

London Care Limited

London Care (East London)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

London Care (East London) is a domiciliary care agency providing personal care to 556 people at the time of inspection. The service operates across four London boroughs with two registered managers taking responsibility for different areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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

People told us that punctuality was inconsistent, particularly at weekends. We identified shortfalls in how care calls for people who needed two staff to support them were planned and fulfilled. We also found some shortfalls in governance and records about people's care did not always accurately reflect their needs. The service had identified these issues and a new care planning system had been introduced and was in the process of being embedded. However, more action was required to ensure the legal requirements were met.

People said they felt safe when staff supported them and staff administered people's medicines in line with best practice. There was a system to document and monitor any incidents in order to learn from them. People said staff followed best practice in relation to infection control and staff were knowledgeable in this area.

People's feedback about the competence of staff was positive and staff were given the right training for their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People said that where staff prepared food for them, they prepared it in an appetising manner and people's dietary needs were met. Staff worked with other organisations and made referrals to healthcare professionals where required.

People described positive relationships with staff and staff were committed to supporting people. Care was planned around people's diversity and we saw examples of people being supported to practice their faiths. Staff encouraged people to maintain their independence and do tasks for themselves where they could. People received care which was respectful of their privacy and promoted their dignity.

People said they received personalised care which met their needs, but care plans did not always reflect this. People's communication needs were met and care plans informed staff about people's wishes regarding end of life care. We identified informal complaints were not always documented and responded to. We made a recommendation about complaints.

Staff felt supported by management and there were systems in place to recognise and reward best practice.

The service worked with external organisations and shared information with relatives and healthcare professionals openly when there had been incidents. The provider had notified CQC of events and incidents when they were required to do so.

Rating at last inspection

The last rating for this service was good (published 11 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about call punctuality and attendance. The service had increased in size significantly since our last inspection which indicated an increase in risk. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to staff deployment and care records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

London Care (East London)

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 two inspectors, a medicines inspector, four assistant inspectors, a directorate support co-ordinator and two Experts 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.

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 a short period of notice of the inspection because the service was large and we needed information about the service to ensure we could plan our resources effectively.

Inspection activity started on 9 March 2020 and ended on 11 March 2020. We visited the office on 9 March 2020 to review records and look at the provider's systems.

What we did before the inspection

We received information we held about the service including information shared with us by healthcare professionals and the public. We reviewed information within statutory notifications. Statutory notifications are reports of events and incidents providers are required by law to tell us about. We requested feedback about the service from commissioning bodies.

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.

During the inspection

We spoke with eleven people and thirteen relatives. We also spoke with two registered managers, the regional manager, the regional director, three co-ordinators and ten care staff.

We reviewed care plans for twenty two people, including records related to risk, medicines and personalised care planning. We checked twenty staff files and looked at records of accidents and incidents as well as complaints and safeguarding. We looked at a variety of records related to the governance of the service including checks and audits and records related to staff deployment.

After the inspection

We received email evidence from the provider which we considered when reaching the judgements within this report.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People's feedback about call attendance was mixed. We also found calls where people needed two staff to support them were not always fulfilled by two staff for the duration of the call.
- The provider had a system to monitor call attendance. This showed there were regular occasions where people who required two staff to support them did not have two staff for the duration of the call as planned.
- We reviewed one week's call attendance records for six people who required two staff to support them. The records showed three people had half their calls where staff arrived at times which meant two staff were with the person for less than half the planned call time. This meant the time staff had to complete moving and handling tasks together safely was limited.
- We provided feedback to the provider and they shared the next week's call monitoring data with us and this showed an improvement in these types of calls, but there were still inconsistencies. For example, one person had a third of their calls with two staff that weren't completed as planned. Another person had a fifth of their calls which weren't completed by two staff as planned. This showed further action would be required to ensure people who needed two staff to support them received this care consistently.
- People said staff were sometimes late, particularly at weekends. One person said, "There have been a few incidents where [staff member] might be late, but she always texts to let us know." Another person said, "The weekend staff are not always on time." A relative told us, "Timekeeping at the weekend is atrocious and there are times when I don't think they went in at all judging by unused meals in the fridge and no flask of tea left out."
- Out of 24 people or relatives we spoke with, ten gave negative feedback about punctuality or call attendance. This showed recent changes had not had a positive impact on people's experiences.
- Staff said they usually had enough time to travel between calls, but they were stretched at weekends when public transport ran reduced services.

The shortfalls in relation to call attendance and punctuality were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider undertook recruitment checks on staff to ensure they were suitable for their roles. Care files contained evidence of checks of staff background and character to ensure they were suitable to work in a social care setting.

Assessing risk, safety monitoring and management

- People said they felt safe, but some records about risk did not accurately reflect people's needs. One person said, "I do feel safe, they [staff] have to give me a lot of help as I can't do much for myself." Another person

said, "I have a wheelchair so they [staff] have to help me to transfer and I feel completely safe."

- Where people faced specific risks, these had been assessed but the plans in place to mitigate them sometimes lacked detail.
- For example, one person had a condition which meant they could place themselves at risk and there was no plan in place for staff to follow to keep them safe. We provided feedback about this and it was addressed after the inspection.
- There was reduced impact on people's safety because staff had received training and could tell us about these specific risks and people told us they felt safe with the way staff supported them.
- The provider was implementing a new system for care plans and was in the process of updating it at the time of our inspection. We have reported further on record keeping in the Well-led domain.

Using medicines safely

- People's medicines were administered safely.
- People had care records which informed staff about which medicines they were prescribed, as well as how and when to administer them.
- Staff kept accurate records to show when medicines had been administered and any issues were promptly picked up through an electronic system, which had oversight from management and was regularly audited.
- Staff had received training in how to administer medicines and their competency had been assessed. Staff were able to describe best practice and their practice was monitored through spot checks and audits.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to protect them from abuse.
- Staff had received training in safeguarding and were able to describe different types of abuse and how to identify them. Staff knew how to escalate and report any concerns both inside and outside the organisation.
- Where there had been safeguarding concerns, records showed the provider shared information with the local authority where appropriate and the governance framework for incidents included checks to ensure any incidents had been reported as required.

Preventing and controlling infection

- People were protected against the spread of infection.
- People said staff followed good hygiene practices such as washing their hands before and after care and cleaning surfaces within their home.
- Staff had received training in infection control and they were able to describe best practice to us. The provider had systems in place to ensure staff had access to personal protective equipment (PPE), such as gloves and aprons. Staff said PPE was available when required and they were knowledgeable about when to use it.

Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents.
- The governance framework for incidents included robust checks of actions and information about incidents was collated and monitored to identify any patterns and trends.
- Records showed that where appropriate, action had been taken where patterns had been identified. For example, some of the issues with call attendance had been picked up and addressed with individual staff through the provider's systems.

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 the best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. One person said, "I had a thorough assessment [when care started] and I have recently been re-assessed."
- Assessments captured information about people's needs, any medical conditions and their routines and preferred times of care.
- People's feedback showed these needs were being met, but we did identify some information missing from care plans which we have reported on further in the Well-led domain.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles.
- Staff completed an induction and training courses in areas such as moving and handling, infection control and fire safety. The provider kept a record of staff training and ensured it was regularly refreshed. Staff showed a good understanding of people's needs and medical conditions. For example, staff described training in diabetes care and had a good understanding of symptoms and treatment for people
- Staff had regular one to one supervision and appraisal and records showed these were used to discuss performance and identify learning opportunities. We saw evidence of themed supervision, with topics such as medicines and the Mental Capacity Act, where the provider identified learning needs.

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

- People's dietary needs were met.
- People who required support with food told us staff prepared them meals they liked and met their dietary needs. People's feedback on how staff prepared their food was positive. One person said, "They [staff] sort out my food and it is very nice."
- Care plans documented people's dietary needs and support they needed to eat. For example, one person was living with dementia and needed food cut into pieces they could easily pick up and eat, because they found these tasks difficult. This was in their care plan and staff documented what the person had eaten each day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were met.
- Care plans listed people's medical conditions and provided information about how they affected people. We noted the information as generic but it contained important information about risks and symptoms and the provider was in the process of updating care records to improve how personalised they were. Staff were

knowledgeable about medical conditions and how they affected people.

- People told us staff contacted healthcare professionals when necessary and records confirmed this. When staff called with concerns about people's health, office staff checked any appropriate referrals were made and chased these up. For example, one person had been unwell when staff arrived on a call so a GP appointment was arranged by staff.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People had consented to their care and this had been documented.
- Where people were unable to consent, staff followed the MCA and documented this. Where relatives had legal authority to make decisions on people's behalf, this was documented and confirmation of this authority was seen by staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were supported by staff they got on well with. One person said, "[Staff member] is kind and caring and does her job." Another person said, "They [staff] are very kind to me beyond the call of duty. My bed broke and the carers have taken the mattress off and repaired the slats as a temporary measure." A relative said, "Everyone is very kind and caring."
- Staff scheduled calls in a way that ensured people had support from consistent staff who got to know them and staff said they were given opportunities to build relationships with people because they usually worked with them consistently.
- Care plans provided information about people's lives, including what they did for work and their family background. Staff showed us how this information on electronic devices was readily available for each call, providing prompts to start conversations with people and get to know them.
- Care was planned in a way which was considerate of people's diversity. Where people practiced their faiths, we saw examples where this was in care plans and information about any faith centres they attended were documented. Care plans also captured information about people's culture, sexuality and gender identity.

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

- People were involved in their care.
- People said senior staff asked them about their care before they received a service and care staff always gave them day to day choices. One person said, "I always get choices about what they are going to do."
- People's care needs were regularly reviewed and they had visits and telephone calls from office staff to check they were happy with their care. The provider carried out surveys to check people were happy with their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. A relative said, "I've been really pleased with the regular carer. She really helps [person] to be independent."
- Care plans documented tasks people could do for themselves and staff were knowledgeable about how to care for people in a way that promoted their abilities to do tasks themselves.
- People said staff were respectful of their privacy and dignity when providing care, and staff were able to describe how to provide care in a way that promoted people's dignity. One person said, "They [staff] make a little joke about the personal care which takes away any embarrassment."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People's complaints had been documented and responded to, but we received feedback informal complaints did not always receive a response. One person said, "I have complained about the lateness and occasionally being missed out without a call but the manager ignores me." Another person told us, "I have made complaints and the attitude I get is that they are not really bothered." However, another person said, "I have complained and it was dealt with to my satisfaction."
- People said they knew how to complain but six people said they had made informal complaints about punctuality which had not been responded to. We also received feedback complaints were sometimes not responded to in a timely manner.
- We checked records of complaints and these showed where issues had been raised formally, they had been investigated and responded to. However, people's feedback showed issues were not always addressed promptly or responded to when raised informally.

We recommend the provider seeks and follows best practice in relation to recording and responding to informal complaints to ensure people are informed of the outcome.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care, but care records did not always reflect this.
- People's care plans were in the process of being updated following the introduction of an electronic care planning system. The level of detail was inconsistent between care plans. Whilst some detailed people's life stories and backgrounds, others lacked detail on how to meet people's needs in a personalised way.
- For example, one person was living with dementia and required support with personal care. The care plan documented what tasks they needed support with but did not record how the person's dementia affected them and what approaches staff should take.
- The provider was aware of this and was in the process of updating care plans and staff were knowledgeable about people's needs which reduced the impact of these shortfalls in records. We have reported further on record keeping in the well-led domain.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.

- Care plans included information about any visual or sensory impairments and care was planned around these.
- Information about the service was available in accessible formats, such as large print. Staff described to us how they read information to a person who had a visual impairment and staff demonstrated a good understanding of how to provide information in a way that was accessible to people.

End of life care and support

- Care plans documented people's wishes regarding end of life care.
- We saw evidence of staff working with healthcare professionals and office staff were aware of who to contact in the event of people's conditions deteriorating.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

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

- Some records were not accurate and up to date, with improvements in progress at the time of our visit. People also gave us mixed feedback about the leadership at the service.
- One person said, "Yes it is well managed." Another person said, "The service is well managed but could improve. They need a better planning of logistics from one area to the next." Another person told us, "I do think that London Care could be better managed. The left hand should know what the right hand is doing."
- The provider had completed a survey in September 2019 which had showed some negative responses around call attendance and communication when staff were late. People's feedback and our findings around staff deployment showed the service had not always acted robustly in response to feedback to make improvements in the service.
- Care records were not always accurate and up to date. The service had recently moved to a new care planning system and staff were in the process of updating records. Despite people having positive experiences of care, we found care plans sometimes lacked important information. The provider's system to audit care plans had not identified and addressed these inconsistencies.
- For example, where people had mental health conditions or dementia, the guidance for staff on how to provide care for them didn't always reflect these needs. Where two people were living with diabetes, their care plans contained generic information and didn't inform staff about how it affected them or which type of diabetes they had. As reported in Safe, we also identified people with conditions which could pose increased risks but there were no documented plans to keep them safe.
- Whilst staff knowledge and understanding reduced the potential risks associated with these shortfalls, the regularity in which information was missing showed action was required to ensure people had accurate care plans.
- The provider was in the process of auditing and updating records and had reviewed call attendance and started to take action with staff to improve this. However, our findings showed more action was required to ensure improvements were consistent.

The shortfalls in relation to governance and record keeping were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people

- People were supported by staff who were supported in their roles and rewarded for best practice.
- There were regular meetings for staff and staff said they found these useful and had opportunities to contribute ideas and suggestions about the service.
- There was a recognition scheme where staff were nominated for good work and exceeding expectations and the provider awarded staff who won with a kindle device. Examples of practice which was rewarded included staff staying at people's homes and completing extra tasks and helping a person to get a diagnosis for a skin condition.
- Staff described a positive culture and showed enthusiasm for the work they did and following best practice.
- Management encouraged staff to take on lead roles and develop important areas of practice. There were also themed meetings and supervisions to pass on best practice and help to embed learning and best practice amongst the staff team.
- People were given opportunities to contribute their views of the service through regular telephone calls and spot checks to check if they were happy with care. People also received regular reviews and annual surveys.

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

- Incidents were responded to openly, with information shared with relatives and professionals in a transparent manner.
- When incidents occurred, actions taken were checked by management and part of these checks included ensuring relatives and healthcare professionals had been informed and apologised to where appropriate.
- The provider met the requirements of their registration to notify CQC of important events. Records showed that the provider had notified CQC when they were required by law to do so.

Working in partnership with others

- The service worked in partnership with other organisations.
- We saw evidence of the service having a presence in local communities and engaging with voluntary organisations and faith groups.
- In care records we saw evidence of work with local authorities and healthcare professionals to meet people's needs. Staff escalated issues promptly and office staff were observed liaising with professionals during the inspection.

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	Regulation 17 HSCA RA Regulations 2014 Good governance People's records were not always accurate and up to date and feedback from people had not always been acted upon robustly.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive care calls at the times they expected, particularly where people required two staff to support them.