

London Care Limited

# London Care (Westminster)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

London Care Westminster is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection there were 184 people using the service.

### People's experience of using this service

People told us they were treated with kindness and respect by their care workers. Comments from people included "I am confident that Mum is being well looked after" and "It's a really well managed organisation."

There were improved systems for ensuring that people's medicines were managed safely and that this was checked by the registered manager. People reported that they received their medicines safely and without problems. Staff understood their duties to report suspected abuse and the service acted promptly to safeguard people when abuse was suspected.

People told us they benefitted from consistent care workers who arrived punctually. Staff movements were well planned and monitored effectively using an electronic system. Staff were safely recruited to their roles. Risks to people's wellbeing were assessed appropriately and action was taken to mitigate risk, including understanding risks from people's health conditions and ensuring that moving and handling tasks were carried out safely.

The service ensured that staff had access to personal protective equipment (PPE) and used this appropriately to protect people from the risk of COVID-19. Staff adapted to changing circumstances and guidance on infection control. There was a suitable contingency plan to ensure the service could continue to operate and the service monitored the impact of the pandemic on people. People were kept informed through regular communication from the service.

The registered manager ensured the service detected and investigated when things had gone wrong and ensured that lessons were learned as a result, and complaints were investigated openly and honestly.

People's care was planned and delivered to meet people's needs. The service worked with local organisations including the local authority to advocate for people and report any concerns about people's wellbeing.

The service promoted an open, person-centered culture which was respectful and positive about people's differences, and celebrated staff's achievements. There were suitable systems to ensure that people received a good standard of care and that managers could detect problems early. Staff reported feeling well supported by their managers and able to access advice or support when they needed to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was requires improvement (published 26 July 2019).

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 24 April 2019 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve both the management of medicines and systems to assess and monitor the quality of the service.

We undertook this focused inspection at the provider's request 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 of 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 Westminster on our website at [www.cqc.org.uk](http://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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# London Care (Westminster)

## 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 three inspectors and three 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 homes.

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 48 hours' notice of the inspection. This was to ensure that key personnel would be in the office to support the inspection and to ensure we were aware of the service's requirements to protect staff and visitors from the risk of COVID-19 transmission.

#### What we did before the inspection

We reviewed information we held about the service, including notifications of serious events the provider is required to inform us of. We spoke with the quality assurance team at the local authority. Our planning also took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 22 July 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights.

We reviewed information the provider had submitted to the Community Survey. This is a tool which allows CQC and local authorities to monitor the impact of the COVID-19 pandemic on local service. We also reviewed data from the provider's Electronic Call Monitoring (ECM) system to assess the delivery of care and identify people who may be at risk. We used all of this information to plan our inspection.

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.

#### During the inspection

We spoke with the registered manager, who is also a regional manager with the provider. We also spoke with two care co-ordinators, the regional head of quality and the director.

We reviewed records relating to planning, delivering and auditing the care and medicines support of 18 people. We looked at records of recruitment, induction and support of 10 care workers. We also reviewed records relating to the management of the service, including audits, communications with staff and people who used the service, complaints and compliments. We also reviewed the measures the provider had taken to protect people from the risks of COVID-19.

We made telephone calls to 43 people who used the service and 17 of their relatives.

#### After the inspection

We invited all staff to contact the inspection team and heard from nine care workers.

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Good

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 ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

### Using medicines safely

- People's medicines needs were appropriately assessed. The provider identified the level of support people required with a range of tasks, including ordering and taking medicines and applying creams. People's prescribed medicines were clearly listed for staff and the support people needed formed part of their care plans.
- Medicines were administered safely. Care workers used medicines administration recording (MAR) charts to record the medicines and creams that they had administered or prompted people with. Comments from people included "I take my own medicine but they always check which is helpful, I am very pleased they do", "They apply cream and monitor my skin" and "They help me with my tablets, I trust them, they always give me my tablets with water".
- Managers ensured that medicines were recorded and administered safely. Medicines records were audited monthly, and auditors had correctly identified any anomalies or gaps in recording. Where there were concerns about the performance of a staff member these were appropriately addressed by managers, and action was taken to improve the staff member's practice.

### Systems and processes to safeguard people from the risk of abuse

- The service safeguarded people from the risk of abuse. The safeguarding policy was clear about people's responsibilities to report and respond to suspected abuse. Care workers received training in safeguarding adults and themed supervisions to test their understanding of safeguarding. Care workers told us they knew how to report concerns and that managers took these seriously. The provider had circulated information to help people keep safe, including to warn people about common telephone scams.
- People felt safe when their care workers visited. Comments from people and their family members included, "[my family member] knows them and trusts them" and "They are kind and friendly and we have a laugh."
- The service responded appropriately when abuse was suspected. The service reported concerns about staff members or third parties promptly to the local authority and took steps to investigate and to safeguard people from abuse.

### Assessing risk, safety monitoring and management

- The provider had well developed systems for assessing and managing risk. Risk assessments were comprehensive in their scope, including routine assessments of mobility, skin integrity and malnutrition risks. The provider assessed people's needs regarding making transfers and how this could be done safely, including any equipment people used. The provider checked that equipment was safe to use.
- There were comprehensive systems to mitigate risks to people's wellbeing. When moving and handling plans identified people required two staff to mobilise safely, this was in place and managers checked two staff had attended and recorded their visits. Repositioning records were maintained when people's skin integrity plans identified regular repositioning as a need. Skin creams were also applied in line with skin integrity plans.
- Risks from people's health conditions were assessed. The provider obtained a detailed history of people's health needs and relevant diagnoses, and circulated relevant information to staff on how they could mitigate these risks.

#### Staffing and recruitment

- Staff were safely recruited. The provider obtained relevant information about staff members, including proof of identification and evidence of satisfactory conduct in previous employment in the sector. Staff were checked with the Disclosure and Barring Service (DBS) before they started work. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- There were enough staff to safely meet people's needs. Staff rotas were realistic and co-ordinators checked staff had enough time to move between calls. We did not identify any issues with punctuality and people told us their staff were usually punctual. Comments from people included "There is only the odd time that they arrive late", "The carers are on time when they call" and "They come on time and there have been no missed calls".

#### Preventing and controlling infection

- People were protected from the risks of COVID-19 transmission. Care workers received training on infection control and the use of personal protective equipment (PPE) and were subject to weekly testing. There were appropriate measures in place to require staff to self-isolate when required, and the office operated infection control measures for staff and visitors. The service maintained an up to date plan to ensure they worked in line with current guidance and had contingency measures in place in case of staff shortages.
- Care workers used PPE effectively. Staff told us they had access to sufficient PPE and did not experience problems with its supply. People told us that in most cases staff wore masks and gloves. Comments from people included "[My care worker] wears his masks and gloves and has two jabs for covid" and "The carers wear their PPE and dispose of it before they leave."
- People were kept updated on the impact of the pandemic. The service wrote to people regularly to advise on changes to national restrictions and how the pandemic could affect their service, and to raise awareness of how to report if care workers were not using PPE effectively. To encourage staff and people who used the service to take the COVID-19 vaccination, including sharing information about its benefits and addressing disinformation. Comments from people included "[the newsletter] was pretty good, and the care workers updated us" and "They reassured me throughout the pandemic."

#### Learning lessons when things go wrong

- The service ensured there was learning when things had gone wrong. When allegations had been made against staff or other incidents had occurred, managers investigated these and took action to prevent a recurrence. This included providing additional training and supervision for the staff members involved, updating risk management plans, and informing the local authority of changes in a person's needs.



- The provider ensured that lessons learned were circulated as widely as possible. Incidents were written up as case studies. Case studies considered what had gone wrong and what measures were taken to prevent a recurrence, and were linked to the provider's policies. Policies and learning from incidents were discussed and reviewed in team meetings. A care worker told us "If an incident happens they make sure we get that experience. I like that."
- The service monitored incidents and accidents to understand trends. The provider operated an electronic system for recording incidents, and managers reviewed summaries of incident reports monthly.

# 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. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned to meet their needs. Care plans were clear about what people needed support with and how they liked to be cared for and communicated with, with clear information on people's health conditions and how they may affect the person's wellbeing.
- The service ensured people's needs were met. Care workers kept detailed records of how they had followed care plans and how they had taken appropriate steps when people were unwell or had changing needs. The provider worked to alleviate people's social isolation, including supporting people to celebrate their birthdays, ensuring they would not be alone during lockdown. Comments included "They really listen to his requests ,my husband wanted to stay in bed one day and they got him washed first and made him comfortable."
- People benefitted from consistent care workers. Care workers we spoke with told us they had regular people they supported who they knew well. Comments from people included "I've had the same carer for 10 years, he's brilliant", "it's the same carers, amazing people" and "Dad is happy with the regular carers as they do everything that is needed and they are brilliant."
- The service responded to people's changing needs. Managers advocated for people when they felt they needed additional care hours or their visit times changed to better meet their needs. The service communicated with relevant professionals at social services when their assessments had shown unmanaged risks which required intervention from the local authority. The provider helped people to access local charities for additional support. This included supporting people to access food banks and, in an emergency, to use the provider's own laundry facilities.

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.

- The provider was meeting the AIS. Care plans had clear information on how best to communicate with people. This included how to overcome sensory impairments which may impair people's verbal communication.
- People were supported to communicate where they had additional communication needs. For example, where people spoke English as a second language alternative communication tools were provided, including pictorial cards to help people express their wishes and needs. A family member told us "They go out of their way to cater for the barrier [English as a second language]. They understand Mum. They know

what Mum requires even if she can't articulate it".

Improving care quality in response to complaints or concerns

- There were appropriate systems to manage and respond to complaints. When complaints were received, the register manager took action to investigate the complaint and respond appropriately, with suitable action taken to address the concern. A person told us "I spoke with the manager who took on board what I said and did not send the carer again."

# 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.

At our last inspection the provider had failed to operate a robust system to monitor and improve the quality of the service. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had worked to build an effective team in the office. Some people we spoke with told us that they found it difficult to contact the office when required. The registered manager was monitoring this with staff as part of the regular team meetings. The service encouraged office based staff to discuss issues affecting their work and worked to resolve this with staff. A staff member told us "We were encouraged to communicate and had a discussion. We understand each others' pressures now and the support is much better."
- Care workers were well supported by managers. Staff we spoke with told us they could always access support when required. Comments from staff included "We can always get hold of a manager" and "It's easy to speak to the office, that's the difference,". We spoke a number of staff who were new to working in social care, who told us they were pleased with the support they received. Comments included "I was new to caring...the support was actually pretty good" and "They did train us well."

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

- There were effective systems to ensure quality performance. Monthly audits were carried out on people's log books. These effectively identified issues of recording, care delivery and management of medicines. When issues were identified care workers were contacted and appropriate action taken to improve performance. A staff member told us "If a carer makes a mistake they call the person in for an investigation." Systems of care planning effectively covered a broad range of needs with clear actions when risks were identified, and recording systems were designed effectively to ensure these were met. Electronic Care Monitoring (ECM) systems were constantly monitored by specific staff to ensure issues with staff punctuality were resolved promptly, and where systems detected performance issues these were addressed with the care workers.
- Managers ensured that care workers were competent. Staff received regular spot checks and observations

of their competency. Comments from staff included "They randomly come by" and "They gave me feedback, especially in the beginning." Staff received regular supervision to check their performance and identify their training needs. New staff received a detailed induction programme, which included a fast track process for staff to demonstrate their knowledge of key areas of practice.

- The registered manager understood and acted on their duty of candour. Complaints were investigated and addressed effectively and transparently. Serious incidents were notified to the local authority and to CQC. When things had gone wrong, the provider acknowledged this and were open about the actions they had taken to address this and ensure that lessons were learned as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service communicated changes and news effectively to people and their families. A monthly newsletter updated people using the service on changes to the service and information on the COVID-19 pandemic and measures they could take to stay safe. Newsletters included details of community groups and activities and promoted positive messages about old age.
- The service promoted a message of inclusion to people who identified as LGBT+. This included providing equalities training for staff, celebrating Pride and LGBT+ History Month in the office and highlighting organisations which promoted the rights and wellbeing of LGBT people. The registered manager told us "It makes staff more open, and as some older people have remained in the closet we make it clear that we have care workers and office staff who belong to that community."
- The service celebrated good practice by staff. When people, their families or professionals had complimented the work people had done to support people this was recognised, including receiving letters of congratulations by the provider's chief executive. The registered manager told us "When we hear good news we like to make a song and dance about it."

Continuous learning and improving care

- The provider had systems in place to ensure continuous improvement in the service. Monthly governance reviews were carried out by a senior manager to present evidence on key metrics such as safeguarding and complaints. Care plans and risk assessments were reviewed regularly to make sure they still met people's needs, and people were regularly contacted by the provider to check they were satisfied with the service they received.
- The service worked to ensure they responded appropriately to the COVID-19 pandemic. This included frequent communications with staff and service users to explain changes in current guidance and updating their policies to reflect this. The service had carried out a survey to better understand the impact of the pandemic on people who used the service.

Working in partnership with others

- The service worked with other local organisations to deliver a better service to people. The provider routinely contacted the local authority and specialist services such as dementia services to make referrals and pass on changes to people's needs which needed to be addressed by other agencies. The registered manager reported regularly to the local authority on the impact of the COVID-19 pandemic on the service and participated in local networks to share good practice. The local authority told us "They engage well with the quality assurance team and the stakeholders."
- The provider worked with community organisations to promote people's wellbeing. This included a local school who arranged for children to send letters and photographs to people who were shielding to help ease their feelings of isolation during lockdown.