

London Care Limited

London Care (Holloway)

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

About the service

London Care (Holloway) is a domiciliary care agency providing personal care to people living in the London Borough of Islington. At the time of our inspection the service provided personal care to 247 people. People supported were older people, people with dementia, people with physical disabilities and people with mental illness. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe from risk and harm and staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. Staff recruitment processes were robust and staffing levels ensured peoples' needs were met. The provider followed current infection prevention and control guidance. People who used the service were assisted with their medicines safely. There were systems in place to record and monitor accidents and incident and lessons learned were discussed with staff to minimise the risk of such events reoccurring.

People's needs were assessed, and staff were trained to provide support whilst promoting people's independence. People told us staff were polite and always asked before providing support. People were involved in decisions about their support needs. People were supported to access healthcare professionals if this was required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that they were well cared for by staff who were caring, kind and treated them with dignity and respect.

People and their relatives told us they were involved in the support planning process to ensure it met their needs. The provider was open and honest in its approach to supporting people. The registered manager led by example and was in regular contact with people receiving support to ensure they received regular feedback on the quality of care provided.

The service had effective systems to monitor the quality of care and improvements were made to ensure people received good quality of care. Were required the service consulted with external professionals' and stakeholders to make improvements to the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 19 January 2022 and this is the first inspection.

Why we inspected

This inspection was a planned comprehensive inspection. We inspected the service because it was not rated since the service was registered with the Care Quality Commission.

Recommendations

We asked the service to seek further guidance ensuring that staff allocated were given sufficient travelling time between care visits to ensure they were able to stay the allocated time when supporting people.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 (Holloway)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by three inspectors and two Expert by Experience who contacted people who used the service and relatives after we visited the agencies office location. 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 October 2022 and ended on 7 November 2022. We visited the location's office on 18 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives. We spoke with 17 staff, including the registered manager, the care manager, one field supervisor, one office administrator and 12 care workers. We viewed 17 care plans and multiple medicines records. We viewed a number of other records including six staffing files and records in relation to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm

Staffing and recruitment

- The service followed safe recruitment practices and carried out appropriate recruitment checks to ensure the suitability of staff to meet people's needs.
- The service was successfully encouraging the recruitment of staff of different cultures in the staff team to promote equality and diversity.
- An ongoing rolling recruitment system ensured that sufficient numbers of care workers were deployed to meet people's needs. However, a number of people who used the service told us that care workers did not always arrive at the time agreed and did not always stay the agreed time. We discussed this with care workers who told us that sometimes they didn't have sufficient travelling time between care calls. We analysed the service's electronic care calling system which confirmed the above. We had a discussion with the registered manager about this, who told us that the service was aware of this and the service was in the process of reviewing the rostering of staff to ensure care workers had sufficient traveling time between calls and late calls will be reduced.

We recommend that the service seek and implement further guidance and support to ensure care calls are managed appropriately.

Systems and processes to safeguard people from the risk of abuse

- The service had robust systems to ensure people who used the service were protected from harm and abuse.
- Since registration the service has consistently reported any allegations of harm and abuse to the Care Quality Commission (CQC).
- People who used the service and relatives told us that they were safe, and the care received met their needs. One person said, "I feel completely safe with my carers." Another person said, "I was anxious at the beginning but now I am used to carers coming." A relative said, "We [family] are very happy with the care and my relative is absolutely safe."
- Care workers had received training around harm and abuse and told us that they would always report any concerns to the office. One care worker said, "I have had safeguarding training and to the best of my knowledge you must handle people with care, check the skin and report anything that is not normal, there could also be financial abuse and physical abuse."

Assessing risk, safety monitoring and management

- Risks in relation to people who used the service receiving personal care had been assessed and plans were developed to manage such risks.
- Individual risk assessments were detailed and person-centred. Where people's needs had recently changed

or new risks had been identified, this had been reviewed and records were updated.

- Risks around the person's home had been assessed, including if there was a fire risk.
- Recent issues around the management of people finances had been responded to by updating and reviewing the services procedures when money was spent for shopping and recording and monitoring if this was required.

Using medicines safely

- People's medicines were administered and managed safely.
- People told us they received their medicines at the right time and staff supported them with this.
- Care workers had received training and had their competency checked to make sure they continued to manage people's medicines in a safe way. One care worker said, "I have had the training and support people with their medication, you need to check if it is up to date, and that you give the right medication at the right time. I also have to make sure that they actually had taken the medication."
- Records of people who received assistance with taking their medicines had been audited regularly to ensure they received their medicines as prescribed.
- An electronic system of medicine management was in use. This supported safety checks and governance as this system alerted managers of any missed doses or discrepancies.

Preventing and controlling infection

- There were systems in place to support staff to prevent and control the spread of infection.
- Staff had access to personal protective equipment (PPE), which they used and disposed of appropriately when supporting people. One person told us, "They [staff] wear gloves and aprons and wash their hands after they supported me."
- Care workers had received training in infection and prevention to control the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately.
- Care workers knew when and how to report accidents or incidents, which resulted in appropriate action being taken. One care worker said, "If there would be an accident, I would contact the office and record on the system."
- The registered manager used opportunities, where the standard of service may have fallen short of expectations, to identify where lessons could be learned. This information was shared with staff through bulletins, supervisions and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had a process in place to ensure people's needs were assessed prior to their care and support commencing. Outcomes for people were identified and their care and support reviewed.
- People's preferences for how they would like their needs to be met were recorded, along with their likes and dislikes, life histories, as well as their religion and sexuality.
- Information obtained during the assessment was included in people's person-centred care plans.
- Ongoing assessments were carried out by field supervisors to ensure records were still up to date and reflected people's needs.

Staff support: induction, training, skills and experience

- Care workers were supported to develop skills, knowledge and experience to deliver effective care. This was through regular supervisions, appraisals and observations to review staff practice.
- The service had a robust training programme which care workers could access online. Recently the service had restarted face to face training for some subjects like moving and handling to ensure care workers practical skills were observed and assessed as competent.
- Care workers new to care were required to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Part of the induction were shadowing shifts with more experienced care workers to assess if staff were competent to support people without supervision.
- People who used the service and relatives told us that they had confidence in the skills and knowledge of staff. One relative said, "The staff appear to be well trained. They know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- One person told us, "They [staff] respect my choice of meals and encourage me to eat."
- People's dietary needs were known and documented in their care plans. This included their likes, dislikes and any known food intolerances or allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service understood the importance and benefits to people of timely referral to health and social care professionals such as GPs, occupational therapists and district nurses. The registered manager said, "Staff will contact the office if they notice pressure ulcers and we would support the person to make referrals to

the district nurse if there would be no relative available to do this."

- Most people who used the service had relatives who could arrange any health care appointments for them. One person said, "I arrange my own appointments, but I know if I couldn't the [staff name] would definitely help me."
- People's records provided information if health care professionals were involved and guidance from physiotherapists, dietician or speech and language therapist was provided. Care workers told us that they were aware of the guidance that was provided for each person they supported. One care worker said, "We do leg exercise with one person I support; I would follow the guidance from the physiotherapist."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the MCA which informed them about the way they should support people. This included the importance of seeking consent before offering help. Staff comments included, "The people I support have capacity, if they didn't, I suppose their family would get involved" and "The person I support does not have capacity over certain things and that is why his family get involved. I would always ask the person what he wants me to do."
- People who did not have capacity to make certain decisions had a relative who had lasting power of attorney to make decisions on the person's behalf. A lasting power of attorney (LPA) is a way of giving someone people trust, the attorney, the legal authority to make decisions on the person's behalf if they lose the mental capacity to do so in the future, or if they no longer want to make decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well, their life history, interests and hobbies. They were focused on people respecting their personal preferences. People told us, "The carers are very good and do listen to me", "I have no problems with the carers, they are kind and look after me well" and "I am very well looked after."
- People's cultural and religious backgrounds were well documented in care plans. For example, care plans detailed information of the person's first language, with a reference to their understanding of English, and their religion. The registered manager told us that the service would try to match people with care workers from the same cultural background if this was possible.
- Equality and diversity training were a mandatory part of the staff induction and all staff had completed it.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives' views were considered by the service and were supported to make decisions about care.
- The registered manager explained that as part of the initial assessment of people's needs, they were asked how they wanted to be supported. The registered manager said, "Visit timings are relayed to social services to share with people what times are immediately available."
- A member of staff informed us, "Care plans are of good standard and regularly updated, this helps to get a better understanding of what people need. I will always chat to people and ask them if they wanted to have anything done a particular way." Another member of staff told us, "I talk to clients so that they are involved in their care; I love to chat to people and sometimes they ask me to be at their review. I treat everyone with respect and as individuals."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Gender preferences of people who used the service were documented, and feedback from people confirmed these requests were followed, "I asked them to not send any male carers and they listened to me and so far, they all have been women."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do so.
- People's personal information was kept secure, and the management team understood the importance of keeping documents and care records secure to ensure people's confidentiality was maintained. The registered manager informed us, "Care records and people's personal information is all kept online. Records are specific to the person and are password protected."
- Mobile technology was used to record daily notes. Staff were required to write care notes while at the person's property including recording visit arrival and departure time. This provided live information which

was viewed by the office team to help plan any roster changes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were centred around each person's needs and provided detailed information about people's preferences and how they wished to be assisted.
- People were supported to live their lives in the way they wished to, and staff were flexible if people wanted things to be done differently. For example, one person told us, they wanted to be supported to go shopping. The care worker helped the person to get additional hours for this by speaking to the agency office.
- People and relatives told us the agency did their best to provide a flexible service and were responsive to any requests for changes. One relative said, "If we need any changes to the care, I can call the office and they do their best to accommodate."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded during their initial assessments and any needs identified were documented in their care plans.
- The registered manager told us that care plans and other records can be provided in different formats, larger fonts or be translated into a different language.
- The service tried to match care workers who spoke the same language with people who used the service. However, the registered manager told us that this was not always possible due to not always having staff available from the same linguistic background.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints received would be managed. This was given to people when they began to use the service. The service had a system in place to analyse complaints and clearly documented any actions taken following concerns and complaints raised by people who used the service.
- People and relatives told us the agency had responded well if they had raised informal concerns. One person said, "I have had an issue with one carer, I contacted the office, and they resolved it immediately." A relative told us, "If ever I have any concerns or specific requests, I will call the office and they will sort it out."
- Care workers spoke positively about complaints. One care worker said, "Complaints are encouraged we are asked by managers if everything is ok and if it isn't to let them know. We also know about whistle blowing,

and that we can speak to managers if we need to."

End of life care and support

- The service did not support any person with end of life care at the time of the inspection. However, care plans had information about how people wanted to be supported when they reached the end of their lives and care workers had received training on this topic.
- The registered manager told us information about people's preferred end of life care was shared with the palliative care nurses. The inclusion of palliative care nurses ensured that people's end of life care was holistically met, for example, where they want to spend the last days before they die, who they want to have present and what clinical input they wanted.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care workers supported people to achieve good outcomes and maintain their well-being. People were central to the culture of the service. One care worker told us, "I have supported one person for quite some time and since we visited the person, the person started to gain weight and is able to do things more on their own."
- People and their relatives were complimentary about the registered manager and office staff. Comments included, "The manager is very nice, approachable" and "It's easy to speak to staff at the office and they will always try to help."
- Staff told us they enjoyed their job and felt valued. One member of staff told us, "I enjoy working for the company and love my job, the company is supportive towards me."

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

- The provider and registered manager understood their responsibility under the duty of candour. They knew the importance of being open and honest, and when to investigate, respond and offer an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.
- Staff performance was routinely monitored, and regular audits were conducted to improve service delivery. Areas of risk were routinely assessed and mitigated. Regular spot checks, which were unannounced, were carried out every six months and any issues highlighted were resolved to ensure people received good quality care.
- The service was well managed. Staff morale and teamwork were good. One member of staff said, "The manager is very supportive. I have supervision meetings which is where I can talk about the clients and any problems you have. The Organisation is a very nice place to work, and I have got to know the people I support very well. I like to talk to people, give them advice and support them the best I can, this is how I live my life. I really love my job."

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

- The provider and registered manager positively encouraged feedback about the service. One member of staff told us, "I am supported very well by my manager, I don't have anything to say really, they always check in with us."
- People, relatives and staff were given regular opportunities to share their views. This included reviews, meetings and questionnaires. People who used the service told us, that suggestions they made improving their care were listened to and the necessary changes were made.
- Staff spoke highly about the management. One staff member told us, I really like working for London Care and can see myself retiring there. I am happy with the support that I get from my managers." Another staff member said, "Everyone is very helpful, and you can contact managers easily. I like the organisation that's why I've been here for so long."

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning and improvement.
- Effective systems were in place to successfully identify areas for improvement and lessons learned. This included regular audits, spot checks and supervisions.
- The provider worked in partnership with other agencies to ensure people received support to meet their needs.
- Staff worked closely with other health care professionals. People's support records showed involvement and guidance from other agencies, for example, the district nursing teams and physiotherapist team.