

London Care Limited

London Care (Olive House)

Inspection report

Olive House
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31 January 2022
16 February 2022
10 March 2022

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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

Olive House is an extra care scheme providing personal care for up to 50 people. The provider was commissioned by the local authority to provide personal care for up to 40 people. The premises were purpose built and people lived in their own rented flats. At the time of our inspection there were 32 people using the service.

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

People received care and support from kind and thoughtful staff. One person said, "They go out of their way to help me." People were treated in a respectful manner and their independence was encouraged.

People told us they felt safe living at the service and they felt confident about raising any concerns.

People received support to safely take their medicines where this formed part of their agreed care package.

People's needs were assessed before they moved into the service and their needs were regularly reviewed.

People were able to access health care and were supported by staff to attend hospital and other medical appointments.

People were provided with opportunities to take part in fun activities which stimulated their physical and emotional wellbeing.

People told us the registered manager, the deputy and the staff team were approachable and keen to offer their support and assistance.

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 benefitted from a service which was managed in an open and committed way by the registered manager. Systems were in place to monitor and improve the quality of care and support people received.

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

Rating at last inspection

This service was registered with us on 11 September 2019 and this is the first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about the service. Our

intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

Follow up

We will continue to monitor information we receive about the service, which will 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 (Olive House)

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 one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 January 2022 and ended on 10 March 2022. We visited the location's office on 31 January and 16 February 2022.

What we did before the inspection

We reviewed the information we had received about the service. This included notifications about events at the service which the provider is required by legislation to inform us about, for example any safeguarding concerns. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and observed how staff supported and interacted with people during an activity session in the communal lounge. We spoke with four members of the care team, the deputy manager, the registered manager and the regional manager.

We looked at a range of records which included four people's care and support plans, four medicine administration records and six staff files in relation to recruitment, supervision, training and appraisals. We also reviewed records relating to the management of the service, for example complaints and compliments, accident and incidents logs, quality audits, and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the relatives of three people who lived at Olive House and contacted three local health and social care professionals with knowledge about the service. We received comments from two professionals.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate policies and practices in place to protect people from the risk of abuse and harm. Staff undertook mandatory safeguarding training, which was updated at regular intervals. The staff we spoke with demonstrated a clear understanding of the assorted types of abuse people could be at risk of and explained the actions they would follow to reassure people and promote their safety.
- Staff knew how to escalate any concerns to the registered manager or deputy and were confident their line managers would take immediate and appropriate action. The provider gave staff written guidance about how to whistle blow within the organisation and to external bodies. Whistle blowing is when a worker reports any wrongdoing at their workplace.
- People and their relatives where applicable told us they felt safe and relaxed with staff. Comments included, "I feel treated very well by my carers, they are always kind" and "I would speak with [registered manager] if I didn't like the way I am spoken to, it's not something I have needed to do."

Assessing risk, safety monitoring and management

- The provider identified risks to people's safety, health and welfare, and developed relevant assessments to mitigate these risks. Risk assessments were in place to address people's support needs in relation to various aspects of their daily lives including risk of falls, reduced mobility, skin integrity and malnutrition. These assessments were kept under review.
- Risk assessments were also carried out to identify risks to people's safety within their home environment, for example whether a person might benefit from a referral to an occupational therapist for an adapted chair, sensor mat or other equipment to promote their safety, independence and comfort. Individual emergency and evacuation plans were in place to enable staff to safely support people in the event of a fire or other serious situation within the premises.
- People received care and support from staff with suitable training and guidance to protect them from risks to their safety. This included training for moving and positioning people, health and safety, fire safety and first aid.

Staffing and recruitment

- The provider had implemented safer recruitment practices to ensure staff had suitable experience and backgrounds to support people who used the service. However, we found minor gaps in two staff files where further details were needed. We discussed this with the registered manager and the matter was fully rectified during the inspection.
- The provider deployed enough staff to safely meet people's needs. People told us they received a reliable service and their care was delivered in an unhurried and dignified manner. Comments included, "Yes, they (staff) have enough time to help me, there is time to look after my hair and make me feel neat and tidy" and

"[Family member] is well supported and is getting the care they need, I have no concerns about the amount of support given."

Using medicines safely

- People received their medicines safely from staff with appropriate training to undertake this role, where this formed part of their agreed care and support plan. The deputy manager carried out regular checks and audits to ensure people correctly received their medicines as prescribed. There were suitable systems in place to ensure medicines were ordered on time and safely disposed of if no longer required.
- Medicine administration records (MARs) were clearly written and accurately completed. People told us they received the support they needed from staff to adhere to their medicine regimes and showed us how their medicines were securely stored in their flats.

Preventing and controlling infection

- People using the service, staff and visitors were protected by the provider's safe and effective infection prevention and control (IPC) procedures. Staff confirmed they received IPC training and had access to ample supplies of disposable aprons, gloves, masks, shoe covers and other personal protective equipment (PPE). A staff member told us, "I was very worried about COVID-19 but the training and the advice we got from managers has really helped. Things like how to do proper hand washing techniques."
- People told us they felt protected by staff as they observed staff wearing their PPE and carrying out thorough cleaning routines in their flats. The registered manager informed us that care staff ensured a clean environment in people's own flats and the housing association was responsible for the cleaning schedules in communal areas. We observed the premises were clean, hygienic and tidy, and visitors were offered a mask and hand sanitising gel.
- The provider was accessing COVID-19 testing for people and staff in line with the current government guidance at the time of the inspection. Senior staff spoke with visitors when they arrived and followed protocols to ascertain whether it was safe and appropriate for individuals to enter the premises.
- The provider followed government guidance in relation to supporting people to receive visits from their relatives and friends, and to go out of the service. People told us they were supported by staff to maintain important relationships at times they could not meet up in person, for example phone calls and using electronic devices.

Learning lessons when things go wrong

- The management team analysed accidents, incidents, complaints and other events to determine whether there were any emerging concerning trends to be addressed. For example, the management team had found concerns with the safe management of medicines. Medicine practices were closely reviewed and action was taken to promote improvements.

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

- People's needs were assessed before they commenced using the service. A detailed assessment was carried out by a local authority social worker to ensure people's needs, wishes and unique circumstances were understood and could be effectively and safely met at an extra care scheme. The senior staff at the service carried out in-depth assessments in relation to people's daily needs to enable the provider to develop an individual care plan to meet these needs and wishes.
- People's assessments and corresponding care plans were kept under review and updated when necessary. This ensured staff had current and relevant information about people's needs and clear guidance about how to deliver the right care and support.

Staff support: induction, training, skills and experience

- Staff were supported to acquire appropriate knowledge and skills to effectively and competently carry out their roles. Staff told us they enjoyed the training package offered by the provider and found it useful for understanding and meeting the different needs of people using the service.
- People and their relatives spoke positively about the skills and approach of care staff. Comments included, "I just can't fault them, they know exactly what to do" and "The staff are always helpful and know [my family member] well and what they need to do. I know they keep up to date and have to do their training."
- The provider enabled staff to enrol on the Care Certificate, which 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. It is made up of the 15 minimum standards that should form a robust induction programme.
- Staff received regular one to one supervision to support them with their responsibilities and provide a forum for discussing future training and development needs. Staff told us the registered manager and deputy provided excellent and accessible support and advice if they had queries about a person's needs and wellbeing.

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

- People were supported to meet their nutritional and hydrational needs, where this assistance was required. People's care plans identified their individual needs and preferences in relation to receiving a balanced and appetising diet.
- People spoke positively about the support staff provided to prepare their breakfast, evening meal and other snacks. Comments included, "They know just how I like my tea and toast" and "Sometimes I don't feel so hungry and they will always encourage me nicely."
- We received comments from some people and relatives about the range of choices available to people who either visited the communal cafeteria at lunch time or chose to have a meal from this facility delivered

to their flat. People said they would like to see a broader variety of Caribbean meals. We informed the registered manager, although this aspect of the service was not managed by the provider. The registered manager regularly spoke with people about the quality of their lunches and confirmed he would pursue this.

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

- Staff supported people to access health care services, in accordance with people's needs and wishes. People's care plans provided information about their health care needs and how care staff should support them, for example if people needed a member of the staff team to escort them to a clinic appointment.
- People's records contained details of the health care professionals involved in their care, such as their GP, dentist and optician. Records showed staff referred people to applicable health care professionals when required, for example people were referred to a dietitian if staff observed unintentional weight loss or if a person was experiencing new difficulties to manage specific food consistencies.
- People and their relatives told us they were able to access health care services and were satisfied with how staff supported them to meet their health care needs. One person told us care staff observed if they needed a chiropodist and made arrangements.
- Staff were advised by the registered manager to seek people's consent to check letters that came from hospitals and clinics, if they needed support with this task. This guidance was given to staff so that people did not miss appointments they wished to attend.

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.

- The provider was working within the principles of the MCA. Where applicable, people signed their care and support plans to demonstrate their understanding of how the service proposed to meet their needs and wishes, and their consent for staff to provide their care. Where people did not have capacity to make specific decisions, the senior staff understood the necessity to liaise with people's relatives and external professionals involved in their care so that best interests' decisions could be made.
- Staff received MCA training and were aware of the importance of supporting people to make their own decisions and choices wherever possible. Staff confirmed they always checked with people for their consent before they supported them with personal care.
- Where people had an appointed Power of Attorney this was recorded in their file so that staff could confirm they were communicating with the correct party with legal authority to make decisions for a person.

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

- People told us they were treated with kindness and respect. Comments included, "The care is wonderful, I am very happy here and the staff are very, very nice. I can have a joke with [registered manager]" and "I have no regrets about moving here, it's done me good. The carers are attentive, they make sure I am okay and they work hard too." Relatives remarked about the caring and friendly atmosphere created by the registered manager and staff team.
- People's care and support plans provided information about people's backgrounds, for example their place of birth, childhood memories, social interests and former occupation. Staff spoke positively about the diverse cultural backgrounds of people who used the service. For example, how they supported people to listen to their favourite music, buy groceries that met their cultural needs and preferences, and chat about their own unique life experiences.
- People were supported to meet their religious needs and maintain links with their chosen place of worship if they wished to. The registered manager told us the service had developed a valuable relationship with a local minister, but this had temporarily ceased due to the pandemic. The management team were in the process of re-establishing local links to enable people to meet different religious and cultural needs.

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

- People were offered opportunities to share their opinions and make decisions about their care and support. For example, care and support plans demonstrated people were consulted about their preferred routines such as time to get up in the morning and how they wished to be supported to take a bath or shower. Where people were not able to make decisions about their care, staff consulted with chosen representatives if applicable
- People's views about their care were also sought during their review meetings.
- People could be supported to access advocacy services if required. Advocacy is a type of support from an independent individual or group to help people express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were provided with respectful care and support which promoted their independence. A person using the service told us, "They are always gentle and nice when helping me take a shower, I do what I can do and they do the rest." People were consulted about whether they wished to receive their personal care from care staff of the same gender and this was written in their care and support plans.
- Staff told us they were trained to always remember they were providing care within people's own homes and needed to respect their individual preferences and customary domestic routines. We noted the management team sought the prior permission of people to allow us to visit them in their flats and staff

consistently knocked on people's doors before entering.

- Suitable systems were in place to securely store confidential information about people. Staff were aware of the importance of not sharing confidential information with external individuals and organisations unless they had a legitimate need to know.

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

- People's care and support was planned in line with their identified needs and preferences. Care and support plans were suitably thorough to ensure staff had sufficient information and guidance to deliver individual care that responded to people's changing needs. These care and support plans were kept under review and updated as necessary.
- Staff told us they reported changes in people's health, welfare and other circumstances to the management team so that appropriate measures could be taken to ensure people's needs were consistently understood and met. For example we saw case studies prepared by the registered manager which showed how the service had taken suitable action when staff observed deterioration in people's health and daily functioning skills, or people were experiencing problems with facilities or equipment in their flats that impacted on their wellbeing, safety and comfort.
- The regional manager and a health care professional told us the service sometimes needed to support people as their health care needs and frailty due to old age increased. The provider told us this significant change in people's needs meant they required a multi-disciplinary team assessment for either additional care to remain at Olive House, or placement at a residential care home or care home with nursing.
- The regional manager confirmed they liaised with the local authority for additional funding to provide an increased level of care for people with emerging complex needs until people could move on from the service. A health care professional told us they provided care staff with guidance and other support to meet people's increasing health care needs in these circumstances.

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.

- The provider understood their responsibilities in relation to the AIS. The registered manager informed us that information for people could be provided in large print, braille or other accessible format if required.
- Staff were provided with relevant guidance within people's care and support plans about how to effectively communicate with them. For example, if a person needed staff support to put in their hearing aids and check the batteries were effective.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a range of social activities to promote their independence and their physical and social wellbeing. People took part in gentle exercises, discussion groups and arts and crafts. People and staff told us the regular visits from the hairdresser provided not only a practical service but also a popular and therapeutic experience.

- The scope of arts and crafts enjoyed by people was notable including drawing and colouring, paper crafting, making mosaics and jewellery, knitting and crocheting, and clay modelling. We observed people being supported to participate with their chosen arts and crafts interests in a sociable communal group.

Improving care quality in response to complaints or concerns

- The provider demonstrated concerns and complaints were taken seriously and replied to in an open and professional way. People and relatives told us they knew how to make a complaint and were confident the registered manager would ensure they received a fair and constructive response.

- The provider considered any learning from complaint investigations and how this learning could be used to improve the quality of the service. For example one person reported to the registered manager they were not happy with the conduct of an agency worker and this was passed on to the agency.

End of life care and support

- Systems were in place for staff to support people with their end of life care needs. The regional manager told us the service had good links with palliative care professionals including community nurses and GPs. Staff were provided with bespoke training to meet people's individual needs and were provided with guidance from health care professionals.

- Where people and/or their relatives if applicable had spoken with their GP and a decision was made that cardio-pulmonary resuscitation should not take place, it was clearly recorded in their files. This ensured correct information was available to make sure people received dignified and appropriate care in the event of a cardiac arrest.

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

- People and relatives told us the service was welcoming and person-centred. One person told us, "I am happy here and always feel listened to. Moving here has not meant giving up my independence."
- The management team carried out frequent 'walkabouts' which were documented so that any required actions could be recorded and followed up. These walkabouts included time spent speaking with people and staff and demonstrated an open approach to seeking people's opinions about their care and support.
- Systems were in place to monitor and evaluate the quality of care and support at the service. This included medicine audits and individual evaluations of how people engaged with and benefitted from the activities programme.

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

- The registered manager, deputy and the staff team demonstrated a clear understanding of their responsibilities. The registered manager submitted notifications to CQC without delay, in accordance with legislation.
- The provider supported the registered manager and deputy to continuously develop their knowledge and skills to effectively carry out their roles. Both were undertaking nationally recognised leadership qualifications and spoke positively about the ongoing support they were given by the regional manager.
- The registered manager understood the necessity to be truthful and open with people who used the service, their chosen representatives and statutory organisations if things went wrong with people's care and support.

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

- People, their relatives and staff told us the registered manager was accessible and made himself available to respond to any queries or concerns. People and their relatives commented, "I would always speak with [registered manager] if I was worried about anything" and "[registered manager] is a visible manager and will always listen and sort out any issues."
- The registered manager offered an 'open door' approach for people and the staff team. We observed positive interactions between people and the staff team, in line with the service's ethos of providing people with a homely and relaxed environment.

- Staff were updated about any new developments at the service and supported to express their views at regular team meetings chaired by the registered manager.
- The provider shared good news with the staff team and rewarded staff for 'going the extra mile'. Staff were informed about compliments received from people, their relatives and external professionals and thanked for their special contributions to the service.

Continuous learning and improving care

- The management team reviewed the outcomes for people and the learning achieved by staff following the planning and delivery of specific person-centred care and support, given to people to improve the quality of their lives.
- For example, we read case studies about how staff supported a person who wished to improve their health by giving up smoking and a person who was supported to cease hoarding. These case studies enabled the staff team to consider what worked well and identify approaches that could be applied again to support other people living at the service.

Working in partnership with others

- The management team informed us the service benefitted from its positive relationships with local health and social care professionals.
- The local authority contracts monitoring officer confirmed the provider submitted required information and reports to social services, to enable them to monitor the service.