

London Care Limited

# London Care (Fellows Court)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 16 November and was unannounced.

Fellows Court provides a supported living service for people living in one block of flats. At the time of our inspection there were 35 people using the service.

At the last inspection in October 2015, we found breaches of the legal requirements in relation to how people's medicines were managed and staffing levels. The provider submitted an action plan detailing how and when they would make the required improvements. These actions have been completed and we found the provider was meeting the relevant requirements in relation to managing medicines and staffing levels.

The service had a registered manager. 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.

People told us they felt safe from abuse. They knew the type of behaviour that was unacceptable and who to contact if they had any concerns about their safety. Staff knew how to protect people against abuse and how to report any concerns.

There was a sufficient number of suitable staff to keep people safe and meet their needs. However, we found that people did not always receive support from the required number of staff.

People received their medicines safely because there were appropriate systems in place for storing, administering, recording and disposing of medicines which staff consistently followed.

People were cared for by staff who had the necessary skills and experience to support them effectively. The provider supported staff through regular supervision and relevant training.

Staff understood the general principles of the Mental Capacity Act 2005 and the specific requirements of the Deprivation of Liberty Safeguards and how they applied to people in their care.

People were supported to eat nutritious meals and had enough to eat and drink. People received the support they needed to maintain good health.

Staff were caring and treated people with respect and kindness. People's privacy and dignity were maintained by staff. People were satisfied with the care and support they received. They received care that met their individual needs and were involved in making decisions about their care.

People received consistent care from a regular team of staff. The management and staff knew people well.

They knew their habits and preferences and understood what was important to them.

People were supported and encouraged to express their views. People knew how to and felt able to raise concerns or make a complaint. There were appropriate arrangements in place for recording, investigating and responding to people's complaints.

There were comprehensive systems in place to assess and monitor the quality of care people received at provider and service level. Where areas for improvement were identified, action plans were devised and the required improvements were made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Some aspects of the service were not safe..

People did not always receive care and support from the right number of staff. This meant that the care and support people received was sometimes unsafe.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. People received their medicines safely. Staff were recruited using appropriate recruitment procedures. Staff followed procedures which helped to protect people from the risk and spread of infection.

### Is the service effective?

**Good** 

The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively. People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

### Is the service caring?

**Good** 

Staff were caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

### Is the service responsive?

**Good** 

The service was responsive.

People felt in control of the care and support they received. The care people received met their needs.

People were regularly given the opportunity to make suggestions and comments about the care they received and told us their comments were listened to. People received co-ordinated care when they used or moved between different healthcare services.

**Is the service well-led?**

**Good** ●

The service was well-led.

People using the service felt the service was well organised. People's records were accurate and up to date. There were appropriate policies and procedures in place which staff were aware of and followed day-to-day.

There were systems in place to regularly assess and monitor the quality of care people received.

# London Care (Fellows Court)

## **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 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.

The inspection took place on 16 November 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included details of its registration, routine notifications received from the provider and the previous inspection report. London Care (Fellows Court) had previously been inspected in October 2015 and was found to require improvement.

During the inspection we spoke with six people using the service, four staff members as well as the care co-ordinator and registered manager. With their permission, we also visited people in their homes. We spoke to a representative of a local authority that commissions the service.

We looked at six people's care files, five staff files which included their recruitment and training records and the staff rota. We looked at the provider's policies and procedures and the systems in place to assess and monitor the quality of care people received.

# Is the service safe?

## Our findings

At the last inspection in October 2015, we found there was not a sufficient number of staff to meet people's needs. During this inspection people told us there was a sufficient number of staff to meet their needs although they were not always in the right place when they were needed. Staff also agreed that there was a sufficient number of staff but told us that the way staff were allocated meant that they could not always be where they were meant to be.

The number of staff required to support people safely was assessed when people first began to use the service and reviewed thereafter. People told us they were supported by the right number of staff. However, one person told us they were not always supported by the number of staff required. That person commented, "I'm meant to be lifted by two people but sometimes just one person comes or one person starts it and the other person comes later." Staff told us, "I think it's dangerous because sometimes two of us are meant to hoist a person but the other carer I'm meant to be doing it with is also on the rota to be helping another resident so I have to do it on my own." Other staff members commented, "The office don't seem to understand that although they're [people using the service] all in the same building we cannot be in two places at once. People aren't always getting two carers when they are supposed to" and "There are enough of us working here but in the mornings which is the busiest time, I'm not able to do everything I should because on the rota I'm meant to be supporting two different people at the same time." We looked at one person's care records who required the assistance of a hoist and two staff to be transferred to and from their wheelchair. The records showed that on three occasions in one week the person had been assisted with a hoist operated by one staff member instead of two.

We raised this with the registered manager and care co-ordinator. The registered manager told us, "a new rota has been introduced recently and the staff are still getting used to it. Staff know they should never be using the hoist on their own when it should be two people." The care co-ordinator told us, "They [staff] should know that once they have finished with one resident, they have to join the other carer to assist them with hoisting. That is how the rota works."

Since the inspection, the registered manager has confirmed the staff rota has been changed so that the required number of staff are available for the whole period allotted to people to receive support. We will check how well the rota is working at our next inspection.

At our last inspection the arrangements in place to ensure people received their medicines safely were not always followed because the medicines people received were not always recorded.

During this inspection, we found that people received their medicines safely because staff followed the provider's policies and procedures for ordering, storing, administering and recording medicines. People told us they received their medicines when they were due. The medicine administration charts we looked at were fully completed. This indicated that people received their medicines as prescribed. Staff competency to administer medicine was checked during themed supervision meetings. The provider and registered manager conducted regular medicine audits to check that the provider's policies and procedures were

consistently applied by staff. These measures helped to ensure that people received their medicines safely.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with and applied day-to-day. Staff had been trained in safeguarding adults and demonstrated good knowledge of how to recognise abuse and report any concerns. Staff told us they would not hesitate to report their concerns if they felt another staff member was behaving inappropriately or posed a risk to a person they were caring for. People also knew how to report any concerns and told us they would tell the registered manager or a relative if they felt at risk of abuse. One person told us, "I've never had any reason to be concerned, the staff are very good but I would speak up if I had to."

The provider operated an effective recruitment process which was consistently applied by the management team at the service. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People were protected from the risk and spread of infection because staff followed the provider's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), including gloves and aprons. People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.



# Is the service effective?

## Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People commented, "They are very good", "They [the staff] know what they need to do and get on with it", "They all seem very experienced" and "The helpers are very good."

The provider appropriately supported staff to enable them to meet the needs of people using the service. Newly appointed staff received an induction during which they became familiar with their working environment, the provider's policies and procedures and people's care plans. During induction, staff were required to shadow an experienced staff member before being allowed to work alone with people. The induction included training in areas essential to their role such as, reporting concerns, safeguarding adults and food hygiene. At the end of the induction period, staff were required to undertake a written competency test to check they understood and knew how to apply in practice what they had learnt during the induction. Staff who had been employed by the previous provider received an induction refresher. These measures helped to ensure that newly appointed and established employees had the knowledge and skills required to meet people's needs.

Thereafter, staff received regular, relevant training and guidance on good practice in areas such as infection control. Staff were encouraged and supported by the provider to obtain further qualifications relevant to their role.

Staff received regular supervision both formal and informal which included observations of them delivering care. During formal supervision meetings staff received guidance on good practice and their performance was reviewed. The supervision system included themed supervision meetings during which staff knowledge and understanding of areas such as continence and medicine administration was checked. Staff who had been with the service for more than twelve months had an annual appraisal. The system of supervision and appraisal meant that people received care from staff who had the knowledge and skills to perform their roles effectively.

People were asked for their consent before care and support was delivered. One person told us, "They always ask me what I want." Another person commented, "They are good like that. They're helpful when I need help." Staff told us they ensured people consented to the care they were given. Staff commented, "I don't do anything without asking their permission first" and "I know what I have to do but I always ask."

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. The registered manager confirmed that at the time of inspection

there was no one who required someone to act for them under the Court of Protection. Staff were aware of and had received training in the MCA. Staff were able to give a clear description of what was meant by "lacking capacity". Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. One staff member told us, "If I felt someone I was caring for was unable to make a decision, I would tell the office so that an assessment could be arranged."

People had access to a restaurant on site and their tenancy agreements enabled them to have lunch there. People who required it were prompted and supported to eat their lunch. Outside of lunch, people were encouraged to eat and drink sufficient amounts to meet their needs. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with this. This information was documented in people's care plans. The meals staff prepared and how they supported people to eat was recorded where appropriate. These records indicated the meals prepared by staff were based on people's specific preferences and choices.

People were supported to maintain good health. Care plans contained relevant information about the support people required to manage their health conditions. Staff monitored people's health and well-being. The registered manager told us that care plans were reviewed immediately when there was a change in a person's health condition or circumstances. Where any changes were identified in people's health, their records were updated so that staff had access to up to date information about how to support them.

Staff supported people to have access to healthcare services. Staff were in regular contact with people's GPs and district nurses. People who used the service and staff had ready access to the contact details for external healthcare professionals. People told us that where there was a change or deterioration in their health staff promptly involved the relevant healthcare professional. There was a GP visiting people at the time of our inspection. He told us, that staff regularly contacted him on behalf of his patients and that he regularly visited people.

# Is the service caring?

## Our findings

Staff were kind and caring. People's comments included, "They [staff] are terrific", "They look after me very well. They're very nice" and "The carers are lovely. Particularly the ones that are on in the day. I can have a laugh with them." A staff member told us, "I really enjoy working here and helping the people I work with." Another staff member told us, "I treat them like I would treat my own family. I know I'm making a difference."

We observed that staff were respectful in the way they spoke to and supported people. Staff assisted people in an unhurried manner and at a pace that suited people as individuals. We saw examples of staff being proactive in making people comfortable without people having to ask.

People's needs, values and diversity were understood and respected by staff. People told us they were treated with respect and their dignity and privacy was maintained. People commented, "They are always very respectful. They're wonderful." Staff were able to give us many examples of how they ensured people's privacy and dignity were maintained. For example, by addressing people in their preferred name and not unnecessarily exposing people whilst undertaking personal care. Staff members told us, "If I'm washing someone's top half, I make sure the bottom half is covered" and "I do as I'm asked because everybody is different so I do things the way people want me to."

Although it was not always evident from their care plans, people told us they were involved in helping the service to plan the care and support they received. The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could contact with the office staff and management. People told us they knew who to speak to at the service if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

People were supported to be as independent as they could and wanted to be. Care plans contained good information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so.

# Is the service responsive?

## Our findings

At our previous inspection in October 2015, we found that people's care plans did not always accurately reflect people's needs.

During this inspection the registered manager told us that everybody using the service had recently had their needs reviewed. People's needs had been appropriately assessed. People's assessments considered their personal care and health needs and their care plans reflected their current needs. People's specific needs and preferences were taken into account in how their care was planned and delivered. Care plans had instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs.

Staff told us they had access to an up to date copy of care plans in people's home and we were able to confirm this when we visited people's homes. Staff were updated by the office of changes in people's needs, to ensure the care and support delivered met people's current needs. People felt staff listened to them. One person commented, "I can do most things for myself but when I need help the carers do what I ask. They are very willing."

Everybody we spoke with was satisfied with the care and support they received. People told us they received personalised care that met their needs. Comments included, "I'm very happy here and with how they look after me", "I can't fault them", "I've no complaints. I'm very happy" and "I think they do a marvellous job."

There was continuity of care. People told us they were usually cared for by the same staff. Staff were familiar with the needs of people they cared for. They knew their routines, preferences and level of support people required. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay. Where for example specialist advice or treatment was required, referrals were made promptly. Additionally, if people's needs had changed, the service liaised with the local authority in order to organise an amendment to their care package so they received appropriate support.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew how to make a complaint if they needed to and would feel comfortable doing so. One person told us "I'm quite able to complain and I would do if I wasn't happy." There was a system in place for the registered manager to log and investigate any complaints received which included recording any actions taken to resolve any issue that had been raised.

People were given other opportunities to give feedback and make comments and suggestions on the quality of care they received. Regular residents' meetings were held. We saw that these were well attended and that people raised issues of concern to them and were updated by the registered manager on developments within the service. The care co-ordinator also obtained people's feedback during day time visits to their homes, when staff were also observed providing care. The feedback obtained included a range of issues such as whether people were happy with the staff and whether they were treated with dignity and respect.

However, there was not a system in place to observe the working practices of night staff. One person told us, "The night staff are not as willing as the ones on in the day and some of them can be a bit rude." We raised this with the care co-ordinator in the presence of the registered manager. The care co-ordinator told us they planned to start unannounced checks on night staff. We will check whether this is happening at our next inspection.

# Is the service well-led?

## Our findings

People and staff told us the service was well-led. One person told us, "I think it's great, very well organised." Another person told us, "I've lived here for a long time and I think the management is good." A staff member told us, "I like working here."

The provider had taken over the service in 2015 and many of the staff had worked at the service before the new provider had taken over. Staff morale was low, although at the time of our inspection this was not impacting the quality of care people received. The registered manager was aware that staff morale was low and was working with the provider to find ways to redress this.

There was a clear management structure in place which people and staff understood. Staff knew their roles and responsibilities within the structure and were reminded during supervision meetings. People and staff knew who to approach with their concerns. They also knew how to escalate concerns. The registered manager held regular meetings with all staff to update them on plans for the service and changes to the provider's policies and procedures. Staff felt able to raise any concerns with the registered manager. It was evident that staff worked well as a team to ensure people received continuity of care.

Good management was evident in relation to the way the service was organised. We found that care, medical and staff records were comprehensive, clear and up to date. They were appropriately stored to ensure confidentiality and promptly located when requested. There were appropriate policies and procedures in place which were regularly reviewed. Relevant notifications were sent to the CQC as required.

There were appropriate arrangements in place at provider and service level for checking the quality of the care people received. These included regular reviews of people's care and medicine records, staff training and supervision. The provider also conducted regular audits of the service to check that they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service used the information gathered from its internal audits and recommendations made by external organisations such as the CQC and the local authority, to make improvements to its policies and procedures and to improve the quality of care people received. We saw that where an audit of people's care files had identified some unacceptable standards of care planning, people's care plans were reviewed and updated. We saw evidence that appropriate follow up action was taken through staff supervision if any improvement was required in relation to the skills staff displayed.

The registered manager was committed to improving the service and was well supported by the provider to do so. She kept informed about relevant local and national developments in health and social care and had constant oversight of the service's care and support procedures. The provider used guidance for providers published by the CQC to ensure the service continued to improve and develop in line with the legal requirements.