

London Care Limited

London Care (Basildon)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was completed on 23 April 2015, 5 May 2015 and 15 June 2015 and there were 155 people being provided with a service by the domiciliary care service.

London Care Basildon is one of several services owned by London Care Limited. London Care Basildon offers personal care to a wide range of people in their own homes. These include older people and adults with a diversity of needs. It mainly provides services through commissioning contracts with local authorities, but they also take on private contracts.

A manager was in post but they were not registered with the Care Quality Commission. 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

Summary of findings

the time of the inspection the provider had confirmed that an application to register the manager was in the process of being submitted to the Care Quality Commission.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision and support.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. The management of medicines within the service was safe.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service were identified as required, these were addressed.

Summary of findings

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 safe.

The majority of people who used the service and those acting on their behalf told us they had confidence in the staff that supported them and they felt safe.

Appropriate arrangements were in place to ensure that there were sufficient numbers of staff available to support people who used the service.

Appropriate arrangements were in place to manage risks to people's safety.

Suitable arrangements were in place to ensure that the right staff were employed at the service.

Medicines management at the service was safe and people received their prescribed medication.

Good



Is the service effective?

The service was effective.

Staff received an effective induction, training and appraisal, to ensure they had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard and to meet people's needs.

People's ability to consent to the care and support by staff was recorded.

People's healthcare needs were recorded and met.

Staff received 'spot visits' and supervision at regular intervals.

Good



Is the service caring?

The service was caring.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People told us that they were treated with kindness and consideration by staff.

Good



Is the service responsive?

The service was responsive.

People's support plans reflected their current needs and provided current information to guide staff on the most appropriate care people required to meet their needs.

Support plans had been reviewed as changes in people's circumstances had changed.

The service was responsive to people's care and support needs.

Appropriate steps had been taken by the manager to ensure that people who used the service and those acting on their behalf could be confident that their complaints would be listened to, taken seriously and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A robust quality monitoring system that managed risks and assured the health, welfare and safety of people who received care was in place.

The manager was clear about their role, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Good



London Care (Basildon)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

This inspection took place on 23 April 2015, 5 May 2015 and 15 June 2015 and consisted of a visit to the service's office and telephone interviews to people who used the service, those acting on their behalf and care staff. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would be available.

The inspection team consisted of two inspectors 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 service.

We reviewed the Provider's Information Return (PIR). The PIR is a form that the provider completes before the inspection. It asks for key information about the service, what it does well and any improvements it plans to make. We reviewed the information we held about the service including notifications received from the provider and from contacting the Local Authority. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with 16 people who used the service and those acting on people's behalf, seven members of care staff, the deputy manager and manager. We reviewed seven people's support plans. We looked at the service's staff support records for seven members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding and quality monitoring information.

Is the service safe?

Our findings

At our last inspection to the service in October 2013, we found that medicines management at the service was poor. This referred specifically to a significant number of unexplained omissions on the medication administration record [MAR], giving no indication of whether people had received their medicines or not, and if not, the reason why was not recorded. In addition, we found that few MAR forms listed the specific medication prescribed to the person who used the service. We asked the provider to send us an action plan outlining the actions taken to make the required improvements. This told us that staff would receive refresher training focusing on accurate completion of MAR forms.

None of the 16 people spoken with had their medication 'prompted' or 'administered' by staff from the service. Staff confirmed that they had received refresher medication training and this had focussed on accurate completion of MAR forms. MAR forms looked at were much improved with fewer unexplained omissions and people's specific medication was listed. There was no evidence to show that medication practices at the service were not safe.

People and those acting on their behalf told us that they felt safe. One person told us, "Of course I feel safe." Another person told us, "Yes, I am kept safe and have no worries." Staff told us that they felt people were kept safe at all times. Staff were able to demonstrate a good understanding and awareness of safeguarding procedures and the actions they would take if they suspected abuse. One member of staff told us, "If I have any concerns at all about any of our service users I'd immediately report them to our office or on-call supervisor." Another member of staff told us, "I have phoned the office when I have had a concern about a service user. The staff there dealt with it straightaway." Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. The manager was able to demonstrate their knowledge and

understanding of local safeguarding procedures. This showed that people were protected from abuse and kept safe because staff knew what to do and followed the service's policies and procedures.

Appropriate arrangements were in place to manage risks to people's safety. Where assessments were in place we found that these related, for example, to people's individual manual handling needs. Environmental risks were in place and included clear protocols in relation to the security of the home environment and entering the person's home. In addition, other risks relating to people's specific health and wellbeing had also been considered, for example, a risk assessment was in place for one person in relation to their medication and nutritional care needs. This focussed on the person's individual risks and how these should be managed to ensure the person's comfort and safety.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for seven members of staff showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

People and those acting on their behalf confirmed that their care and support needs were met in a timely manner and there were always sufficient staff available to provide the care and support they required and at the time needed. People told us that staff were generally on time except when regular staff were on annual leave, staff sickness and when there was a change of staff member providing the care and support. We were advised that when this happened, they received a telephone call from the service explaining the situation and apologising for the delay. Only one out of 16 people advised that they had experienced missed calls. In addition, the records for a further nine people showed that they had not experienced any missed calls. The manager confirmed that in the last 12 months there had been a total of seven missed calls. We found that the manager had acted appropriately to review these and to learn from each incident to ensure that suitable arrangements were put in place to minimise future mistakes.

Is the service effective?

Our findings

The majority of people told us that in their opinion their needs were met by staff that had the right knowledge, competencies and training. Staff told us that both face-to-face and e-learning training was provided. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The training matrix showed that the majority of staff's training was either up-to-date or had been booked. One staff member told us, "We get regular updated training. I think that the training covers the areas it should and for the work we do." Another member of staff told us, "I get reminded when I'm due to up-date my training and I think overall the training includes the right subjects needed for the people I support."

Induction training for newly employed staff comprised of a four day induction programme and included 10 hours whereby they 'shadowed' a more experienced member of staff. The induction was seen to be comprehensive and in line with industry best practice standards to support staff working in adult social care. This enables staff to gain good basic care skills and to demonstrate their understanding of how to provide high quality care and support over several weeks. We spoke with two newly employed members of staff and they confirmed that as part of their induction they had been given the opportunity to 'shadow' and work alongside more experienced staff members. They stated that this had been useful. Comments included, "I shadowed an experienced staff member. I found this useful in helping me to fully understand the role of being a care worker." The staff records we looked at confirmed what staff had told us.

Staff told us that they received regular supervision. They told us that supervision was used to help support them to improve their practice. Staff confirmed that they received one-to-one supervision, 'spot checks' and an annual appraisal. Staff told us that supervision was a two-way process and that they felt supported and valued by the management team and supervisors. Records confirmed what staff had told us. One member of staff told us, "I get regular one-to-one meetings at the office where I can talk about the people I support and my training. We also have spot checks every couple of months and any concerns we have about the people we support are always listened to and acted on."

Information relating to people's ability to consent to their care and support was recorded within their support plan and where appropriate did include the involvement of their relative or those acting on their behalf. The majority of staff had a basic understanding of the Mental Capacity Act (MCA) 2005 but confirmed they would refer to the senior management team for advice. Staff training did not include MCA but the manager advised that they would look into this for the future.

People told us that staff supported them as needed with meal preparation, provision of drinks and snacks and in some cases assisting people to eat and drink. Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their dietary needs met.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would discuss these with care staff or their family members. Staff told us that if they were concerned about a person's health and wellbeing these would be relayed to the domiciliary care office as a priority.

Is the service caring?

Our findings

Overall, people and those acting on their behalf told us that staff were kind, caring and had a good attitude towards the people they supported. People told us that they received care and support from staff who knew them well and who understood the support each person required to meet their needs and at a pace that was appropriate. Comments included, “They [staff] take care of my relative’s needs” and, “The carers are good.” Another person told us, “They [staff] are the best, particularly the one who comes at the weekend. They always know what I want.” Staff demonstrated appropriate understanding of people’s day-to-day care requirements and the support required to meet their individual needs.

Information was available to show that people were involved in making decisions about their care and support where this was possible. We saw that prior to the service being agreed, people or those acting on their behalf had provided information to support the completion of the care plan. In addition, people had signed to agree the content of their support plan. People also told us that they had been asked to provide feedback about the quality of care provided at regular intervals.

Staff told us that they treated people with respect and considered their individual needs when communicating with them. Staff told us that the majority of people they supported were older people and/or people living with dementia. Although no specialist communication aids or methods were being used, staff were able to demonstrate how they would communicate effectively with people in general and specifically with those people living with dementia. They told us, for example, they ensured that people’s communication aids such as hearing aids were appropriately fitted and turned on and that they spoke clearly and not too fast so that they could be easily understood and gave people sufficient time to respond.

People and those acting on their behalf told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in a discreet manner and they were treated with courtesy and respect. One person told us, “They [staff] are always respectful and treat my relative with the dignity that they deserve.” Another person told us, “The carers are good, they treat me with respect and they are very polite.”

Is the service responsive?

Our findings

People told us that they were very happy with the care and support provided by the domiciliary care service. People told us that their changing care and support needs were always catered for and where appropriate and able they were supported to maintain their independence.

The manager told us that people's care plans were written using the information gathered during the initial assessment period and prior to the service being agreed. This ensured that the service had considered whether or not it could meet the person's needs and also provided detail to inform the individual's support plan.

The support plans covered all aspects of a person's individual circumstances, for example, the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and any additional duties and tasks to be undertaken. We found that these had been reviewed at least annually and where there was a change to a person's circumstances, records showed that the support plan was reviewed and updated. Staff were aware of the content of people's support plan and felt that they had sufficient information to meet people's needs. One member of staff told us, "We are told by the office when we have a new service user and we get details of what we need to do for them before we start giving support." This meant that people had their needs assessed and reviewed so that their needs could be met.

People and those acting on their behalf told us that if they had any concern they would discuss these with the management team, supervisors or office staff. People confirmed that they knew who to approach if they had any concerns or complaints. One person told us, "I have not had to make a complaint but I would have no hesitation to contact the office. I am sure that they would deal with any issues raised." This showed that people and others know how to share their experiences or raise a concern or complaint and feel comfortable doing so. Staff knew about the service's complaints procedure. One member of staff told us, "I will always help the people I support on how to make a complaint if they are not happy about something we do."

An effective system was in place for people to use if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people or those acting on their behalf when they first started using the service. Records showed that there had been three complaints in the last 12 months.

A record of compliments was maintained to evidence the service's achievements. One compliment recorded, 'Their [staffs] kindness, care and attention have been invaluable and help in times of crisis were greatly appreciated and gave much comfort and reassurance to [name of person who used the service] and our family.'

Is the service well-led?

Our findings

The manager confirmed that they monitored the quality of the service by regularly speaking with people who used the service or those acting on their behalf to ensure they were happy with the service they received. In addition, unannounced 'spot checks' were undertaken on staff to review the quality of the service provided by them and to ensure that they followed the provider's policies and procedures. The latter referred to a supervisor visiting a person's home to observe the standard of care and support provided by staff and to obtain feedback from the person using the service. The manager advised that the 'spot check' also included a review of the person's care records so as to ensure that these were appropriately completed.

We found that the quality monitoring forms we looked at were in general very complimentary about the care and support provided. The manager had reviewed minor issues raised such as people not told when a staff member was running late. Appropriate arrangements had been put in place to limit repeat occurrences and to improve the service.

The manager and deputy manager team had access to an electronic monitoring system which enabled them to monitor a number of areas relating to both people who used the service and staff employed at the service. These included, for example, medication errors, number of

complaints and safeguarding concerns, number of staff supervisions completed, level of training provided to staff and recruitment processes. The manager advised that this information could be accessed at any time and was shared at provider level. This meant there was a robust quality assurance system in place and this was used to drive continuous improvement at the service.

People told us that they found the service to be well managed. Comments included, "They never fail us" and, "I think the service is well managed." Staff told us that they received good support from the manager and senior management team. One member of staff told us, "The manager is very approachable and I really like my job. We get good support from the office staff and there is always someone to ring for advice out-of-hours when the office is closed." Another staff member told us, "If I raise any issues about a service user they are addressed straight away. I think the manager is a diamond and is always approachable if I want to discuss anything."

Staff confirmed that there were regular staff meetings for all designations to enable staff to express their views about the running of the service and records were available to confirm this. This showed that the service had an open and transparent culture that encouraged staff to give their views of the service to improve the experience for people where needed and to question practice.