

London Care Limited

London Care (Frylands Court)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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. 35 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 overall. All people using the service and the majority of relatives were satisfied with the service. However, we found medicines administration required improvement. This was because the provider lacked systems to promptly identify and investigate any gaps in medicines administration. The service met the characteristics for a rating of "requires improvement" in the 'safe' key question. Overall our rating for the service 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?

The service was not always safe.

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

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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 person who had used, and cared for people who used, social care services themselves.

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 24 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 ten people who used the service and three relatives.
- □ 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

Requires improvement: Medicines management required improvement. Besides medicines management, people were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- ☐ People were not always supported to manage their medicines safely. One relative told us staff were not administering their family member's medicine at the correct frequency. The registered manager told us they would review this immediately. Other people and relatives were satisfied with the support staff provided regarding medicines.
- ☐ We identified two people's medicines records had several gaps which the provider had no identified promptly and was unable to explain. This meant staff did not always record medicines administration appropriately.
- ☐ We found the provider was unable to sufficiently investigate gaps in medicines administrations to check people received their medicines as prescribed. This was because the provider did not monitor medicines stocks well so could not check quantities were as expected. The provider told us they would review their systems to improve.
- ☐ Although the provider carried out medicines audits they had not identified the issues we found.
- ☐ Staff received regular training in the safe management of medicines and the provider assessed their competency which included spot checks and observations. Staff also attend a workshop to help them understand the consequences of medicines errors. If staff made a medicine administration error the provider retrained them and reassessed their competency.
- ☐ Risk assessments were completed for each person regarding the safe management of their medicines.

Staffing and recruitment:

- ☐ People told us there were enough staff to meet people's needs safely. A relative told us, "Staff attend as they should, three times daily, and they come on time." A second person said, "They are always on time."
- ☐ The registered manager and staff confirmed there were enough staff. We observed there were enough staff to care for people during our inspection.
- ☐ 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's central recruitment team interviewed candidates to check they were suitable to care for people at the service.

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, falls, medicines management and receiving personal care.
- ☐ The provider reviewed people's risk assessments each year or more often if their needs changed.
- ☐ In our discussions with staff they demonstrated an understanding of risks to individuals and how to keep people safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:

- ☐ People felt safe with the staff who supported them.
- ☐ All staff received safeguarding training during their induction followed by annual refresher training. Staff understood their responsibilities to safeguard people and the signs people may be being abused.
- ☐ 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 including reviews by a central team and senior managers.

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 they 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. When people's needs changed the provider requested social services reassess their needs to ensure their care remained suitable.
- ☐ Some people made their own arrangements to see healthcare professionals involved in their care and the provider supported others in line with their care plans. People and relatives told us staff always supported people to see the healthcare professionals they needed and arranged for people to receive medical attention in emergencies.

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.
- ☐ Staff received regular supervision with their line manager to review their performance, people's needs and training. Some supervisions were themed, focusing on topics including medicines management and record keeping. Senior staff observed staff carrying out their roles to assess staff competency.

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. Staff supported some people by preparing a light breakfast and reheating food for their evening meals, according to people's preferences including any cultural needs. A relative told us, "Staff prepare breakfast and supper for [my family member] as he requests."
- ☐ Staff followed any guidance from professionals regarding people's eating and drinking needs and this guidance was clearly recorded in care plans for staff to follow.

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.
- ☐ The registered manager formally assessed people's capacity in relation to their care when necessary. Although the registered manager followed the MCA in assessing capacity, they did not always clearly document their assessment. When we discussed this with the registered manager they agreed to improve their records of MCA assessments.
- ☐ 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 liked the staff who supported them. One relative told us, "[Our family member] likes the staff, she likes what they do and she likes being here." A person told us, "I'm satisfied with the care I get." A second relative said, "Staff are polite and kind to [my family member], they come in and have a talk." Another person said, "The staff are OK, they check that you are happy. They are very polite." Another relative said, "The carers do a brilliant job. They have taken the time to get to know [my family member] treating them as a person and not a diagnosis."
- ☐ Staff we spoke with enjoyed caring for people and understood their needs well. Staff developed positive relationships with people. One person told us, "Some of them are interested in me as a person. It's quite surprising how caring some of them are."
- ☐ 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.
- ☐ Staff received training in equality and diversity to help them understand their responsibilities in relation to this topic.

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

- ☐ Staff supported people 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 and were kept under review.

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

- ☐ Staff were respectful of people and cared for them in a way which maintained their dignity and privacy. As an example, staff ensured people's doors and curtains were closed when they provided personal care. Staff also knocked on people's flats and waited for permission to enter. One relative told us, "Staff always knock and will say 'hello' to [my family member] first, then to me."
- ☐ Staff received training in privacy and confidentiality to help them understand their responsibilities in relation to this.
- ☐ Staff supported people to maintain their independence. One relative told us staff followed guidance from the occupational therapist (OT) well because they ensured their family member walked with a frame to maintain their independence.
- ☐ Our discussions with staff showed they encouraged 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:

- ☐ The provider ensured people's care plans were 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 bingo, coffee mornings and visits from religious ministers. We observed a visiting musician entertained people during our inspection. Some relatives were concerned there were not enough activities to occupy people. The provider was gathering people's preferences for future activities through a questionnaire and told us they planned to provide more activities in the future.

Improving care quality in response to complaints or concerns:

- ☐ People were informed how to complain and the provider supported people to raise issues with other providers, such as the council who were responsible for repairs and maintenance. One person told us, "If I have any concerns I talk to the staff and they make sure it's put right." 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:

- ☐ We saw the provider was adhering to the Accessible Information Standard principles. The provider recorded details of 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 such as recording people's communication needs and preferences in their care plans for staff to follow.

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:

- ☐ Of the 13 people and relatives we spoke with, all were satisfied with the leadership and management of the service, except relatives for one person.
- ☐ The newly registered manager was an experienced manager of similar services in the organisation. Our inspection findings and discussions showed they understood their role and responsibilities, as did staff.
- ☐ 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 tenants' meetings and used these as an opportunity to gather people's views as part of improving the service. One person told us, "They come up and ask questions [about their satisfaction with the service]. They're quite good like that."
- ☐ The provider held staff meetings where they engaged and communicated well with staff and staff told us these were useful.
- ☐ The provider planned people's care openly and in partnership with them and their relatives, 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 service communicated with external health and social care professionals to ensure people received the care they needed when this was the provider's responsibility.