

The London Care Project Limited

The London Care Project

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The London Care Project is a domiciliary care service which provides personal care support to people living in their own homes. 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, managing medicines and eating. At the time of our inspection there were 2 younger adults using the personal care service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they felt safe. People were supported by staff who knew how to identify when people may be at risk of harm, and how to report their concerns. Staff openly discussed among themselves when things went wrong and learned lessons from these events. People were supported by consistent long standing staff who were available when needed. Peoples medicines were managed safely, and people were protected from the risks of infection.

People received care and support from care workers who were trained to meet their needs. 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. Where people required support with their health and diet, these needs were assessed, planned for and met.

People told us staff were sensitive and kind and they received a caring service. People's rights to dignity, privacy and independence were promoted and respected. People's choices were listened to and acted upon. People told us they felt valued and that they mattered to staff.

People's individual needs were assessed, planned for and met. People's decisions about how they wanted to receive their care and spend their time pursuing hobbies and interests were acted upon. People felt able to raise their complaints which would be responded to.

People and staff were positive about the management of the service which promoted an open and inclusive culture. Systems were in place to assess and monitor the quality of care people received. People's views about the service provided were valued and used to drive improvement.

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

The last rating for this service was good (published 04 March 2017). At this inspection the rating has remained the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The London Care Project on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

The London Care Project

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

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. We used all of this information to plan our inspection. 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.

During the inspection

We visited the service's office and visited two people on the first day on 12 September 2019. We spoke with the registered manager, two staff and both people. We reviewed a range of records. This included two people's care records and medication records and a variety of records relating to the management of the

service.

After the inspection

The registered manager sent us further evidence on 20 September 2019 to support their overall rating.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were consistently safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "I am happy, my life is much better with [Registered manager] and staff, I feel very safe and I don't get as angry anymore."
- Staff received training on how to keep people safe from harm and those staff spoken with understood the types of abuse that could occur. Staff were clear about their roles and responsibilities, and how to report their concerns, both to the registered manager and also to the local authority or CQC.
- Staff said there were systems to learn from incidents and accidents and used them to drive improvements. Staff were able to tell us about incidents that had occurred and how they had reviewed their practice and taken action to reduce the likelihood of recurrence.
- One staff member said, "I reported something I was worried about to [Registered manager]. They investigated it, reported it and we looked at what I had done, and what the least restrictive options were so that [Person] could carry on doing what they enjoyed, but with some safety around it. [Person] now feels a lot more confident in leaving the flat."
- The registered manager kept lessons learned as an agenda item in supervisions and team meetings. This helped to develop an open culture where staff were able to learn from incidents and accept their responsibility in a positive and supportive way.

Assessing risk, safety monitoring and management

- People's care records included risk assessments, which guided care workers on how the risks in people's daily lives were mitigated. This included risks associated with mobility and in people's own homes. Care records were at the time of our inspection being reviewed by the registered manager.
- Where risks were identified to people's health and wellbeing, measures were in place to manage these. For example, where people had difficulty mobilising, staff were aware of the risks and supported them safely to mobilise and keep the environment free from hazards.

Staffing and recruitment

- People were happy with the staffing levels. Staff were recruited for specific service users, who informally interviewed them prior to staff being offered the position. People were supported by the same small team of staff who had worked with them for a number of years. This provided people with support from a consistent staff team.
- The registered manager told us they continuously advertised and interviewed staff, to ensure that the service had sufficient staff to enable them to support new people.
- Prior to staff being employed robust checks were undertaken in line with the service's own procedures, to ensure they were of good character and able to work in this type of service.

Using medicines safely

- People told us they received their medicines as the prescriber intended and were happy with how staff managed their medicines. People said staff supported them with regular reviews of their medicines with health professionals.
- The registered manager carried out regular checks to ensure people's medicines were safely managed. This included regular checks of stocks and records.
- Staff received training in safe medicines management and had their competency observed and reviewed.

Preventing and controlling infection

- Staff received appropriate training to reduce the risks of cross infection. Staff were provided with sufficient personal protective equipment (PPE) which included gloves and disposable aprons, antiseptic wipes and guidance on hand washing. Where staff prepared people's meals the provider ensured they had undertaken appropriate food safety training.
- The registered manager undertook regular checks to ensure good infection control processes were followed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Prior to using the service people undertook an assessment of their needs and were able to select the staff that supported them. This assessment included people's physical, mental health and social needs. This was carried out seeking the views of the person and their representatives, such as family and other professionals involved in their care.
- The assessments carried out helped to ensure the service could meet people's diverse needs and to provide care to people that met national guidance and best practice.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the registered manager and received the training they needed to support people's individual needs. One staff member said, "The manager gives me support whenever I need it, they are always available. Training is good, we just did safeguarding, medicines, and mental capacity and we have more booked soon."
- Newly employed staff received an induction which included training, shadowing more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care workers should be working to.
- The registered manager continued to develop their training program which was based upon the specific needs of people using the service. This helped to ensure staff had the specific skills and knowledge to support people individually.

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

- People required prompting at times with their dietary and hydration needs. This was documented in their care records and provided care workers with guidance on how to meet these needs.
- Staff supported people to prepare their meals and encouraged people to choose healthy options. Where required staff supported people to manage their weight and accompanied them to weight loss groups. Care plans were reflective of this support.
- One person said, "Tuesday is banking and shopping. [Staff member] does the cooking, it's nice when [they] cook, sometimes we do it together but [they] don't want me eating sweet things all the time."

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

- The registered manager told us how they worked well with other professionals involved in people's care, including occupational therapists. We saw from care records and people told us how those good relationships with other professionals had helped achieve good outcomes for people.

- Staff referred people quickly when there was a change to people's health or wellbeing. People were able to freely access the GP, dentist, occupational therapist and psychiatrist. Guidance and care plans from these referrals formed the basis of the care plan to instruct staff.
- People's care records included information about people's specific conditions, such as their mental health needs. Staff were all aware of the support people required and who to contact if people's health deteriorated.
- When people attended an appointment the registered manager also supported them. This enabled them to have discussions with the person after the appointment to clarify what was said and the actions arising. This helped to ensure that people were involved in decisions and subsequent monitoring about their health.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was identified in care records. If people required support in making decisions from other authorised people, this was documented. Where appointees were used, to manage people's finances for example, the process for accessing people's money was clear and understood by staff.
- Staff had received training in how people's consent should be sought. Where people may lack capacity, staff were clear that the person's views and opinions must form the basis of the decision made.
- Staff spoken with understood why it was important to gain people's consent before providing care and support. One person told us, "When they help me they ask me. If I say no, then that's it."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 staff were caring and respectful. One person said, "I've had care from [registered manager] for the last five years. I'd never move from them, I have people who listen to me, know me and help me out. I was self-harming a lot, but here I don't get those thoughts. I don't get them because I have the care and support I need." A second person said, "It's like being part of a big family."
- We saw one person had written a message to a particular staff member. This noted, "I love [staff member] they are like a Mum to me. I love [Staff member] with all my heart, thank you for looking after me and helping me."
- People told us staff respected them as individuals. One person said, "If I have anything I need to talk about they sit and listen and help me to solve it. They respect me for being me and have given me my confidence. I think I have learned to ask for help because I know they will help me."
- All staff spoken with, including the registered manager, spoke about people in a passionate and caring manner. The registered manager clearly was supported by staff that shared their vision regarding treating people as individuals and partners in their care. This helped to ensure people received care tailored to their needs that valued and respected them as individuals.

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

- People were central to the care they received. People told us they were involved in care reviews and records demonstrated their views and choices were listened to and used to plan the care they received.
- One person said, "I know what goes in the care plan. I sit down with them [staff]. Anything I wanted in there I could put it in and it would be done. I'm the boss when it comes to my care."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to support people's equality and diversity. Staff had developed meaningful relationships with people and were clearly aware of their needs and preferences. This enabled staff to support people to overcome barriers they faced through their disability.
- Staff were aware of how to support people's dignity, independence and privacy. Staff were seen to have discussions with people about what they could do, what they couldn't do, and would encourage them to be independent. People felt staff supported their dignity and independence. One person said, "Staff does everything I ask, but only to help me. They help me with my hygiene and help me brush my teeth. They prompt me to do my room, and wash myself, the things I can do but don't want to. I feel happy when they care for me."
- The registered manager frequently met with people to review the quality of care. Part of these regular

discussions were about how people's dignity and independence was supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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: 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's specific needs and preferences were assessed, planned for and met. This was carried out by a management and staff team who knew them well. This included for the care people required with their conditions, such as mental health or learning disability needs.
- People had a weekly schedule in place, for example attending day centre or banking and shopping. However, people were able to decide how and where they spent their time on a day to day basis without restriction. Staff supported people to go shopping, day trips, visit friends and socialise, or just stay home and watch movies or television. One person said, "We go shopping, we watch telly together. I like my soaps, we sit down every time together to watch them all and have a good old gossip." We saw staff and people planning further activities, such as shopping trips, walk to the café to meet friends and a holiday. People told us they lived an active and busy life and were happy with the support provided.
- Staff took time to support people with their cultural and religious needs. One person had visited their own place of worship, but when they went with a staff member enjoyed the experience more. This staff member then undertook to take the person as part of their family to future meetings, enabling this person to explore their faith and culture. People were appreciative of how staff went the extra mile to include them. One person said, "It's like being part of a big family." The second person said, "None of my carers are going anywhere, I've told them that. They're my family now."
- People were able to build and maintain relationships both with staff and also with making new friendships and keeping in touch with family. For example, one person became extremely anxious when they were unable to speak with their son. Staff were aware of the day of the week the person wanted to call and had proactive strategies in place in case they were not available. This person said with staff supporting them to maintain contact, they felt more assured and calmer. They said, "If my [relative] doesn't call it stresses me. They [staff] know it's important to me so they chase it up to settle me. They really help to keep us in contact and that is important."
- People's care needs were kept under review and any changes made when needed. People were included in reviews, as were their representatives including relatives, where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records identified how people communicated and guided staff on the best ways to

communicate effectively with them.

- Staff were aware of how to communicate with people in a manner that suited them. For example, staff used journals for people to write their thoughts and feelings and the use of pictures and art.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which explained what people could expect if they raised a complaint with the service. People knew how to raise a complaint but have never had to about the service. One person said, "[Registered manager] is a good person. If I wasn't happy I can call them anytime and they will fix it."
- There had been no complaints about the care provided to people received in the last 12 months. Discussions with the registered manager demonstrated that any concerns would be addressed quickly to reduce the risks of people not being happy with their care.
- The registered manager however had supported people to make complaints to other services. People told us staff were supportive in helping them raise their concerns and act as their voice. One person said, "[Registered manager] helped me to make a complaint about the local authority when they visited me and upset me."

End of life care and support

- The registered manager told us there was no people receiving palliative care.
- As part of their ongoing service development, the registered manager was organising training and development for staff with end of life care. Although no person at the time was end of life, staff had not at that time held discussions with people about their preferences and choices in the event of a sudden death.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 who used the service were central to the values and visions of the registered manager and provider. People were involved in decisions about their care needs and their views and opinions mattered and were valued.
- Staff told us they enjoyed working at the service. People and staff were positive about the registered manager and their influence in promoting an open culture with positive staff morale. One person said, "[Registered manager] is always around. I can see them when I want. Any problems I have I phone them, and they come straight away and help me." One staff member said, "[Registered manager] is very supportive. I know I could phone them at midnight and they would help. They only worry about what is best for us and the service users."
- The quality of care people received and the positive outcomes that came from the good care, stemmed from the ethos and management of the provider and registered manager.

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 managing director and the registered manager understood their roles and responsibilities relating to the duty of candour.
- Since the previous inspection there had been no incidents that had occurred and would require a response that followed duty of candour.

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

- The registered manager had a deep and comprehensive understanding of what was happening in the service. They knew about the care and support needs of people using the service and how staff were meeting these needs. The registered manager ensured they supported people to appointments, so they could maintain their awareness of people's needs. This helped them support their staff, and understand what was happening in the service and possible risks.
- The registered manager had a system to monitor and assess the service provided to people. This enabled the registered manager to identify any shortfalls and address them. At the time of the inspection the registered manager was further developing people's care records to ensure they were person centred. They were also reviewing and updating their training program.

- The registered manager as well as their managerial duties, undertook support visits. This enabled them to receive comments about the care from people and work alongside care workers and identify if improvements were needed.
- Staff were regularly observed by a member the registered manager to identify if improvements were needed in their practise or knowledge.

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

- People were asked for their views about the service they received.
- The registered manager told us if they received any comments which required addressing, they would act on this immediately to improve people's experiences.
- Staff told us they felt supported by the management team. People and staff felt valued by simple acts of recognition such as acknowledging their birthdays.

Continuous learning and improving care

- The registered manager told us they continued to develop care records to be person centred and outcome focused. They told us this would enable them to evidence in a clearer way the support and outcomes they support people to achieve.
- Staff received training in meeting people's specific needs and this was updated where required to ensure care workers received the most up to date information. The registered manager identified where further training was required and had booked training specific to people's needs.

Working in partnership with others

- The registered manager told us they had good relationships with other professionals involved in people's care, this included the commissioners of the service.