London Care Limited

London Care (Brentford)

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

Summary of findings

Overall summary

The inspection took place on 8 March 2016 and was announced. We gave the provider 48 hours' notice because they are a domiciliary care agency and we wanted to make sure someone would be available.

The last inspection was on 17 August 2015 when we found breaches of three Regulations and the service was rated Requires Improvement. We found that people's care was not always being delivered in a way which reflected their needs and preferences. We also found that the staff did not always receive the supervision, support and training they needed to care for people safely. We found that the provider did not always mitigate the risks of unsafe and inappropriate care and records were not accurately maintained. At the inspection of 8 March 2016 we found the provider had made the necessary improvements in these areas.

London Care (Brentford) is a domiciliary care agency providing personal care and support to people who live in their own homes in the London Boroughs of Hounslow, Brent and Ealing. At the time of our inspection approximately 164 people were using the service. The majority of people were over the age of 65 years old, although some younger adults with a learning disability also received support. The branch employed approximately 85 care workers. There was a registered manager in post. 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 and associated Regulations about how the service is run.

London Care (Brentford) was run by London Care, a private organisation who provided domiciliary care throughout London and the South east of England.

People were happy with the service and felt their needs were met.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's health and wellbeing had been assessed and action was taken to minimise the risk of harm.

People received their medicines in a safe way and as prescribed.

There were enough staff to care for people and meet their needs and they were recruited in a safe and appropriate way.

People were cared for by staff who were well trained and supported.

The majority of care was provided at the agreed time by care workers who were familiar to people. Some

people told us that this was not always the case. The provider was changing the systems of matching care workers to people to help improve consistency and timing of calls.

People were asked to consent to their care and treatment.

People's health care needs were recorded.

People's nutritional needs were recorded and they were supported to eat the food they wanted if needed.

People felt their care workers treated them with kindness and respect. They liked their care workers and looked forward to visits from regular and familiar care workers.

People told us their privacy was respected. The care which people received met their needs and reflected their preferences.

People knew how to make a complaint and the provider responded appropriately to these.

There had been improvements to the way in which the service was run and quality was monitored. There had also been improvements in record keeping making sure these were accurate, up to date and reflected the care given.

The provider had plans for further improvements to the service.

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.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's health and wellbeing had been assessed and action was taken to minimise the risks of harm.

People received their medicines in a safe way and as prescribed.

There were enough staff to care for people and meet their needs and they were recruited in a safe and appropriate way.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well trained and supported.

The majority of care was provided at the agreed time by care workers who were familiar to people. Some people told us that this was not always the case. The provider was changing the systems of matching care workers to people to help improve consistency and timing of calls.

People were asked to consent to their care and treatment.

People's health care needs were recorded.

People's nutritional needs were recorded and they were supported to eat the food they wanted if needed.

Is the service caring?

Good

The service was caring.

People felt their care workers treated them with kindness and respect. They liked their care workers and looked forward to

visits from regular and familiar care workers.

People told us their privacy was respected.

Is the service responsive?

Good

The service was responsive.

The care which people received met their needs and reflected their preferences.

People knew how to make a complaint and the provider responded appropriately to these.

Is the service well-led?

Good

The service was well-led.

There had been improvements to the way in which the service was run and quality was monitored. There had also been improvements in record keeping making sure these were accurate, up to date and reflected the care given.

The provider had plans for further improvements to the service.

London Care (Brentford)

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 checked 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 8 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection visit was conducted by one inspector. Before the inspection visit one inspector and one expert-by-experience contacted people who used the service and staff by telephone to gain feedback about their experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this inspection had personal experience of caring for someone who had dementia.

Before the inspection visit we looked at all the information we held about the service, including notifications of significant events and the provider's action plan for improvements. We spoke with 38 people who used the service, or their representatives, and 10 care workers who were employed by the provider.

During our inspection visit we looked at the care records for six people who used the service, which included care plans, assessments, records of care provided and medicine administration records. We also looked at the recruitment, training and supervision files for seven members of staff. We looked at the provider's own records of quality monitoring and checks. We spoke with the registered manager and regional manager.

Good

Is the service safe?

Our findings

People told us they felt safe being cared for by the agency. Some of the comments people made were, ''Yes, I feel very safe'', ''I feel happy and safe with the care given'', ''the carers are kind and I feel safe, they are nice people'' and ''they are very good, I feel safe with them.'''

People told us that if they had any concerns about the agency or their safety they would raise these with the agency managers. One person said, ''I feel comfortable talking to (the agency) about anything.'' Another person told us, ''I feel fine with contacting the agency and they listen to me.''

There was a procedure for safeguarding people who used the service. There was also information for staff and people who used the service about this. The staff had received training in this area. The provider had taken appropriate action following safeguarding concerns. For example, they had contacted the local safeguarding authority, they had notified the Care Quality Commission and they had undertaken investigations into concerns. We saw records of these investigations and the action taken by the agency, which included increased monitoring and retraining staff and apologies to the victims.

Some people required support with shopping. There were appropriate systems to ensure the staff managed people's money safely. Receipts and a record of all transactions were maintained and checked by senior staff.

The risks that people may be exposed to had been assessed. The senior staff at the agency met with people (and their representatives) before the service started to discuss their needs and risks to their safety. They carried out an assessment, which was recorded. These assessments included environmental risks, risks related to moving the person safety and risks associated with their physical or mental health. There was a plan to show how the risks of harm were reduced and these were included within people's care plans. People had signed their agreement to these assessments. Risk assessments were regularly reviewed and had been updated when people's needs changed.

People told us they felt supported to take the medicines they needed. One person said, ''(The carer) always make sure I take my medicines while she is with me.'' Another person said, ''They give me my medicines and they help me take it, they make sure I have taken it.''

People received their medicines in a safe way and as prescribed. The staff administering medicines had training, which was regularly updated and included a written assessment of their knowledge. The manager and senior staff observed care staff administering medicines. We saw that people's medicine needs were recorded and staff completed charts to indicate that medicines had been administered. The senior staff checked administration charts and took action where information was missing or not clear.

The regional manager told us that the provider was introducing a new role for each branch of medication field care supervisor. This member of staff would be responsible for overseeing how medicines were

managed for people using the service. The role included training other staff, making assessments of staff competency and dealing with any queries or problems with medicines management. The regional manager told us they were in the process of recruiting to this role which they felt would improve how medicines were managed.

The agency had a system for monitoring care visits. This gave live information to managers and senior staff about where care workers were and whether they were running late for visits. The care managers monitored this throughout the day so they could take action if they identified a problem. The manager and senior staff shared an out of hours on calls service where people using the service and staff could contact them. They also had access to the computerised monitoring system so they could check the progress of care visits during the evenings and weekends.

The agency employed enough staff to meet people's needs. There were enough carers to provide all the planned visits and to allow for emergency changes. The senior staff at the office were also trained to provide care so they could make visits to people if needed in an emergency.

The recruitment checks at the agency were designed to make sure the staff were suitable to work with vulnerable people. The manager conducted face to face interviews at the agency offices. The agency then made checks on their identity, references from previous employers, eligibility to work in the United Kingdom and criminal record checks before they started working at the service. The staff recruitment files we examined included the required information and evidence of the recruitment interview.

Good

Is the service effective?

Our findings

At the inspection of 17 August 2015 we found that the staff did not always receive the support, supervision, training and appraisals they needed to care for people safely. The provider wrote to us telling us they would make the necessary improvements. At the inspection of 8 March 2016 we found they had made the improvements needed. They had arranged for the staff to have better access to training and support.

Since the last inspection the provider had updated and improved their training facilities at the offices. There was a range of training resources, posters of information and equipment used by the staff as part of their training. All staff had received or were due to receive updates of training in safeguarding adults, the Mental Capacity Act 2005, health and safety, medicines management, infection control and moving people safely. We saw evidence of staff training. New staff took part in a five day induction. The staff were supported to undertake training via computer based and classroom training.

In addition to the formal training, the staff were required to complete work books about specific topics. These included Parkinson's disease, strokes and diabetes. The books gave information and the staff were required to complete evidence of their learning.

The manager told us they were in the process of registering staff to undertake vocational qualifications in care. They were holding a staff meeting on the day of our inspection to encourage the staff to register for these.

New staff shadowed experienced staff before they were allowed to work independently. There was evidence of assessments undertaken by senior staff and information about their abilities and skills whilst they were shadowing others.

The frequency of supervised checks of care workers visiting people and individual meetings to discuss their work had improved. There was evidence that senior staff assessed the competency of care workers regularly. There were also opportunities for the staff to discuss their work and any specific needs they had. These checks and meetings were recorded. The manager told us they had a system which highlighted when meetings were due so that each staff member had contact from a manager at least every three months. There was evidence of more frequent assessments, meetings and checks following identified concerns about staff practice.

The regional manager told us the provider was introducing a system of themed supervision meetings. This would mean that managers were given a template about a specific theme, for example the Mental Capacity Act 2005 and Whistleblowing, and they would discuss key points about the theme with each member of staff individually.

There were regular team meetings and these included informing staff about changes at the agency. We saw that the manager had also sent letters and information to staff about specific procedures, including

safeguarding procedures. The manager had introduced a system of highlighting and rewarding good practice by celebrating ''carers of the month.'' The reason staff had been awarded this recognition was displayed, and included specific comments and compliments from people who were being cared for.

Some of the care workers told us they did not always feel supported by managers. They said that they felt they were sometimes rushed and did not have enough information to carry out their duties. For example, they told us they did not have opportunities to read care plans before they visited a new person and they did not have time on the visit to read the care plan and care for the person. The care workers also said they did not have enough time to travel between people they were visiting.

Most people told us the care workers arrived on time and stayed for the agreed amount of time. However one person said, ''They do not always stay as long as they should.'' Another person told us, "It's all a bit higgledy-piggledy at weekends." A small number of people felt the care workers were not well trained or supervised. However, others felt the care workers were appropriately skilled and had the training they needed to care for them. One person said, ''They always stay the full hour.'' Another person told us, ''They are very, very nice ladies.''

The majority of people told us they had the same regular care worker. They told us they were happy with this. Some people said there had been frequent changes in their care worker. One person said, "You just think you're getting into a routine and then they change the carer for no reason." Another person told us, "It's a problem because you never know who's going to turn up."

Some people said that the agency did not always let them know if their care worker was running late or there was a change in care worker. One person said, ''They are not on time and they seldom ring if they are late.'' Another person said, ''I always ring them, they do not call me.'' Other people told us they were informed. For example, some of the comments people said were, ''They are very good with timekeeping'', ''They ring me if they are coming or running late'', ''They are pretty good with timing, they phone me if they are running late'' and ''They are always on time and ring me if they are coming late, but this has only happened once.''

The manager told us they had started to match care workers to people in a better way in order to provide more regular and consistent support for each person. They told us they had taken account of feedback they had received about travel times and late calls and had tried to ensure that each care worker was based in a smaller geographical area in order to lessen travel time.

People told us that they were able to make decisions about their care and treatment and that they had consented to this. Relatives told us that where people were not able to make decisions these were made in people's best interests.

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

We saw that people had signed records to show they had consented to their care plan. Where people were unable to sign there was a record of their verbal consent or a best interest decision by a relative. The staff we spoke with were aware of the need to obtain consent before providing care.

People told us they had the support they needed with mealtimes. One person told us, ''I have carers four times a day, they give me breakfast and prepare a hot meal for me at lunchtime and at dinnertime. They are very good.'' Another person said, ''The carer gets my breakfast and my lunch. She comes twice a day, cooks me a hot lunch and leaves a sandwich for light dinner. She is a most delightful person.''

People's healthcare needs were recorded in their care plans. There was information about the healthcare professionals and community professionals who supported people. The manager told us that if changes in health were identified, they contacted the appropriate healthcare professional. One person told us, "The familiar carers are good because they get to know you and would be able to recognise any deterioration in my condition."

Good

Is the service caring?

Our findings

People told us they liked the staff who cared for them and they had positive relationships with them. They said that the care workers were kind, caring, polite and respectful. Some of the things people told us were, ''(The care workers) are very good, very kind and good girls'', ''All very good for what they have to do, very caring'', ''very polite and kind'', ''most delightful, joy to have her'', ''very kind and efficient'', "I'm very happy with my regular carers they're marvellous", "They always have a chat while they're here which is nice as I'm on my own all day", ''I look forward to seeing her every day'' and ''very kind, I enjoy her company and she makes me laugh.''

However, some people said that the care workers did not always speak English as a first language and they sometimes had difficulty understanding each other.

People told us their privacy and dignity was respected. They said that the care workers addressed them by their preferred names. They provided care behind closed doors and they always asked permission when supporting them. Some of the things people said were, ''I get strip washed every morning, I feel comfortable they are pushed for time but are very caring'', ''they respect my dignity, once a week I have a shower and I feel safe'' and ''she does everything she possibly can, she is caring and respectful and understands my privacy.''

The staff we spoke with told us they enjoyed working with people. They were able to tell us what important things they needed to consider when caring for someone and when treating people with respect. The staff had received training regarding providing dignity in care.

The care plans included information about how to support people to maintain independence. For example, where people were able to undertake an aspect of their own care, this was recorded and the staff were encouraged to support the person to do this. People's religious and cultural needs were recorded in care plans, including any preferences for care which related to these needs.

Good

Is the service responsive?

Our findings

At the inspection of 17 August 2015 we found that people were not always cared for in a way which met their individual needs and preferences. For example, they did not always receive care visits at a time which suited them or was regular. The provider wrote to us and told us that they would make the necessary improvements. At the inspection of 8 March 2016 we found they had made the improvements they needed and people received care which was more person centred and reflected their individual needs.

People told us they had been involved in planning their own care. Some people said they could not remember whether this was the case and did not remember anyone visiting them to review their care. One person said their care preferences were not always being followed. However the majority of people we spoke with told us they received the care they wanted in their preferred way and at their preferred time. People told us that they could request changes if they wanted.

There had been improvements to the way in which care had been planned. For example, the planned times of care visits had been improved to offer better consistency and make sure individual needs were reflected. Where people had a specific medical need, for example medicines for a health condition or meals for someone with diabetes, the provider had made it a priority that these calls were made at set times that met the person's needs. We looked at a sample of care records where the staff had recorded the care they had delivered. We saw that visits to people occurred at the same regular time each day. The visits lasted the correct amount of time and followed the care plans.

Care plans included information about people's preferences and how they would like their care delivered. There was information about their personal interests, life history and social needs to help the staff to understand about the individual person and how they liked to be cared for.

The care records included evidence of regular telephone monitoring visits from the senior staff. The care records we looked at showed that these people were happy with the care provided and felt that the service met their needs. In one record a person had raised a concern about an aspect of the service. We saw that action had been taken to address this and the person was happy with the response.

People told us they knew how to make a complaint and felt that they could contact the agency managers with any concerns they had. One person said, "Things did improve when I complained." Some people told us they did not feel their complaints had been listened to or acted upon. However, when we spoke with them about this, these were historical complaints. People who had made complaints or raised concerns since the last inspection told us these had been responded to and they felt the agency had listened to them.

We looked at the provider's record of complaints. There was evidence that they had responded to and investigated complaints which they had received. We saw that the manager had written to the complainant explaining what action had been taken and apologising for the incident. There was a record to show what action the provider had taken as a consequence of the complaint, for example, retraining staff.

Good

Is the service well-led?

Our findings

At the inspection of 17 August 2015 we found that people did not feel the service was well-led. They had concerns about how the service was delivered and did not feel that these concerns were satisfactorily addressed. The staff did not always feel supported. The provider's own checks on the service had not identified and mitigated risks and the records were incomplete, inaccurate or out of date. The provider wrote to us telling us they would take the necessary action to improve. At the inspection of 8 March 2016 we found improvements had been made. People felt the service was better led and staff felt more supported. The records had been reviewed and updated and accurately reflected the care planned and provided.

People told us they felt it was a good service and their needs were met. Some of the things people said were, ''They do what they can, always log in the book daily, record things daily'', ''It is a good regular service'', ''I am happy with them, the timing of the carers is good, I have the same carers every day and I feel safe'', ''I am very pleased with the service, they get my shopping if I am running low and they are good company'' and ''They are excellent, very trustworthy.''

The provider's own records showed that in recent months individual staff members and the agency had received compliments from people who had used the service. For example, people had written to or telephoned the agency to say that they felt the staff worked hard, that their relatives were in safe hands and that they wanted to praise their care workers.

Most people told us they could not think of things that would improve the service. Some people felt that the reliability and consistency of staff could be improved. Some people felt the staff needed more training.

A new manager was appointed to the service in September 2015 and registered with the Care Quality Commission. They had previous experience of managing domiciliary care agencies and other care sector roles. They were enrolling on a management in care training course at the time of the inspection.

Since the last inspection there had been improvements to different aspects of the service. The manager and area manager maintained and updated a service improvement plan which outlined areas for improvement. The manager liaised with the local authority commissioners and sent them information about how the service had improved and how well the service was meeting their expectations. The commissioners undertook visits to the service to look at records and information about service delivery.

There had been improvements to records and record keeping. These were better organised, clearer and up to date. Information was easily accessible and the manager undertook regular audits of the records at the service.

The manager and senior staff carried out assessments of staff practice by making unannounced visits when the care workers were delivering care. At these they observed how the staff were working and also asked people receiving the care for their feedback.

The agency contacted people who used the service by telephone or by visiting them at least every three months. We saw evidence of these visits and telephone checks in the files we looked at. The manager told us the computer system used by the agency highlighted if a visit or telephone call was due. The feedback from these contacts was recorded. The manager told us that she had tried to visit and contact people using the service to introduce herself and meet them. The agency sent people using the service, and their representatives, an annual survey. There had been no new surveys sent to people since the last inspection.

The provider had a record of all complaints, safeguarding alerts, accidents and incidents and the manager reviewed and monitored these as part of the service improvement plan.