

London Care Limited

London Care (Ensham House)

Inspection report

Franciscan Road
London
SW17 8HE

Date of inspection visit:
17 August 2017
24 August 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 6 and 7 February 2017. Some breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to safe care and treatment, staffing, person-centred care, receiving and acting on complaints and good governance.

We undertook this focussed inspection to check that they had followed their plan and to confirm that they now met the legal requirements in relation to the breaches found. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care (Ensham House) on our website at www.cqc.org.uk.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

London Care (Ensham House) provides personal care and support to people living in an extra care housing scheme. This consists of 45 individual flats within a staffed building with some communal areas. At the time of our inspection there were 39 people using the service. A separate organisation manages the building. The flats comprised of a lounge/kitchen, bedroom and a bathroom and were individually furnished. There is a pleasant and secure garden with access from the ground floor. Each person was issued with a fob for access to the building.

At our previous inspection we found that some risk assessments were not completed properly and medicines management was not always appropriate. Care plans were not always up to date. We found that staffing levels often fell below the expected levels and staff did not always receive regular supervision. We also found the provider did not always document their response to complaints and although quality assurance check were in place, the provider did not always act upon the feedback or the action points identified.

At this inspection, we found that improvements had been made in relation to staffing and person centred care.

Care workers told us they received regular supervision. Staff files had evidence of more regular staff supervision and the provider had a system in place to monitor when care worker's next supervision was due.

Care records had been reviewed and updated which helped to ensure they were current.

There had been some improvements in how complaints were being managed, however we still found some discrepancies between what was recorded on paper and that of the online reporting system in relation to

action taken against complaints.

People also told us that they received their medicines appropriately; however we still found gaps in Medicine Administration Record (MAR) charts that we saw.

The provider could not demonstrate that areas of concern identified through their governance procedures were being acted upon in a timely manner. We found a continuing breach of regulation relating to good governance.

Not all parts of the action plan that was submitted to us by the provider had been followed through effectively to improve the service.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe in all aspects.

Although people told us they received their medicines, we found that care workers were not completing Medicine Administration Record (MAR) charts correctly.

Although staffing levels remained the same, there was a reduction in the number of occasions the provider was short of staff on shifts.

Appropriate risk assessments were completed for people.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff files showed that care workers had received supervision and the provider had a system in place for monitoring when the next scheduled supervision was due.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not responsive in all aspects.

Although some improvement had been made in relation to managing complainants, there was still a discrepancy in the paper and the associated online reporting system.

Care plans had been reviewed by a member of the quality assurance team which helped to ensure they were up to date.

Requires Improvement ●

Is the service well-led?

The service was not well-led in all aspects.

Inadequate ●

Although thorough audits were carried out by the provider, which were effective in identifying areas for improvement, we could not be assured that action was being taken in a timely manner. A number of areas that were identified as being of immediate concern were still outstanding from the May 2017 audit.

London Care (Ensham House)

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.

We undertook this announced focussed inspection on 17 and 24 August 2017.

This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 6 and 7 February 2017 had been made. We inspected the service against four of the five questions we ask about services: is the service safe? is the service effective? is the service responsive? And is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector. The inspection was announced. The provider was given 48 hours' notice because the location provides an extra care scheme; we needed to be sure that someone would be in.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection we spoke with three people using the service and two relatives. We looked at three care records, three staff records and audits related to the management of the service. We spoke with five care workers, the scheme manager, the registered manager, the regional manager, the operations manager and two members of the quality assurance team.

Is the service safe?

Our findings

At our previous inspection which took place on 6 and 7 February 2017, we found that people's safety was at risk. At this inspection improvements had been made in some areas but not in others. The provider was now meeting the regulation.

At our previous inspection, although people were supported to take their medicines, some aspects of medicines management were not safe. At this inspection we found that appropriate records were not always kept.

Although people using the service and their relatives told us they received their medicines on time, we found there were still some unexplained gaps when care workers were completing Medicine Administration Record (MAR) charts. This included not signing MAR charts when medicines were administered and signing them when medicines had not been administered.

There was a medicine prescribed for a person which they were not taking. This was included in the dosset box, care workers were not administering this medicine to the person but were wrapping it in loose paper, unsecured in the dosset box. This was not reflected in the MAR charts, neither had the MAR charts been updated. We highlighted this to the registered manager who said they would get this removed from the person's prescription.

One person was prescribed medicines that were to be administered at 06:00 and 08:00 every morning. We saw evidence that a dementia nurse had authorised these times to be swapped over to make it easier to administer. The care worker confirmed they were following the nurse's instructions, however the MAR charts had not been updated and the provider had not notified the pharmacist to change them to reflect the new administration regime.

The above identified issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we found there were a number of occasions where the service was short staffed on certain shifts. At this inspection we found there had been some improvement in this area.

People using the service and their relatives did not raise any major concerns with the timekeeping of the care workers. They said, "Most of the time they are on time", "They are regular as clockwork they start between 7-8 and come back approximately 10", "Turn up on time, sometimes a bit late but it's no problem" and "We usually see the same carer."

Care workers did not raise any concerns about being short staffed. Comments included, "If someone is off sick, they usually get cover. I have never been left alone to do a double-up", "I finished my allocation on time", "There's enough time to complete all the tasks but not much time to speak with people", "We are given enough time in the allocation", "Some people need to have their medicines before breakfast so we

make sure we attend to those first."

The staffing levels had not changed since the previous inspection. There were nine care workers between 07:00 and 14:30, eight care workers between 14:30 and 22:00 and two waking care workers at night.

We looked at the staff rotas from 10 July 2017 to 13 August 2017. We found there had been an improvement in this area although there was still the odd occasion where the staff levels were not as expected. On the 12 August there were two care workers short in the morning and one short in the afternoon and on the 13 August there one care worker short on the morning and afternoon. There were some other occasions where they were short by one care worker but this had been covered by the team leader on shift.

The scheme and regional managers told us there had been a recruitment drive in March/April 2017 which was successful. The scheme manager told us they had enough staff recruited but problems arose when care workers called in late to cancel their shift. She said, "If they call in good time then we can cover but sometimes they don't call or call at the last minute." The regional manager told us they were monitoring staff sickness and absence more closely. Any staff that did not turn up for a shift was given a return to work interview to find out any underlying issues.

The regional manager emailed us information about their recruitment pipeline, showing the care workers who had been recruited recently.

A member of the quality assurance team had been working to introduce electronic shift allocations which had previously been done manually. This involved producing weekly rotas every Wednesday for the following week. Each person using the service would be given a letter with details of the care workers allocated to them during that week along with the times to expect them. The purpose of this would be to give people information about their visits and also to provide regular care workers to them. At the time of the inspection this system was not in place.

At the previous inspection we found that risks to people using the service were not appropriately assessed. Care plans contained some risk management assessments, however we found that these were not always being completed correctly. At this inspection we found that some improvements had been made.

Risk assessments had been reviewed by a member of the quality assurance team to help ensure staff were completing these correctly.

The risk assessments that we saw had been scored and completed correctly and gave an accurate picture of the level of risks to people and action needed to mitigate the risk. For example, we saw one falls risk assessment which had been completed appropriately including steps to minimise the risk. Another person with a nutrition and skin care plan had appropriate risk assessments in place.

Is the service effective?

Our findings

At our previous inspection which took place on 6 and 7 February 2017, we found care workers did not receive regular supervision. At this inspection we found that some improvements had been made. The provider was now meeting the regulation.

Care workers we spoke with told us they received regular supervision. This was reflected in the staff files that we saw. Each care worker had received a supervision session within the last three months.

A care worker told us, "When I started I worked with staff who were experienced, it was really helpful." Others said, "I had supervision about two or three months ago with [the scheme manager]." "We do get supervision; I had one with [team leader]."

Supervision consisted of group supervision with their peers, this focussed on a particular area such as record keeping, nutrition/hydration or medicines. These supervision included scenarios related to the topic so that care workers would gain a better understanding of the topics under discussion.

The provider used an online reporting system to record when staff had their supervision and this was used to generate reports for any supervision that were due within the next 30 days. This allowed the registered manager to have an indication of which care worker supervision was to be done. We checked this system for the staff files that we looked at and saw that it was being completed accurately, with details of care worker's last supervision date corresponding with the records that were kept in their staff file.

Is the service responsive?

Our findings

At our previous inspection which took place on 6 and 7 February 2017, we found care plan reviews were not always effective in identifying people's support needs or any changes to their support needs. At this inspection we found that some improvements had been made. The provider was now meeting the regulation.

We saw training certificates that showed the team leaders had attended risk assessment and care plan training following the previous inspection.

People using the service and their relatives confirmed that their care plans had been reviewed recently, this was reflected in the records we saw. We saw evidence that the provider had taken action in response to concerns, for example one person at risk of falls had been referred to the therapies team.

A member of the quality assurance team had audited the care plans and reviewed them to ensure that they had been updated following any changes, a sample of care plans were audited at every visit.

At our previous inspection, we found the provider did not always document complaints received and action taken in response to complaints received was not always clear. At this inspection we found that some improvements had been made. The provider was now meeting the regulation.

We looked at the complaints that had been received since 2 March 2017, there had been nine recorded complaints since then.

After the inspection, the regional manager emailed us information about the outstanding complaints held on the online reporting system. This showed there were three outstanding complaints. These were all within the provider's timescales of responding to complaints.

For one of these complaints which was received in April 2017, the scheme manager had acknowledged the complaint and said there would be a full response by 12 May 2017. However this was not seen in the records. We spoke with the scheme manager about this and she said this had been resolved verbally with the complainant. However the complaint records was not clear if this had been done.

There were other complaints for which the paper records had not been completed fully, for example investigation reports were not complete and other records not clear if they had been resolved to the satisfaction of the complainant.

The above identified issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At our previous inspection which took place on 6 and 7 February 2017, we found quality assurance checks were not effective in picking up concerns. The provider did not always accurately record incidents that occurred. Although quality assurance check were in place, we found that the provider did not always act upon the feedback or the action points identified.

At this inspection we found that concerns still remained.

The provider used an online system called the Branch Reporting System (BRS) to collate information related to a number of areas from incidents, complaints and staff records. Complaints, accidents and incidents were recorded on paper and were then uploaded on BRS.

A member of the quality and compliance audit team visited the service every 4-6 weeks to complete an audit looking at a number of areas and giving each area a rating. This audit included reviewing a sample of care plans and staff files to ensure they were up to date. The findings of the audit were shared with the registered manager and a report was completed based on the ratings given. The audits were effective in identifying areas of improvement, however there were still some areas where appropriate action was not being taken in response to the concerns identified.

The regional manager sent us a copy of the internal audit that took place on 11 May 2017 and 28 June 2017.

The audit that was completed on 11 May 2017 identified some items for immediate action but they were still outstanding in the 28 June 2017 audit.

The 11 May 2017 audit highlighted that accidents were not recorded or they have not been recorded correctly. The deadline for this was 'immediate and ongoing.' Another area was that accidents were not escalated to senior management via the BRS system. The deadline for this was also 'immediate and ongoing.' These actions were still outstanding in the audit that was completed on 28 June 2017.

We found that some aspects of the care records were still not being fully completed. For example, there was one record for a person with behaviour that challenged and who had left the service for a period, the paper record did not say who this had been reported to and when this had occurred. Another person had been found on the floor, the form said that it had been reported but not to who. These records were however completed on BRS. There were two incidents that we saw on BRS did not have an associated paper record. The incidents and accidents paper record did not have space on it to include the date of the actual incident/accident. We raised this with the registered and regional manager on the day of the inspection who told us they were aware of this and this was already being included in the new forms.

We also found that some of the complaints that were recorded on paper did not correspond to those on BRS. A record of outstanding complaints that were sent to us by the regional manager showed that there were three outstanding complaints. However, the paper records were not fully completed. This was

highlighted in the audit that took place on 11 May 2017, which stated there was no completed complaints log, and it did not correspond to the complaints shown on BRS and there was no evidence of analysis of complaints. The deadline for both these was 'immediate.' These actions were still outstanding in the audit that was completed on 28 June 2017.

The audit which took place on 11 May 2017 also identified MAR charts not being completed, unexplained gaps and no explanation of gaps or that these were investigated. These were not assigned to anyone to action. These actions were still outstanding in the audit that was completed on 28 June 2017.

A medication audit carried out on 10 August 2017 in which four care records were checked had identified issues with missing signatures and incomplete medication reviews which were assigned for to the branch manager to action.

A medication management themed audit was completed on 10 August 2017. Looking at a number of areas related to medicines management. One area of concern highlighted as scoring the lowest was office management which looked at whether log books were being audited, if audits were thorough and correct, if audits had been put onto the reporting system and evidence of action taken in response to concerns found.

The provider had an improvement plan in place against each area which in some cases was not clear. For example, it stated that no action was needed but they were still assigned to someone with a deadline to complete. We spoke with the regional manager about the outstanding tasks and they said with the number of tasks outstanding, they were prioritising more urgent ones before others. This prioritising was not made clear on the action plan we saw. We spoke with the regional manager about either having more realistic timescales or assigning each action a priority to manage the workload better.

The above identified issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not operated effectively to ensure compliance with the requirements in this Part.</p> <p>The provider did maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>The provider did not act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>Regulation 17 (1) (2) (c) (e)</p>

The enforcement action we took:

We issued a warning notice.