

London Care Limited

London Care-Crayford

Inspection report

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Website: www.londoncare.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

London Care-Crayford is a domiciliary care agency that provides personal care to older adults, adults with physical disability or mental health needs living in their own homes or flats. At the time of this inspection 238 people were using the service.

People's experience of using this service

People and their relatives could not always access important information about the care and support. People informed us they did not always have a rota and did not know which care worker was planned to support them at what time. Relatives said they did not have access to daily notes about the care and support delivered, therefore, they could not always monitor and confirm the care and support delivered was in line with the care and support planned for. Handwritten records were not always readable and consistent including medicines records and consent forms.

Some people told us they continued to experience late calls and. Where two staff were required to support people, both staff were not always arriving at the same time. People continued to experience poor care and support during staff absences and some people said they did not have regular staff supporting them or their loved ones.

People said verbal complaints about staff attendances were not always addressed effectively. The provider's quality assurances system did not identify all the shortfalls we found.

However, other people said they felt the service had improved slightly and they no longer experienced missed visits. The planning of staff rotas had improved. Records showed that where people required two staff to support them, both staff were planned to start and finish the visit at the same time. Travel time was planned in-between visits and care workers were no longer planned to deliver single visits in between double-up visits.

There was an electronic call monitoring system in place, but this had not been operated continuously over a sustained period of time to evidence its effectiveness and impact on the quality of care people received.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care-Crayford on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (published 22 July 2019).

Why we inspected

We carried out an announced targeted inspection of this service on 5 December 2019, to follow-up on a warning notice served on 20 June 2019 for the breach of Regulation 17 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this targeted inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Question Well-led which contain those requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

This targeted inspection does not change the ratings of the previous comprehensive inspection of the service. Therefore, the overall rating for the service remains requires improvement.

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 well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

London Care-Crayford

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

The inspection was carried out by one inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

London Care-Crayford is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager.

Notice of inspection

We gave the service a short notice of the inspection. This was because we needed to be sure that the provider or a manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service since our last inspection, including records of events the provider is required to tell us about. We sought feedback from two local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with 41 people and three relatives to gather their views about the service. We spoke with seven members of staff including an area director, an area manager, a care manager, a compliance officer and two field care supervisors.

We reviewed a range of records. This included 10 people's care plans, risk assessments and medicines administration records (MARs) and daily notes. We also reviewed records used for the management of the service, including electronic staff rotas and time sheets, quality assurance records and surveys.

After the inspection

After the inspection, we spoke with 10 care staff to seek their views about the service. We reviewed electronic daily notes and quality assurance records.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to maintain accurate, complete and contemporaneous records. The provider had also failed to effectively deploy care workers to provide safe care and support and had failed maintain an effective quality assurance system. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had taken action, however the actions taken had not been enough, therefore the provider was still in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At this inspection, the provider was using a new electronic care planning system. However, only two of 238 care plans were electronic. Handwritten care plans were still being used and were not always readable and consistent.
- Managers had addressed some of the areas that required attention and had acted to improve records management. However, we still found inconsistencies in the recording of Do Not Attempt Resuscitation (DNAR). For example, one person had a box ticked to show they had DNAR in place and where it was kept in their home. However, under another section of their care plan this box was not ticked to ensure information was consistent. The lack of accurate documentation puts people at risk of receiving unsafe care and support in the event of an emergency.
- Medicine records were also not always consistent. For example, one person's medicines risk assessment stated, "I do not take or use any medicine or medicated creams." However, further information in their medicines record showed they were being supported by care workers to take their medicines as prescribed by healthcare professionals. This puts people at risk of receiving unsafe levels of support with their medicines.
- In another person's medicines care plan it stated, "[Carer workers] to administer all prescribed medicines according to prescribed dosage." However, in another section of their medicines care plan, it stated, "Family support me fully with this [medicines]. A member of staff informed us the person's relative used to support

them with their medicines; however, this had changed, and care workers currently support them. An audit carried out in July 2019 identified that the person's medicines risk assessment required an update. At the time of this inspection, this had not been completed. Staff told us a date had been scheduled to review this care plan.

- A consent form for one person was inconsistent. In May 2019, a box was ticked which stated, "I am able to verbalise my consent to take my medicines and I communicate this by [saying yes]." However, in June 2019 another box was ticked which stated, "I am not able to verbalise my consent to take my medicines. Both records were kept in the person's care file; therefore, we could not confirm if they had the capacity to consent to the support they received with their medicines or not.
- People continued to receive inconsistent care and support and staff attendances still required improvement. One person said, "They [care workers] used to miss a lot of calls, but it is getting better. I haven't had any missed calls for a while now, but they can be late coming... It is poor organisation." A relative told us, "It has improved, when they say they're coming, they come. It used to be terrible. Previously there were times when we were left out. It's not happening now." But "It's still not so good at weekends; we don't know who is coming and what time. One weekend they came at 10am for breakfast and 3pm for dinner. It's ridiculous."
- We had mixed views about people receiving care and support from irregular staff. One person told us, "I keep letting care workers into my home through the intercom and I don't even know them. I don't know who is coming when my regular care worker is off." We noted that due to this person's health condition it was important they had regular care workers for consistency and safety. Another person's relative told us, "They keep sending a lot of different staff."
- People were not always provided adequate information about their care and support. For example, people were not always provided with a rota to inform them of which care worker(s) or time their visits would be made. One person said, "Sometimes I don't even know who is coming unless they tell me who's coming the next day. If I forget to ask who and the exact time I have to ring the office. Different staff keep coming, they don't know where everything is, it's not a problem but sometimes it wears me out."
- People did not always receive a consistent service during staff absences including staff sicknesses or vacation. A relative informed us, "The problem is that the administrative side can't cope if any care worker is off sick. There is no spare in the system. My relative is supposed to have two carers but sometimes they only send one. I can help so we manage, but if it was somebody living on their own, they wouldn't be able to." Care workers we spoke with confirmed this. One care worker said, sometimes when they are short of staff there is so much pressure on you. Most people cannot go on holiday or be off at the same time and it puts the pressure on the little staff that are there."
- Where two care workers were required to support a person at the same time staff were not always turning up together and on time. One person said, "I don't think they have any system at all. I'm supposed to have two care workers, but they send two care workers from different jobs, so they don't come together... There's a total lack of continuity."
- People and their relatives could not access important information about their care and support. The service had removed all 'Home Care Report Book' from people's homes; this book was used by care workers to record any support they had provided to people at each visit, but this was currently being recorded electronically. People and their relatives had not yet been granted access to the electronic records.

Therefore, some relatives informed us they could not monitor and confirm that the care and support being delivered was meeting their loved ones needs.

- People and their relatives informed us where verbal complaints were made about staff attendances to the office, adequate action was not always taken. One person told us, "I just tell the care workers if I'm upset about anything. There's no point in complaining to anyone else because they don't take any notice."
- The provider had made improvement to their quality assurance system. However, all these systems had not been continuously sustained over a period of time and had not identified some of the shortfalls we found at this inspection.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised all these issues with the management team, they told us a new electronic care planning system and an electronic call monitoring system (ECMS) had been implemented on 28 October 2019. They said the new electronic system would promote accurate, complete and consistent records and would improve staff attendances. They also said the electronic system had been used to arrange about 71 percent of people to receive care and support from regular staff and that they were yet to plan the remaining 29 percent to promote consistency dignity, respect and safety.
- The management staff informed us that when the electronic system was implemented in October 2019 they experienced some technical problems which had resulted in late and missed calls especially during a period of two weekends. Because of this a lot of time had been devoted in ensuring people received safe care and support. Therefore, all manual care plans had not yet been transferred onto the electronic system.
- The ECMS showed the way people's visits were planned had improved. For example, where two staff were required to support people, both staff were planned to start and finish the visit at the same time.
- The planning of staff rotas had also improved. For example, single visits were not planned in-between double-up visits. A care worker told us, "Single visits are planned to be done first and we [two care workers] then team up for the double-ups." This ensured that both people and the care workers were not put at risk of receiving or delivering unsafe levels of care and support.
- The staff rotas showed that travel time was being planned in between visits. For example, a care worker's rota we reviewed showed they required a total travel time of 45 minutes to deliver seven visits between 15:05 to 18:45, we saw that the total travel time planned in between the visits was 50 minutes to ensure the service was delivered on time.
- The new ECMS enabled office staff to monitor staff attendances at the actual time the visits were being delivered and to address any issues of punctuality or absences. A compliance officer had also been recently recruited into post to monitor and drive improvement to staff attendances where required.
- People who were supported by care workers to manage their medicines said they were happy with the level of support they received. Where people were supported with their medicines, their care plans contained a list of medicines, frequency, dose and how it should be given. The MARs were also completed accurately and without any gaps.

- Both local authorities that commission a service from the provider informed us when the ECMS was introduced there was disruptions to the service people received. However, action was taken, and they had not received any recent concerns.
- People and their relatives told us when the ECMS was introduced and they experienced poor service, an apology letter was sent to them explaining the changes the service was making to their systems and management teams.
- At this inspection, despite the absence of a registered manager in post, the management oversight had improved. Both an area director and area manager had stepped-in and supported the service and acted to drive improvements. However, they acknowledge that a lot of work still needed to be done to improve, sustain, and continuously deliver safe care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were put at risk of unsafe care and support because records were not accurate, complete, readable and consistent. The systems in place to monitor and assess the quality of the service were not always effective in driving improvement and continuously sustained to ensure people received consistent care and support.</p>