

The London Care Project Limited

# The London Care Project

## 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 25, 27 and 31 January 2017 and was announced to make sure that the people we needed to speak with were available. We gave the provider 48 hours' notice of our inspection to make sure that the appropriate people were present. At our last inspection on the 25 November 2015, the service was found to be meeting the required standards in the areas we looked at. The London Care Project is an organisation that provides at home support to adults with moderate learning disabilities. The service had 10 people who lived independently in their own homes with the added support of the projects live-in staff.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People were supported by The London Care Project to live in their own homes with staff that supported people's needs. People were given the opportunity to meet the staff before agreeing to their support.

People felt safe, happy and were looked after in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

Staff completed regular health and safety checks that included security and fire safety.

Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were supported with shopping and meal preparation.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice if required.

Staff had developed positive and caring relationships with the people they supported and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout their home and in the office.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were

knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported with social interests and took part in meaningful activities relevant to their needs, both at their home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Staff were complimentary about the registered manager and how the service was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

## 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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

### Is the service effective?

Good 

The service was effective.

People's wishes and consent was obtained by staff before care and support was provided.

People were supported by staff that were well trained and received the appropriate support.

People were assisted with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

### Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were given extensive opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### **Is the service well-led?**

**Good** ●

The service was well led.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Staff understood their roles and responsibilities and felt well supported by the manager.

# The London Care Project

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25, 27 and 31 January 2017. The inspection was carried out by one inspector. We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us.

During the inspection we visited people in their homes. We spoke with three people who lived in their own homes, four staff members, a social worker and the registered manager. We also received feedback from the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files. We looked at policies and procedures the service used and reviewed records related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People told us they felt safe and well looked after. One person said, "I feel supported by [Named staff member]."

Safe and effective recruitment practices were always followed to ensure that all staff were of good character, physically and mentally fit for the roles they performed. People were able to choose the staff that supported them. One person said, "I was introduced to [staff] and we had a settling in period to decide if they were the right person for me." We looked at staff files and found that staff had completed an application form, references had been obtained and checked by the registered manager and staff had a Disclosure and Barring Service (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. One staff member told us, "I completed an application and was asked for references." They also confirmed they had a DBS check confirmed before they were allowed to work. However we found in both the staff files we looked at there had not been a full work history and the registered manager had not investigated the gaps in the staffs work history. The registered manager told us that they would ensure any missing gaps were addressed.

On the day of the inspection there was enough staff to meet people's needs. The registered manager had systems in place to cover emergencies. For example staff sickness they also confirmed they were actively recruiting in order to ensure that staffing levels were maintained.

We saw that information and guidance on safeguarding adults, together with relevant contact numbers, were kept in folders at the person's home. Staff we spoke with had received training in safeguarding. Staff told us that they would report concerns to their manager. All staff we spoke with knew how to escalate concerns if required. For example, one staff member told us that they could contact CQC or the local authorities and the police if required. Another staff member told us that if they had any concerns, "I would report it to my manager." They went on to describe certain behaviours the person they supported might display if they were not happy.

Risks associated with people's daily living were identified and risk assessments were in place with guidance for staff to mitigate these risks. People told us they were aware of the risks to their well-being and staff helped them to do things they wanted. For example one person who required support with their medication due to past actions that had meant there were risks to their safety understood these reasons and told us they were working towards being able to self-medicate. We saw another example where another person's needs had changed and for their own safety the Rapid Assessment Interface and Discharge team had been involved (RAID). RAID is a mental health service that specialise in understanding the link between people's physical and mental health.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. People's medicines were managed safely. Staff had access to guidance about how to support people with their medicines in a safe and person centred way. One person we spoke

with knew what the medicines they took were for they told us how they managed their medicines and completed the daily paper work that documented the medication they had taken. People were supported to take their medicines and if required the medication was securely managed to keep people safe. Medicines were audited regularly by the manager and where errors had occurred these were actioned by the register manager.



# Is the service effective?

## Our findings

People received support from staff that had the appropriate training and skills to carry out their roles and responsibilities. People had support plans in place that gave guidance to staff. One person told us, "I am supported by staff to understand things."

New staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as food safety, medicines, first aid and infection control. Staff we spoke with confirmed they had had an induction. One staff member said, "I had a week's induction and completed my training we also have refresher training. I am happy working for this company." All staff we spoke with confirmed they had received an induction and received training updates. Staff confirmed that they had regular supervisions and had regular opportunities to speak with the registered manager.

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 and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "I am always asked about what I want." They went on to explain how they were involved with decisions about the weekly food shopping and explained that they had recently entered into a contract that provided them with an internet connection in their home. They told us that they had sat down with the staff member to understand the options available to them and then made their decision. This demonstrated that people were supported to make decisions to support their independence. The guidance provided to staff showed that people and where appropriate, social care professionals, had been consulted about and agreed to the care provided.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member told us, "I believe if you don't give people the opportunity to make choices, you are forcing them to do things they may not want. It's important to give choice." We saw one person's support plan had goals set for the person to achieve and this would be reviewed. We saw that people were supported with their finances, diets and accessing the community. People were supported to have sufficient food and drink and to maintain a balanced diet. One staff member confirmed that the person they supported needed support around their diet. They commented that their weight was regularly monitored and they would discuss healthy options with the person. We spoke with the person and they confirmed that they did talk about healthy options and they told us that they had downloaded an application on their

phone that counted how many steps they had walked. They went on to explain that this encouraged them to be more active and that their carer also had this on their phone which gave them the added competitive edge and this also added a fun element.

We saw that people were supported to attend appointments with dentists, opticians and GP's. Each person also had a folder that contained relevant information which may be needed in an emergency or if admitted into hospital. For example, medicines the person was prescribed, next of kin details, known medical conditions and any allergies they may have. This meant that people's health care needs were supported to help ensure good care. People confirmed that they were supported to attend appointments with their carers or on their own this was their choice.

## Is the service caring?

### Our findings

People were cared for and supported by staff that knew them well and were familiar with their needs. One person told us, "I get on really well with [name of staff]." Another person said about the registered manager, "[Name] is a good manager he listens to me and co-operates." One other person commented, "I am happy with my care."

Staff supported people with dignity and respected their privacy at all times. One person told us, "Staff always knock on my door to make sure it's ok to come in. I spoke about this to [name of carer] at the start as this is important to me." The Staff member commented I never go in to [names] room when they are not in and will always knock and wait to be invited in." We saw that staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. People we spoke with told us that the staff were caring and respectful. One person said, "I am happy with my support." Another person we spoke with told us "I am supported to attend church on Sundays."

Staff and the people who used the service had their own separate rooms which ensured that they had a private space. We spoke with the manager about people's choice around who supported them. The manager confirmed that people met their potential support staff to make sure that they were suited and got along before being allowed to be the supporting staff member. People we spoke with confirmed that they had met with staff to see if they were suited. One person commented about the staff member that supports them, "[manager] introduced us and we had a few days before I made my decision." They also confirmed that they could speak to the registered manager if they had any problems with the staff. This ensured that people and the staff were suitable to live together.

People were supported to maintain positive relationships with friends and family. One person told us that they get the bus to see their family another said, "I get to see my family a lot." People told us that they had been fully involved in the planning and reviews of the care and support provided. One person commented. "[Manager] comes and talks to me about my care plan and I'm happy."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was held securely. Information about local advocacy services was available.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs. One person said, "Staff are good to me and have always been there when I need help." Staff had access to information and guidance on how to support people in a person centred way, based on their individual preferences, health and welfare needs. This included information about people's routines and how they liked to be supported, relationships that were important to them and dietary needs. For example, one person who required supervision support with their medication had this in place. We saw that this had been agreed by the person and registered manager and would be reviewed. The person who used the service told us that they were working towards self-medicating.

People were supported by staff that had the appropriate training to meet their needs. For example, behaviour that challenged. Staff demonstrated they were aware of people's specific needs and gave examples of strategies they used to support people. One staff member said, "If the person needs their space I respect that but I am here to discuss any matters they might want to talk about." We saw that there were triggers for certain behaviours and behaviours for staff to be aware about and ways to best manage these. People we spoke with confirmed they communicated well and discussed topics that were important to them. One person said about the support staff, "We sit and chat a lot."

People we spoke with enjoyed being involved with activities in the community. One person told us how they enjoyed their clubs they attended. People attended social clubs and day centres. We spoke with two people who did volunteer work in their local community. People had opportunities to take part in meaningful activities and social interests relevant to their individual needs and requirements both at their home and in the community. For example, one person was supported to attend college they told us that they enjoyed attending college and showed us some of the crafts they had made. We saw that people were supported to enjoy their hobbies which included listening to music, watching television or going out shopping. People were supported to access their local community.

People received care that responded to their needs. For example we saw two examples of RAID been involved in people's care where required to support them during difficult times other professionals were involved for example psychotherapists and social workers. One social worker told us that they had recently reviewed one person's care needs and was happy with the support they received. They felt that the person was happy with the service and had come a long way. They also commented that the registered manager was involved and provided them with any documentation they had requested and they had no concerns in regards to this provider.

People were encouraged to have their say. They felt listened to and all the people we spoke with knew how to raise concerns and complain if required. Each person had received the service user guide that gave information about the service aims and objectives, service user's rights and how to complain or make comments. There was also an easy read guide to health and safety information to support people who used the service.

## Is the service well-led?

### Our findings

People who used the service, staff and professional stakeholders were all positive about how the service was run. They were complimentary about the registered manager who they described as being approachable and supportive. People told us the manager was a regular visitor and they felt supported. Staff also felt supported which enabled them to provide good standards of care to people. We observed that people had built good relationships with the registered manager. We saw examples of where the registered manager was available to support people and staff at short notice.

Staff told us and our observations confirmed, that the manager led by example and demonstrated strong and visible leadership. The manager was very clear about their vision regarding the purpose of the support provided and level of care, to promote their independence and support them to try new experiences. These issues were regularly discussed with people and their support staff. People had been supported with their hobbies and volunteer work. The registered manager demonstrated a good knowledge about the people that were supported by the service which included their needs, personal circumstances and relationships. Staff understood their roles and was clear about their responsibilities and what was expected of them.

People's views and experiences had been actively sought and responded to. People and staff confirmed that this was an ongoing daily event. For example people told us that they would talk to the staff on a daily basis about any concerns they had and could always express their views. Questionnaires seeking feedback about the service were sent out to people on an annual basis. We saw examples of people's feedback and this was positive.

The provider had systems in place to monitor the service. These included regular audits carried out in areas such as medicines, complaints, finances and health and safety. The manager was required to gather and record information about the individual homes and audited on a monthly basis. We saw audits that had actions. However we noted the actions did not include a time frame for completion. We saw in the October 2016 audit that an issue with house cleanliness was noted but did not clarify what the issue was. The action plan was to report this to the landlord. In the November audits there were no more issues raised about the cleaning and again no detail to explain how the action had been resolved. The manager also carried out regular visits which ensured that people received the support they required and reviewed peoples changing circumstances. We spoke with one social worker who confirmed they were happy with the support and care received for their client and confirmed that the records kept for the person's finances were always good.

The registered manager told us that they felt supported by the nominated individual and confirmed they had regular weekly meetings. They confirmed they spoke daily on the phone and said, "I can call them at any time to discuss any issues." They also confirmed that the nominated person visited people in their homes which ensured standards were maintained. The registered manager attended local forums and kept up to date with best practice using websites and attending training through the local authority and attending provider events, this helped ensure that they worked in accordance with best practice.