

London Care Limited

London Care (Lime Tree House)

Inspection report

2a
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London
SE15 2DL

Tel: 02073589977

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09 February 2021

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12 March 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

London Care (Lime Tree House) is an extra care service. People using the service lived in rented flats in a purpose-built building. At the time of our inspection there were 38 people receiving personal care at this service.

The service includes the Southwark Night Owl service. This provides care and support to people living in their own homes in the London Borough of Southwark who require support with personal care tasks at night. There were 8 people using this service at the time of this inspection.

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

People told us they were happy with the service they received from the provider. A person told us "The staff are caring and do a good job with a smile." People were safeguarded from abuse and poor treatment and there were suitable processes to respond to safeguarding concerns.

The provider had improved the delivery of the night owl service. People told us that staff arrived on time and were reliable. There was now a system in place to ensure that calls took place as planned at night. Staffing levels were sufficient to meet people's needs and staff were safely recruited. Medicines were safely managed, with appropriate checks to ensure that people received their medicines as planned.

The provider had put measures in place to protect people from the COVID-19 pandemic. This included ensuring staff used personal protective equipment correctly and had training in this, and there was enhanced cleaning within the service. Staff and residents were tested regularly and were supported to be vaccinated against the disease. Risks to people's wellbeing were assessed and the provider took appropriate measures to mitigate these risks.

People told us they knew how to make complaints and ask for changes to their service, and the provider checked that complaints were addressed in line with their complaints policy.

There were improved systems of governance. A monitoring system was used to ensure complaints, incidents and accidents were responded to appropriately. There were regular checks on the quality of people's care, including checking records of care and medicines management and speaking with people about the quality of their service. Staff understood their responsibilities and key duties were allocated and checked. Managers acted promptly to address staff concerns and support the staff team.

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 9 December 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 26 September and 7 October 2019. Breaches of legal requirements were found and we issued a warning notice regarding good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and the handling of complaints.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 responsive?

Inspected but not rated

Inspected not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

London Care (Lime Tree House)

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. An Expert by Experience made calls to people who used the service and their families. 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

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 24 hours' notice of the inspection. This was due to the COVID-19 pandemic. We needed to confirm with the provider whether they had any cases of COVID-19 at the service and discuss their infection control procedures before we entered the premises.

What we did before the inspection

We reviewed information we held about the service, including notifications of serious incidents the provider is required to tell us about.

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

We visited the service on 9 February 2021. We spoke with the registered manager, regional head of quality and regional director. We reviewed records of care and support for seven people who used the service, including records of medicines management. We looked at recruitment records for four staff members. We looked at records relating to the management of the service, including audits, service development plans, communications with staff and health and safety checks.

After the inspection

On 10 February 2021 we made calls to people who used the service and their families. We spoke with four people who used the service and four family members. We spoke with a contract monitoring officer at the local authority to discuss the provider's performance and contract monitoring arrangements, and made calls to four care workers.

We asked the provider to send us some other information which we reviewed after the inspection to reduce the time that we spent on site. This included records of governance reviews, data from the provider's electronic care management (ECM) system and health and safety checks.

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.

At our last inspection the provider had failed to protect people from missed visits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Assessing risk, safety monitoring and management

- There were improved systems to protect people using the night owl service from missed visits. The provider now operated an electronic care monitoring (ECM) system to ensure care workers attended night visits. Rotas had been revised to allow travel time between visits. People told us staff came on time. Comments included "They are very prompt" and "They are normally on time."
- There were suitable systems for assessing risk to people who used the service. The provider had standard forms for assessing risks, including those relating to a person's environment, risk of falls and pressure sores. There were also additional risk assessments for specific health conditions such as diabetes where a more personalised approach to assessing risk was required.
- The service took appropriate action to mitigate identified risks. This included completing repositioning charts when required to protect people from skin damage, checking that lifting equipment was used appropriately and ensuring people had personal emergency evacuation plans (PEEP). A PEEP is a document which identifies the support people require to move to a place of safety in the event of an emergency. Comments from people included "They do [help me keep safe], they are good to me" and "They do a good job when hoisting me...they listen to me and I explain how I like things done."

Systems and processes to safeguard people from the risk of abuse

- There were suitable systems to protect people from the risk of abuse. Care workers told us they had training in safeguarding adults and knew how to report concerns. Staff told us they were confident concerns would be taken seriously. People told us they felt safe when staff visited.
- The provider took appropriate action where abuse was suspected. This included investigating the concerns and taking prompt action to safeguard people where this was required. The provider used an incident monitoring system to record safeguarding incidents and a senior of staff signed off that appropriate action was taken.

Staffing and recruitment

- Staff were safely recruited. The provider carried out appropriate checks on prospective staff, including obtaining proof of identification, a full work history and evidence of satisfactory conduct in previous employment. Staff also received a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help providers make safer recruitment decisions.
- There were enough staff to safely meet people's needs. Staff were rostered to particular roles based on

people's needs, and daily logs demonstrated that people received visits in line with their care plans. Staffing arrangements had been revised on the night owl service to ensure the service could operate safely.

- People living in Lime Tree House could summon help when required. People's flats were fitted with pull cords and people had access to pendant alarms. Call systems were also monitored by an external emergency service if staff could not respond immediately. People told us that staff attended when they called for help. Comments included "They come quickly, I'm happy with this."

Using medicines safely

- The provider assessed people's medicines needs. Assessments recorded the medicines people took, including barrier creams, and the support people required to take their medicines. There was clear information about who was responsible for administering and ordering people's medicines.
- Records demonstrated the safe management of medicines. People's medicines were recorded on medicines administration recording (MAR) charts which were fully completed. Where people were supported to apply creams, there were clear instructions on how to do this including the use of body maps and staff recorded this support appropriately.
- Managers checked that medicines were administered safely. MAR charts were audited twice monthly for possible errors. Senior staff checked people's medicines in their flats as part of their regular checks of the service. Staff told us they were up to date with their medicines training and felt confident administering medicines. People told us they received their medicines on time and had not experienced any problems.

Preventing and controlling infection

- People were protected from infection. People using the service told us staff always wore appropriate personal protective equipment (PPE) when visiting their homes. Care workers told us that they were provided with the right PPE and had received training in its proper use. There were daily checklists for the registered manager to follow to ensure appropriate infection control measures remained in place.
- The service took appropriate action to protect people from the COVID-19 pandemic. This included working with building managers to restrict visitors to the building and ensure enhanced cleaning of frequently touched surfaces. Staff were tested for COVID-19 weekly, and residents were tested monthly. Communal areas were no longer used for meals, and social distancing was promoted through changes to the layout of furniture.
- The provider had worked with local health services to support people and the staff team to be vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider operated systems to respond to incidents effectively. The incident monitoring system was used to record when incidents and accidents had occurred and what actions were taken as a result. Incidents were signed off by a senior manager.
- Managers used information from incidents to monitor the quality of the service. Trends in incidents were discussed in regular governance reviews.
- Minor concerns were discussed and acted on appropriately. Staff used communication logs within the service to report any minor concerns or disruptions to the service. The registered manager checked this regularly and recorded actions taken to resolve these issues.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had addressed the breach of regulations identified at the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to operate effectively systems to monitor and respond to complaints. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Improving care quality in response to complaints or concerns

- People knew how to make complaints about the service. People we spoke with told us they would speak to a manager or the office if they were not happy about something. People told us the provider had taken appropriate action in response to minor complaints.
- The provider operated a system to monitor complaints. We saw examples of how complaints were recorded and investigated by the provider and outcomes recorded. Complaints were now signed off by a senior manager and monitored as part of the organisation's governance reviews.

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; 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 ; Continuous learning and improving care

On 14 November 2019 we issued a warning notice regarding breaches of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have an effective governance system in place to ensure that people received the care they required at the right time or to mitigate risks associated with missed calls, or to ensure appropriate information was available to support people's individual needs in the event of fire.

At this inspection we found the provider had met the warning notice and was now meeting this regulation.

- There were improved systems for managing the service. The registered manager was now solely responsible for the management of the night owl service. Staff were allocated key roles. For example, at our last inspection we found the staff cars did not always have petrol. A single allocated staff member was now responsible for ensuring the car had petrol at the start of the shift and this check was recorded daily. The registered manager was responsible for checking the communication log and resolving any issues which had occurred.
- The provider had implemented a suitable action plan in response to our last inspection. This including substantial changes to the running of the night owl service and ensuring that there were suitable oversight of night time visits. The provider had implemented an effective monitoring system to check these visits occurred as planned.
- Managers were open and honest when concerns were raised about the service. Managers investigated what had gone wrong and ensured information was shared with other parties, including with families, about what had happened.
- The provider had enhanced systems for reviewing the quality of the service. There was suitable recording of key areas of performance such as staff training, complaints and audit of people's care. The registered manager met regularly with a senior member of staff to review these reports and to devise an action plan in response to their findings.
- The service had appropriate systems to record and monitor people's care. People's log books contained recording systems for people, including recording fluid intake, repositioning and medicines support. Log books had clear pathways for auditing this information and acting on findings. We saw that audits were

completed regularly and the completion of audits was monitored as part of governance reviews.

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

- Care workers told us they felt well supported in their roles. Comments from staff included "[the registered manager] is very concerned about how you feel, she's very professional and very approachable."
- The service engaged well with people who used the service and their families. People and their families told us they were kept up to date with changes to the service, including changes they had made in response to the COVID-19 pandemic. People told us they knew how to contact a manager if they needed to do so.
- Managers checked with people that they were happy with their service. This included through quality assurance telephone calls and monthly visits to people's flats when they lived in the extra care service. Managers used different approaches to contacting people based on their communication needs, for example using email when people were not able to use a telephone.

Working in partnership with others

- The service worked effectively with other services to deliver improvements for people. This included working with the housing association to improve infection control within the building and working with local health teams to deliver vaccines to people who used the service and staff.
- The provider worked with the local authority to ensure they could support local services. This included carrying out assessments with local social work teams to provide short placements to people as part of their wider packages of care.