London Care Limited

London Care (Brentford)

Inspection report

Q West - Unit 1.06 and 1.07
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Ratings

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

Overall summary

The inspection took place on 17 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The service was registered on 22 June 2015 and this was the first inspection of this location. However the service was previously managed from two different locations in Brentford and Wembley. The last inspection of the Wembley branch took place on 18 September and 3 October 2014. There was one breach of Regulation relating to records on staff suitability to work. The last inspection of the Brentford branch took place on 23 April 2014 and there were no breaches of Regulation.

At this inspection we found a number of breaches of Regulation.

London Care (Brentford) is a domiciliary care agency providing personal care and support to people who live in their own homes in Brentford and Wembley. At the time of our inspection approximately 150 people were

Summary of findings

using the service. The majority of people were over the age of 65 years old, although some younger adults with a learning disability also received support. The branch employed approximately 70 care workers. There was a registered manager in post. 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 and associated Regulations about how the service is run.

London Care (Brentford) was run by London Care, a private organisation who provided domiciliary care throughout London and the South east of England.

The care staff did not always receive supervision, support and appraisal of their work or the training they needed to carry out their role. Therefore people may have been at risk of receiving unsafe or inappropriate care.

People did not always receive care at a time which met their needs and preferences. Where people had requested changes to their care the provider had not always responded to these.

People were not always satisfied with the way in which the service was led. For example, when they had concerns they felt these were not always addressed and they were not always able to speak with a manager about these. People told us care staff were often late, did not have enough travel time between appointments and the agency did not tell them if care staff were running late or if their regular carer was not available.

The staff did not have regular supervision, training or appraisals. They did not feel supported and they were concerned that there had been a lot of changes in the senior staff team and management of the service.

The registered manager was working at the service on a temporary basis as her permanent job was managing another branch.

Some records had not been dated and the provider had not collected records of the care provided from people's homes so they had not always checked that care was delivered as planned.

People felt safe and trusted the care staff. However some people were concerned that because the staff were often later than they expected for visits, this could mean they were at risk of being left without care, food or medicines.

The provider had procedures for safeguarding adults. They were raising awareness of these by discussing them with people using the service and their families. The staff had all received training in these, but longer serving staff had not had training updates and therefore may not have the most up to date knowledge of guidance and best practice.

The risks to people had been assessed and there were plans to minimise these. However, these assessments had not always been dated and therefore it was difficult to tell whether they reflected the person's current needs.

People were happy with the support they received with their medicines. The staff were trained so they could safely support people with these.

The provider's recruitment procedures included checks on staff suitability. The managers told us they were recruiting new staff and had a fair amount of staff turnover and changes making it a challenge to cover staff absences. However, they said they were able to care for everyone with the staffing levels they had. Some people said that there were not enough staff when their regular care staff were off sick and this meant they had to wait a long time for their care visits.

People had consented to their care and treatment.

People's nutritional and healthcare needs were assessed and the staff liaised with other professionals to make sure these were met.

People told us they liked their regular carers. They said they were kind, caring and polite. People told us the staff treated them with dignity and respect.

People's care needs were recorded and had been reviewed, and people were asked for their opinions as part of these reviews.

There was an appropriate complaints procedure and people felt complaints were responded to, although they said they did not always get a response to informal concerns.

The manager was working with the local authorities who commissioned the service to plan improvements. They

Summary of findings

had improved systems for collating feedback from people using the service and staff. They had created an action plan which outlined the concerns which they had identified and had plans to make improvements.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

People felt safe and trusted the care staff. However some people were concerned that because the staff were often later than they expected for visits, this could mean they were at risk of being left without care, food or medicines.

The provider had procedures for safeguarding adults. They were raising awareness of these by discussing them with people using the service and their families. The staff had all received training in these, but longer serving staff had not had training updates and therefore may not have the most up to date knowledge of guidance and best practice.

The risks to people had been assessed and there were plans to minimise these. However, these assessments had not always been dated and therefore it was difficult to tell whether they reflected the person's current needs.

People were happy with the support they received with their medicines. The staff were trained so they could safely support people with these.

The provider's recruitment procedures included checks on staff suitability. The managers told us they were recruiting new staff and had a fair amount of staff turnover and changes making it a challenge to cover staff absences. However, they said they were able to care for everyone with the staffing levels they had. Some people said that there were not enough staff when their regular care staff were off sick and this meant they had to wait a long time for their care visits.

Is the service effective?

Requires improvement

The service was not always effective.

The care staff did not always receive supervision, support and appraisal of their work or the training they needed to carry out their role. Therefore people may have been at risk of receiving unsafe or inappropriate care..

People had consented to their care and treatment.

People's nutritional and healthcare needs were assessed and the staff liaised with other professionals to make sure these were met.

Is the service caring?

Good

The service was caring.

People told us they liked their regular carers. They said they were kind, caring and polite. People told us the staff treated them with dignity and respect.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People did not always receive care at a time which met their needs and preferences. Where people had requested changes to their care the provider had not always responded to these.

People's care needs were recorded and had been reviewed, and people were asked for their opinions as part of these reviews.

There was an appropriate complaints procedure and people felt complaints were responded to, although they said they did not always get a response to informal concerns.

Is the service well-led?

Requires improvement

The service was not always well-led.

People were not always satisfied with the way in which the service was led. For example, when they had concerns they felt these were not always addressed and they were not always able to speak with a manager about these. People told us care staff were often late, did not have enough travel time between appointments and the agency did not tell them if care staff were running late or if their regular carer was not available.

The staff did not have regular supervision, training or appraisals. They did not feel supported and they were concerned that there had been a lot of changes in the senior staff team and management of the service.

The registered manager was working at the service on a temporary basis as her permanent job was managing another branch.

Some records had not been dated and the provider had not collected records of the care provided from people's homes so they had not always checked that care was delivered as planned.

The manager was working with the local authorities who commissioned the service to plan improvements. They had improved systems for collating feedback from people using the service and staff. They had created an action plan which outlined the concerns which they had identified and had plans to make improvements.

London Care (Brentford)

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.

The inspection took place on 17 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had personal and professional experience of caring for older people.

As part of the inspection we spoke with 15 people who used the service, six relatives of people using the service, seven staff by telephone and email. We also spoke with the London Borough of Hounslow team responsible for purchasing and monitoring the care of people living in Brentford.

During the inspection visit we met the registered manager, branch manager and other office staff including care coordinators and field supervisors. We looked at the care records for six people and the recruitment, training and support records for six members of staff. We also looked at the provider's records of complaints, safeguarding alerts, quality monitoring and their action plan which identified areas they needed to improve and how they were going to do this.

Good

Is the service safe?

Our findings

People told us they felt safe with their care staff. However, most people told us care staff were regularly late and sometimes did not turn up. They told us this meant they felt at risk and did not always know when or if they would receive a visit.

The provider had a safeguarding procedure. This was summarised in the information given to people who used the service. Following feedback the provider had received which indicated people were not aware of the procedures, they had introduced a system where senior staff discussed the procedure with people when they visited to assess their needs when they started using the service. The provider's induction training for staff included safeguarding training and there was a record all staff had undertaken this. However, some of the staff had not received regular updates in this training to refresh their knowledge and to learn about any changes in guidance or procedure. The staff we spoke with knew what they would do if they were concerned someone was being abused or at risk of abuse. They told us they would speak with the manager and, if need be, contact other agencies to raise concerns. The staff had a good understanding of different types of abuse.

The care staff carried out shopping for some people. There were procedures designed to safeguard people's money, including financial transaction records. The manager told us that senior staff checked these records when they visited the service. People told us they were happy with the support they received with shopping and felt the care staff who supported them were honest and trustworthy.

The provider kept a record of safeguarding alerts and the action they had taken in respect of these. There was evidence they had worked with the local authorities where allegations of abuse had occurred. The local authority confirmed this and told us they had regular meetings with the provider where safeguarding allegations were discussed. The provider had notified the Care Quality Commission of these safeguarding alerts.

When people started using the service, a senior member of staff visited them to assess risks. They had recorded these assessments, which included assessing the person's environment, their health and medicine needs, the condition of their skin and any nutritional risks. These assessments identified where risks were present and what action staff should take to minimise these. The assessments were incorporated into people's care plans but had not always been dated. Therefore it was difficult to determine whether the assessments had been reviewed and whether information was up to date.

The provider's recruitment procedures included making checks on the suitability of staff to work with vulnerable people. These checks included obtaining references from previous employers and asking the staff to complete an application form with a full employment history. We saw evidence that the provider requested additional information where there were gaps in someone's employment history. Staff applying for the role were asked to complete a written numeracy and literacy test at the location's offices. The provider had ensured staff had a Disclosure and Barring Service (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. There was evidence of these checks and of the staff identity and their right to work in the UK.

The manager told us that they were trying to recruit more care staff at the agency. They were advertising for staff. However the manager said that there were enough staff to meet the needs of the people who were using the service at the time of the inspection. They said that staff sickness and absence was covered by the existing staff team. However, people using the service felt that there were not enough staff during periods of sickness as they sometimes did not have visits when they needed them. They also told us the provider did not allow for staff travel time and this meant that the staff were consistently late.

Some people told us that the care staff administered their medicines. They told us they were happy with this. People's medicines needs were recorded in their care plans, along with the medicines they were prescribed. The staff were trained in safe handling of medicines as part of their induction and the provider's procedure was to update this training for all staff annually. The staff files we looked at contained evidence of this training in 2015. The manager told us that staff responsible for administering medicines had their competency assessed. We saw evidence that senior staff had carried out these checks whilst staff were supporting people. Information about people's GP and

Good

Is the service safe?

pharmacist were recorded in their files. The manager told us that the care staff alerted them to any concerns regarding medicines and they contacted the GP and pharmacists about this.

Requires improvement

Is the service effective?

Our findings

People told us their regular care staff were skilled and knew how to support them. Some people said that when they were given replacement or new care workers they had to tell them what to do and sometimes the staff did not have the skills they needed. One person told us they had new equipment in their home to help them but the agency did not train the staff to use this, so they could not benefit from this.

All new staff undertook an induction training course before they started work. This included training in safeguarding adults, health and safety, medicines management and safe manual handling techniques. The staff competency was assessed as part of this training. New staff then shadowed experienced workers and were assessed in the work place before they worked alone. This was recorded. The provider's own procedures were that staff should have training updates in medicines management, safeguarding adults and manual handling annually and updates in health and safety, infection control, food hygiene and first aid every two years. However none of the staff files we looked at contained evidence of updated training in any areas other than medicines management, and in one case safeguarding training and manual handling. Two members of staff had been employed in 2013. The only training they had received since their induction had been in medicines management in 2015. Another member of staff employed in 2008 had undertaken medicines management training in 2014 but had not had any other training since their induction, or this training had not been recorded. The staff told us they did not have regular training opportunities. One member of staff confirmed they had only received medicines management training in the past year. Another member of staff could not remember receiving any training. We spoke with the manager about this who confirmed that they needed to audit staff training and make sure all staff received updated training.

The staff told us they did not feel supported. One member of staff said, ''I have seen a manager twice in two and a half years.'' Another member of staff said, ''we never have supervision.'' One care staff told us, '' I have never seen or worked for such an unprofessional and unorganised office, they do not support us at all.'' We looked at the records of staff support and supervision. One member of staff employed in 2008 had taken part in two individual supervision support meetings in 2014 but there were no other records of support meetings or appraisals. One member of staff employed in January 2014 had taken part in one supervision support meeting. One member of staff employed in May 2015 had not had any supervision meetings and there was no evidence of spot checks or assessments of this person's work since their induction when another carer had commented on their performance. There was no evidence of an assessment by the person's manager. One of the staff employed in 2013 had no record of supervision or appraisal and one member of staff employed in 2010 had only taken part in one office based supervision meeting in 2012, although they had had an appraisal in 2015.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us she had organised for regular team meetings for the office staff to improve support for them and to help direct them in ways to support the care staff. She told us she had contacted all care staff and told them they could ''drop in'' and meet with her at any time. She said that at the time of the inspection only two staff had done this and she acknowledged that she needed to send out invites for each member staff to meet individually to discuss and appraise their work and to ask them if they needed additional support.

People told us they had consented to their care. In most examples we saw the person had signed their care plan as agreement to this. In some cases the care plan noted they had given verbal consent and someone else had signed on their behalf as evidence of this. People told us they had copies of their care plans at home so they knew what was written about them. Where people lacked capacity care had been agreed in their best interest by the provider, other professionals and the person's family. The manager told us they only accepted next of kin consent to care if the family member had a lasting power of attorney. The manager told us they requested evidence of this.

People's nutritional needs were assessed when they started using the service. Where there was an identified risk this had been recorded along with any action the care staff needed to take. Some people were supported by staff who cooked for them or helped them with meals. They told us the staff prepared food of their choice and they were happy

Requires improvement

Is the service effective?

with the quality of the food the staff served. The staff recorded the food they had given people in their log books. We saw that where people had a special diet for cultural or health reasons, this had been recorded.

The details of the healthcare professionals involved in people's care were recorded in people's care plans, including contact numbers. The staff told us that if they noticed a change in someone's health or wellbeing they reported this to the office staff who then contacted the relevant healthcare professionals. The manager gave an example about how staff had noticed when someone became confused and they had contacted the GP because they suspected the person had an infection. Care plans included information about people's health needs and any specific care the staff needed to provide to meet these.

Good

Is the service caring?

Our findings

People told us the care staff, particularly the ones who visited them regularly, were kind, caring and supportive. Some of them told us they had built up friendships with people. Some of the things they said were, ''They are very, very good'', ''I am really satisfied'', ''They are lovely, I am very lucky'', ''She is so kind'' and ''They are lovely, I look forward to them coming.''

People told us their care needs were met. They said that staff supported them in a way which respected their privacy and dignity. The staff announced their arrival at someone's home, called them by their preferred names and made sure bathroom and bedroom doors were closed when they were providing care. People said that the staff were sensitive to their needs and allowed them to make choices and take their time. People said the staff supported them to be as independent as they wished, for example where people could make themselves a drink or get dressed themselves they were able to.

People's care plans included information about their social interests, life history, family, religious and cultural needs. This meant the staff supporting them could learn a bit about the person so they could provide care in the way the person would want. Where people had a specific cultural need the provider tried to meet this by matching care staff with similar backgrounds or knowledge of this need. The manager told us they had a high percentage of staff who could speak a variety of different languages and this meant they could usually give people care staff who could speak their first language. If people requested the same gender care worker this was provided.

The provider's own quality survey responses indicated that the majority of people felt care staff worked at a pace which was comfortable for them, treated them with respect and courtesy and ensured their physical comfort.

The care staff told us they had a good relationship with the people who they cared for. One care worker told us, '' I love being a care worker. I get great joy from supporting people to stay independent in their own homes.'' Another care worker said, '' Dignity covers all aspects of daily life, including respect, privacy, autonomy and self-worth so as carer I have to know this and follow.'' One care worker told us, '' Every human is entitled to be treated with dignity and respect. A few examples of how I would show a service user respect would be to call her by her name and title. (Mr/Mrs) I would Introduce myself. I would ask permission before carrying out care in the house particularly personal care. I would give choices for food and clothes.''

Requires improvement

Is the service responsive?

Our findings

People told us they had been involved in planning their own care, and most could remember being visited by the provider's office staff to review this. They told us they had also been contacted by the provider on the telephone to ask for their views on the service. Some people had requested changes to their care and felt the provider had not responded. For example, one person we spoke with told us their morning call was too early and their evening call too late. They said that even though they had raised this concern with the agency, the care staff still continued to arrive at these times. People told us that they were not informed when there was a change in care staff and they did not know who was turning up at their home. They said they did not like this and wanted to know in advance who would be caring for them. The care staff told us they were not given information about new people before they visited them, they said that they were just given their name and address. People confirmed this by telling us that new staff had to spend time reading their care plan when they arrived because they did not know what they were supposed to be doing. Some people said that there were too many different care staff visiting and this was distressing for them. Some people told us they had asked to be notified in advance who would be caring for them but that this did not happen.

People told us they did not have a lot of contact from the provider's office staff apart from yearly (or six monthly in some cases) reviews. Some people told us that when they contacted the office they had not received a response and sometimes concerns they raised were not looked into. One of the care plans we looked at had a record to show the person had told office staff that they were not informed about a change of care staff or about care staff running late on four different occasions, the most recent of these being July 2015, when they had said that the problem had not been rectified.

People told us the care visits were not always at the same time each day and sometimes care staff were very late. They said they did not always know whether or not a care worker would turn up and this worried them. We looked at records of care which had been provided. These included information about times of visits. We saw one person's lunch time call varied each day and had been as early as 11am some days and as late as 2.30pm other days. The person also received a tea time visit and in some cases there had only been two hours between the lunch and tea time visit. Another person had the last visit of their day at times varying between 4.30pm and 8pm. The log of the visits stated that the person had been dressed in their night clothes and their lights turned off during this visit. Therefore the person was sometimes settling down for the night as early as 4.30pm. The next visit they received was sometimes not until after 9am in the morning, leaving the person wearing a continence pad in bed for over 16 hours. Another person received support to get up in the morning and with breakfast, over a two week period we saw that their visit varied from between 8am to 10.10am.

People were not always receiving care which met their individual needs and reflected their preferences. The manager told us that daily logs were kept and were collected by office staff each month. They said that office staff checked these, along with financial transactions and medicines administration records to make sure care had been provided as planned. Of the six people's care plans we viewed there was no evidence of daily logs since 2013 for two people, none since 2014 for another two people and none since January 2015 for another person. Although all six had recorded telephone monitoring checks in 2015, not all of them had a record to show they had been visited by a senior member of staff in 2015. Therefore the provider could not guarantee that people had received the care and medicines they were supposed to because they had not checked records of these.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their needs assessed and care plans were created when they started using the service. These were recorded. Care plans were appropriately detailed and information about how the staff should support people to meet their needs was clear. We saw that care plans had been regularly reviewed.

The provider had a procedure for complaints. This was part of the pack of information shared with people using the service and their relatives. People told us they knew how to make a complaint. The provider showed us a record of the complaints which they had received since the new location was registered. There was evidence that these had been investigated and the complainant had received a response. Action had been taken where concerns were upheld, for

Requires improvement

Is the service responsive?

example by retraining staff and by taking disciplinary action against staff. However, the provider was unable to locate records of complaints which had been made at the previous locations and this meant it was difficult for them to assess themes or take action to improve the service as a result of these.

Requires improvement

Is the service well-led?

Our findings

Most people told us they did not always feel the service was well led. They said that when they had concerns about care staff or about missed and late calls they did not always get a satisfactory response from the provider. Some people told us they had been unable to get hold of the provider to discuss their concerns. Other people said that office staff had promised to return their calls but had not done so. One person said that they had received new equipment as part of their care but had been unable to use this because the provider had not trained staff in how to support the person with this equipment. Half of the people we spoke with said they had not experienced any improvements in the service since the change of managers. Some people had a positive experience of using the service and did not have any concerns about the way in which it was led.

The care staff told us they did not always feel supported. They said they were not given opportunities to discuss their work or any concerns they had. They said they felt managers did not listen to them or respond to their concerns. Some staff said that the provider changed their shifts at short notice or cancelled their work at short notice. Some of the staff told us they had heard negative feedback about the agency from people they cared for. One member of staff told us that they were not given information about the people they were caring for before they visited them, they said they were given an address and expected to read the care plan when they arrived, they felt this was poor organisation and it made it difficult for them to care for people or prepare for their visits. The staff said they had not seen the provider's policies or procedures and they told us they were not offered regular training opportunities. They told us there had been lots of changes in the office staff and managers and they felt new staff were not always knowledgeable enough to support them.

The provider's records indicated that some staff had not received regular supervision, appraisals or support. Some staff training needed to be updated. Records of the care provided to people had not always been collected from their homes or checked so the provider was not always able to verify that people had received their care as planned. Some records were not dated therefore it was difficult to assess how up to date the information was and whether this had been reviewed. The provider's records of care visits indicated that people did not always receive their care on time or at the planned time. In some cases the time of people's lunch time visit varied from 11am to 2pm on different days, so the person did not always know when they would receive their visit and sometimes had to wait long periods of time between visits. The provider was unable to locate records of historical complaints dating back from before July 2015 and therefore it was hard for them to analyse any themes to complaints or see what action had been taken in the past.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was registered in June 2015 at the location address. However, the service was previously run from two different locations in Brent and Hounslow. The registered managers from the two locations were not working at the newly registered branch. The registered manager was permanently employed to run another branch of London Care and was employed at London Care (Brentford) on a temporary basis whilst the organisation recruited a permanent manager. The registered manager worked at the location for part of the week and was supported by another branch's manager, who was also temporary. Both of these managers were registered to run other branches of London Care and were experienced. They had introduced a number of changes. They told us they had identified areas of concern and showed us their action plan for making improvements at the branch. Part of this plan was establishing a well organised office team of senior staff to coordinate the service. The managers told us they regularly met with the local authorities who commissioned care to discuss the service, the action plan and any improvements or areas of concern.

The provider had started to monitor and collate information about safeguarding alerts, complaints and feedback from people who used the service. The manager told us they had recently asked people who used the service to complete satisfaction surveys. They had created a report of the responses and incorporated this into their action plan.

We saw that office staff did routinely contact people for their feedback and this was recorded in their files. However some of the concerns people had raised had not always been acted on in the past and some of these concerns had

Requires improvement

Is the service well-led?

been repeated each time the person was contacted. However, the managers told us they were now collating this information to address any concerns raised by people and to look at common themes of concerns.

When we spoke with the managers during our inspection visit they told us they were aware of the areas of concern we spoke about. The action plan they had created included these concerns and we saw they were taking action to improve the service in these areas. For example, they had taken action where staff had been late when visiting people and they had improved their systems for monitoring the times of visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered persons did not ensure persons employed received appropriate support, training, supervision or appraisal. Regulation 18(2)(a)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users because the registered person was not doing all that was reasonably practical to mitigate any risks. Regulation 12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons did not operate a system which assessed, monitored or improved the quality of the service or mitigated against the risks for service users. The provider did not always maintain contemporaneous records relating to the care of service users, the staff employed or the management of the regulated activity. Regulation 17(2)(a), (c) and (d)