

London Care Limited

London Care (Lapwing Court)

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

London Care (Lapwing Court) is an extra care housing service providing personal care to 24 people at the time of the inspection.

The service supported people who lived in a bespoke housing complex consisting of 28 flats. The accommodation is rented or owned and is the occupant's own home. There was a housing manager who ran the scheme. 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 and eating. Where they do we also consider any wider social care provided.

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

People spoke positively about the service. One person told us, "I like it here, it has been brilliant." Another said, "They are that friendly it is unbelievable."

People told us they felt safe with staff who supported them. Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Staff supported people to take their medicines or reminded them when they were due. As a result of the COVID-19 pandemic, staff had received additional training in infection prevention and control. The provider had clear systems to reduce the risk and spread of infection.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal. People were supported to prepare meals and drinks where necessary. Due to the COVID-19 pandemic the restaurant in the scheme was closed and staff delivered lunches to people in their homes. People had access to a range of healthcare professionals and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by kind and caring staff who knew them well. People were actively involved and in control of how their care was provided. People's diverse needs were catered for and they were treated with dignity and respect.

Care was personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and the way they wanted to receive personal care. People had confidence any concerns addressed to staff or the management team would be quickly resolved.

The management team had clear systems in place to monitor the care people received and to drive improvement. People were encouraged in their involvement and development of the service and their feedback was encouraged. Professionals and relatives appreciated the open and regular communication with the team.

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

Rating at last inspection

This service was registered with us on 09 August 2019 and this is the first inspection.

Why we inspected

This was the first inspection for this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

London Care (Lapwing Court)

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

This inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was announced. 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 provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader, two care workers and a representative of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and four in relation to staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with four professionals who regularly visit the service, four relatives and two care workers and received feedback from them.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives told us staff were vigilant and always contacted them over any concerns. One relative told us, "(Name's) skin is quite frail, they would always report a bruise or grazed arm and document in their notes."
- There were systems in place to safeguard people's finances. These included a financial record which was checked regularly to ensure the amounts and receipts tallied.
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety.
- Guidance on how to raise a safeguarding concern was displayed in the scheme. The registered manager demonstrated a good understanding of her responsibilities and how to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed. Clear guidance was in place to support people in a safe way and to minimise limitations on their freedom.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan included risk assessments specific to their needs, such as risk of falls, skin integrity, medicines or choking. A relative told us, "I'm really pleased with the care and I feel happy that (Name) is safe."
- Where people were at risk of falls, staff encouraged the use of falls pendants. These linked into the alarm system and were activated by sudden movement. The registered manager told us, "It lets staff know without person having to press button, it's a great bit of kit." For some people, an increase in the frequency of calls had been agreed so staff could check on their safety.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This included flooring, electrical appliances, pets and how staff would gain access to the person's home. One relative told us, "They've gone above and beyond. They asked me to come and see a little thing on the kitchen floor because they don't want her to trip."
- Specific risk assessments were in place for people who smoked. Where a person required support to smoke, the risk of passive smoking to care workers had been assessed.

Staffing and recruitment

- People gave positive feedback about the timing of their care calls. One person told us, "They are good as gold, they come quickly. They do work hard." A relative told us, "It has been quite consistent the people that have been in with her. There are a lot of faces that I know and I do feel they know her very well."

- The service was recruiting. To cover the care calls safely, staff had picked up additional shifts and the registered manager and team leader also provided support to people. The team leader told us, "We have employed more staff now so it is getting easier."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- The team leader and a senior member of the care team provided an on-call service. This was to support staff out of hours, in the event of concerns or in an emergency.

Using medicines safely

- Medicines were managed safely.
- There was clear guidance in each person's care plan describing the support they needed with their medicines and how they would be ordered and delivered. A relative told us, "They seem to know (Name) very well. They helped with sorting out her medication and having it delivered."
- Medication administration records (MAR) were completed. Senior staff completed checks on the records during and at the end of each monthly cycle to ensure they had been given as prescribed.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had received additional training to support them in their practice during the COVID-19 pandemic. This included how to don and doff personal protective equipment (PPE) safely.
- The registered manager supported people and staff through regular testing. Any new admissions to the scheme required a negative test and had to isolate in their home for a 10-day period.
- The registered manager had worked with the housing manager to increase the frequency of cleaning in communal areas. Visitors to the scheme were asked to wear a face covering. Hand sanitiser was available throughout the building.
- The registered manager received support from the provider through regular calls. This helped to ensure they were following the provider's policy and keeping up to date with best practice and changes to government guidance.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- All accidents and incidents were recorded on the provider's system. In response to questions asked by the provider's quality team, the registered manager had adapted the incident forms used at the service. This helped to guide staff to break down what had happened and to capture important information.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People spoke highly of the care they received. One person told us, "I find it brilliant; I couldn't live without it now." A relative said, "We have seen such an improvement in her health this last year. It just feels like people are caring for her that we don't need to worry."
- Staff undertook assessments of people's care and support needs before they began using the service.
- Staff worked closely with people and, if appropriate, their relatives to build on the pre-admission assessments and develop a detailed care plan. This gave staff accurate information, to ensure they could meet people's needs and wishes.

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the staff team.
- There was a programme of regular staff training. This was monitored by the provider to ensure refresher training was planned and delivered in line with their policy. In addition to the courses made mandatory by the provider, staff had completed courses relevant to the people they supported. This included choking, diabetes, stroke and Parkinson's awareness.
- New staff were supported with an induction programme of training, shadowing, spot checks and supervision. One new care worker told us, "They have been so supportive. The girls around me are fantastic. The other day I phoned (team leader) on her mobile numerous times. Her patience is just fantastic. She has given me so much confidence."
- Staff felt supported. There were regular spot checks on practice and supervision meetings. Staff told us they could go to the team leader or registered manager with concerns or queries at any time. The provider also offered a free counselling service to staff, run by an external company.

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

- Staff supported some people in the preparation of food and meals.
- As part of their contract with the housing provider, people could have lunch in the restaurant at the scheme. Due to COVID-19 restrictions, the restaurant was closed at the time of our visit but staff delivered lunches from the kitchen to people in their homes.
- Information concerning people's preferences and needs in relation to their food was clearly detailed in the care plans. In one we read, 'Collect my lunch from restaurant on site, put plate guard on plate, cut up food if required'. In another, 'Prepare drinks of my choice in long glass with straw or in beaker if hot drink'.
- Relatives shared how staff had supported people. One told us, "When the food comes from the dining room they will often split it into smaller portions. They put a smaller portion on a smaller plate and she can manage that." Another said, "They put a drink out in front of her to remind her to drink, as a prompt. They do

encourage (Name) to drink".

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other agencies to provide a consistent level of care and support to people.
- Care plans contained clear information on others involved in a person's care. For example, the district nurse contacts for catheter or wound care.
- We saw evidence in the care records of staff making timely contact with healthcare professionals. For example, district nurses had been called to attend to a skin tear and the GP had been contacted over a swelling noticed by care staff.

Supporting people to live healthier lives, access healthcare services and support

- Staff adapted call times to support people to attend healthcare appointments. One relative told us, "If (Name) has a hospital appointment early they will make sure she is ready with tablets done and breakfast early. They accommodate that."
- Some services, including hairdressing and chiropody, were provided on-site as part of the offer from the housing provider.

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.

- The registered manager had a good understanding of the Act and staff working within the principles of the MCA.
- Most people had been directly involved in planning their care and support and liaised directly with staff when changes were needed.
- Consent to care and treatment was routinely sought by staff. Any agreed restrictions were clearly noted in the person's care plan, for example if bedrails were used.
- Where people lacked capacity, best interest decisions had been taken. These included for staff to manage a person's medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and helpful. One person told us, "If I want anything I've only got to ring down. They are that friendly it is unbelievable." Relatives also shared positive feedback. One said, "I think they are very caring." Another told us, "They are always smiley."
- A visiting professional shared feedback from recent care reviews at the service. They told us one person, "Did nothing but praise those girls." They also shared how another person liked to be with staff and around the office. They explained how staff had given this person some jobs to do, such as sorting the recycling, and what a difference that had made to them.
- Religious or cultural beliefs of importance to people were clearly recorded in their care plans. There were also prompts to consider any factors that may affect a person's mealtime preferences.

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

- People were involved in planning and reviewing their care. Wherever possible, staff carried out a monthly care review in conjunction with the person. There was evidence of people giving feedback and action being taken to make changes.
- Staff worked hard to support people to stay in their homes if it was their wish. The registered manager told us, "We want it to be people's home for life unless they are at serious risk. We can get things in to support." A visiting professional told us, "(Name) made it very clear they didn't want to go anywhere. I feel they've bent over backwards. They are trying their hardest and were very quick to respond (by seeking specialist support)."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us, "The carers are nice, and we are very happy with the care and respect" Another said, "They always knock or ring before they come in. I've seen that consistently."
- It was clear in people's care plans where they required support and which tasks they could manage independently. One relative told us how staff had involved the falls prevention team and the person's bed had been raised to promote their independence and help them get out of bed more safely. Another relative told us, "(Team leader) had her up and down, walking down the corridors to get her moving. They really do encourage her to be as independent as she can and to do things for herself."
- Information relating to people's care was kept confidentially in the care office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Detailed, person-centred care plans had been developed, enabling staff to support people in line with their needs and preferences, including any individual religious beliefs. There was also a care plan summary in bullet point format which staff told us was very useful.
- This detailed information gave staff a good understanding of people's family history, their individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One person told us, "They look after me very well. Anything I want they do." A relative said, "It does feel that is very much about her, what can she eat, what can she manage."
- Staff were quick to pick up on any concerns or changes in a person's health or wellbeing. There was a communication book which staff and management used to ensure action was taken and any referrals were made in a timely way. One relative told us, "(Team leader) has definitely got her finger on the pulse, she doesn't miss a trick." Another said, "Whatever has been asked for they've got on it straight way and sorted it out".
- When there was a change in a person's needs their care was adapted. We saw how one person had additional calls to ensure their safety, while another had reduced their calls as they were able to manage more tasks independently. A visiting professional told us how one person's needs fluctuated. They told us, "(Name's) care changes from one day to the next; one day nothing the next day they may need help with eating. They (care staff) are very flexible."

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.

- Care plans contained information about people's communication needs. This included any aids they needed such as glasses or hearing aids and how care workers could best support the person to communicate. For one person we read, 'Staff to please speak to me face to face clearly, I don't like it when people stand behind me.'

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 had been asked about their interests and hobbies when they stated to receive care from the service.
- As a result of the pandemic, many of the social activities within the scheme had been curtailed or put on

hold. Nevertheless, staff had worked to make key events in the year special for people. On Mothering Sunday ladies had been given a 'hug in a jar' with flowers and a cup cake. At Easter, staff had been to each person's home with hot cross buns and hot chocolate and everyone had been given a bunny made from a facecloth containing an Easter egg. One relative told us, "At Christmas they surprised (Name) with a sherry and chocolates."

- Staff had 'wellbeing' hours funded by the local authority. These were used to support people on an ad hoc basis, for example if they were feeling low or lonely. One relative said, "I'm just really impressed with the contact, it has made such a difference to us with (Name) being so elderly and not being able to go in as often as we'd like."
- People were supported in their relationships with loved ones. Staff had helped people with telephone and video calls to keep in touch with family and friends during the pandemic. Staff took time to share moments with families who were unable to visit freely. One relative told us, "(Team leader) sends me little videos of (Name). She took photos at Christmas, they got little presents for them and took a photo and video. When she managed to get (Name) in the garden on a sunny day they took a photo. It was nice because I was able to share them with other family who haven't been able to visit".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was shared with people in their home files. People were also invited to give feedback during their monthly care reviews.
- People felt happy to raise any concerns directly with staff and had confidence they would be listened to. One person shared their experience, "I told (team leader) the food was bad. She started a book, so we all told them if we had a bad meal. That was ages ago and since then the food has been ten times better. There was a pattern to when the chef had days off."
- Relatives felt able to share any concerns. One relative said, "I feel I can talk to them about anything. It is nice you feel you can raise any concerns without it being too much of an issue." Another said, "if ever there are any concerns they are dealt with promptly, courteously and respectfully."

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- The registered manager told us most of the staff were experienced and confident to work with people at the end of their life. Although end of life care did not form part of the core training, it was available to staff with an interest in this area.
- The registered manager told us how they had supported one person to return home. The service had worked closely with the End of life care hub (ECHO) for support and with social services who had authorised an additional night carer to meet the person's needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and team leader had built a positive, person centred, open culture based on a good standard of care and strong relationships with people and their families/representatives.
- Staff had developed good relationships with people and spoke positively of the service as a place to work. One care worker told us, "I don't think I've ever worked in such a lovely environment."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities under duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff knew how to raise concerns under the provider's whistleblowing policy.

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

- The registered manager was supported by a team leader. Feedback about the management was very positive. One person told us, "(Registered manager) is a lovely, lovely lady. She always comes up to see me." A staff member said, "(Registered manager) is really responsive." Another staff member said, "(Team leader) is amazing, I really do appreciate her."
- A system of quality assurance checks were used to measure and monitor the smooth running of the service. Senior staff carried out direct observation visits of staff as they supported people. Any areas for improvement were addressed with individual staff while themes were picked up in supervision. Daily care notes and medication records were checked by senior staff during and at the end of each month. This meant any problems or omissions could be addressed in a timely way.
- The provider had a 'branch reporting system' where managers entered details of care plan reviews, staff training, supervision and appraisal. Managers pulled a monthly report from the system to indicate tasks that were due that month. Accidents and incidents were also logged on the system and reviewed by the provider's quality team.
- The provider carried out audits at the service. We saw action had been taken to make improvement. This included more detail in risk assessments and more frequent review and sign off of actions entered in the communication book.

- The registered manager understood their responsibilities under the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected people they supported.

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

- People and staff were involved in developing the service.
- People were asked for their feedback during monthly reviews of their care. Everyone we spoke with told us staff were approachable and happy to hear their views.
- Staff had regular supervision meetings with managers and larger team meetings. Staff were asked to put forward ideas they would like to be discussed.

Continuous learning and improving care

- Everyone we spoke with said the service had gone from strength to strength. The housing manager at the scheme told us, "The service has been turned around. I've seen great improvements. Day to day issues are very well managed. They are a great support and we get a lot of positive feedback."
- The registered manager had introduced a quick reference guide in the front of people's care plans. This included information about medicines the person was prescribed. She told us staff had a much better knowledge of people's medicines as a result of this, for example they would know to flag that a person was prescribed blood thinners to emergency services following a fall.
- At the time of our inspection, care plans were handwritten. In order to make a change, the whole care plan had to be rewritten. Staff told us this was time consuming. The provider was planning to introduce electronic care plans. These would be easier to update and would provide monitoring information in real time.
- The registered manager was part of a local group on social media for registered managers and used updates from the local authority to keep abreast of changes and new initiatives.

Working in partnership with others

- Professionals who worked with people the service supported spoke highly of the care and of the working relationship with staff. A visiting professional told us, "I can't do anything but praise them really. There are no issues or concerns. Communication is great, they communicate with me very regularly. They would come to me with any concerns and ask for support if they needed it."
- Managers worked closely with the housing scheme manager and they had established monthly meetings. The housing manager told us, "We are partners on the scheme and we are all working to the same thing." They also told us, "They are very proactive, they go above and beyond sometimes. They are like the residents' eyes and ears, they report if there is a leak or the toilet isn't flushing. We are able to action and resolve that issue very, very quickly."
- The registered manager spoke highly of the support from the provider during the pandemic. She told us, "The managers meetings were such a support, you didn't feel you were out there on your own."