynes Park)

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

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We contacted 14 people and their relatives, 20 staff and two health care professionals, to get their experience and views about the care provided. We reviewed a

range of records. This included 10 people's care records and medication records. We looked at six staff files in relation to recruitment, training and 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 provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included training information, and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider's staffing and recruitment was safe.
- At the last inspection the service did not always deploy enough staff to keep people safe regarding calls being made on time. At this inspection we found calls were being made on time. One person said, "They [staff] turn up on time and I could not be happier."
- The recruitment procedure was thorough, and records demonstrated that it was followed. The interview process contained scenario-based questions that identified prospective staffs' skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried before staff were employed. There was also a three-month probationary period with a review. There were enough suitably deployed staff, to meet people's needs flexibly. This was demonstrated by what people's relatives told us, staff rotas and way they were managed. One person told us, "They employ nice and imaginative staff, who are very obliging and cheery. Fabulous."
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The staff files we inspected, had a checklist recording the different recruitment and training components had been completed. Staff were provided with a handbook. Staff told us, "Excellent training and support." During the pandemic, care staff were offered well-being support.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. Their relatives also thought the service was safe. One person said, "I feel very safe with the staff provided." Another person told us, "They always look after me."
- Staff had training which equipped them to identify abuse and the action to take if required. They were aware of how to raise a safeguarding alert and when to do so. There was no current safeguarding activity. The provider had policies and procedures regarding safeguarding and prevention and protection of people from abuse, that was available to staff.
- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- There was health and safety information and training provided for staff that included general responsibilities, safety in people's homes and travel and transport. Special equipment used such as hoists and pressure relieving was audited and falls risk assessments monitored.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely.

- The risk assessments included relevant aspects of people's health, activities and daily living. They were regularly reviewed and updated as people's needs changed. Staff knew of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One person told us, "They know me well."
- There were policies and procedures in respect of risk and crisis management, service continuity and whistle-blowing including reporting bad practice. A staff member said, "I can always get hold of someone, at the office, if I need them." Operational staff were made aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records showed that action was taken, in a timely way and the advice of specialist professionals sought when they occurred. There was identification and managing of challenging behaviour training and guidance.
- There was a clear staff disciplinary policy and procedure in place.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. As appropriate, people were encouraged and supported to self-medicate.
- The medicines audits included risk assessments, Medicine Administration Records (MAR), management instructions, recording delivery, keys and signatures, gaps and office management.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and monthly audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided coronavirus updates for people using the service, relatives and staff including ways to avoid catching or spreading it.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were kept under review to identify and ensure themes were identified and any necessary action taken.
- Each person had a small dedicated group of staff that where possible supported them. The agency facilitated discussions that identified best outcomes for each person, during shift handovers and virtual meetings including things that didn't work.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The registered manager and staff were clear about their roles and its importance. One person said, "We are lucky, both staff turn up on time and we are very content with the service." Another person told us, "They [staff] are all very good and when I talk to the office, I always get through and they give me answers."
- At the last inspection the registered manager carried out regular audits of the service to drive improvements. However, during the inspection we identified there were insufficient auditing systems on the Electronic Monitoring System (EMS) to ascertain the number of late or missed visits and identify trends and patterns. This meant that people did not always receive care and support at the agreed time. At this inspection the auditing systems picked up the number of late or missed calls and this information was used to reduce and avoid them. One person said, "They [staff] are very good, couldn't do more and always turn up."
- The agency electronic technology system provided people's details, and rota updates that communicated with and updated staff. The system improved responsiveness to people's needs and support requirements by checking daily diary entries and updating care plans with live real time updates. This provided better care planning quality and monitoring.
- The quality assurance systems were comprehensive and contained key performance indicators that identified how the service was performing, areas that required improvement and those where the service was accomplishing or exceeding targets. Areas requiring improvement were acted upon. The system encompassed the CQC five key questions, based upon key lines of enquiry (KLOE). Monitoring and quality assurance audits, included supervisions, spot checks, care plans and assessments and communication sheets. They were actioned by branch staff and the registered manager. The registered manager provided monthly reports for the quality assurance team and senior management, who also carried out audits. Audits took place, at appropriate intervals and action plans collated data to update and improve services. The business contingency plan was updated and contained key questions such as what business operations may be affected by the coronavirus and necessary action.
- The registered manager and office team frequently contacted staff to provide support and this enabled staff to provide the service that people needed. A staff member told us, "Great support from the [registered] manager." There was an emphasis on staff performance focussed on continuing quality improvement. Regular meetings took place to discuss any issues that had arisen and other information, such as care workers that may not be able to cover calls and any tasks that were not completed and why. A staff training session took place, the day we visited the office. A staff member told us, "We really care, that's what the team are about."

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

- The agency had a culture that was open, honest and positive. People's relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their utmost to meet people's needs. One person said, "The [registered] manager sets the tone that staff follow, and I am very impressed." Another person told us, "The service is extremely good, and everyone couldn't do more." A further person commented, "Everyone is so helpful, and I have no complaints."
- The services provided, by the agency, were outlined so that people and their relatives were clear about what they could and could not expect of the service and staff and the statement of purpose, mission statement and user guide were regularly reviewed. Staff told us they felt well supported by the registered manager and office staff.
- The organisation's vision and values were clearly set out, understood by staff, and relatives said they were reflected in staff working practices. They had been explained during induction training, revisited at staff meetings and there was a positive culture policy and guidance in place.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the agency's inclusive and empowering culture.

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 provider was aware of their duty of candour responsibility.
- There was a thorough management reporting structure and an open-door policy.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The agency enabled people, their relatives and staff to give their views about the service and worked in partnership with them. This was by telephone, visits to people, and feedback questionnaires and surveys. A staff member said, "I love it." The agency used the feedback information to re-shape the service so people's needs could be better met. The agency established if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information relayed, during the pandemic included updates from NHS England, CQC and UKHCA.
- Staff received annual reviews, regular supervision and there were virtual two-weekly staff meetings that covered priorities such as COVID-19 and PPE, training including infection control, high-risk health & risk assessments. These had gradually been scaled down from daily, at the start of the pandemic.
- The agency actively encouraged internal promotion with all team leaders having previously started as care workers. A staff member told us, "I feel valued."
- The agency sign posted people towards and regularly worked with other organisations that may be able to meet needs, within the community and prevent social isolation.
- The agency built close links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.

Continuous learning and improving care

- The agency improved care through continuous learning. It looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. This included attending provider forums and liaising with organisations such as Age Concern.

Feedback was also integrated from district and palliative nurses and GPs to ensure the support provided was what people needed. This was with people's consent. They worked with hospital discharge teams so that vulnerable people who did not have relatives close by, would not be discharged to an empty house and that food and drink were in place.

- There was regular information provided that kept people, relatives and staff informed of updated practical guidance such as keeping safe and PPE good practice. A staff member told us, "I feel so well supported and am far more confident now."
- The complaints system enabled staff and the agency to learn from and improve the service.
- People and their relatives provided regular verbal feedback to identify if they were receiving the care and support, they needed.