

London Care Limited

London Care (Queensbury)

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 (Queensbury) is a domiciliary care agency which is providing personal care to people living in their own homes. At the time of our inspection London Care (Queensbury) was providing the regulated activity of personal care to 24 people. 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 told us the service provided person-centred care that met their needs. They told us care was delivered with kindness and respect. People had been involved in the planning of their care, as were their relatives as appropriate. 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 although improvements were needed in relation to associated records.

People told us they felt safe receiving the service and policies and systems were in place to help protect people from the risk of harm, abuse, and improper treatment. Risks had been identified to both those people that used the service, and staff. Medicines were administered following best practice.

People's nutritional and hydration needs were met. Care plans were detailed and individual to each person which helped staff deliver person-centred care. Regular reviews had taken place with people to ensure the service not only met their needs but that the quality was as expected.

People told us they felt engaged, involved with the service, and listened to. They told us they received a flexible and responsive service.

Staff told us they felt supported, and we saw that they had been safely recruited, appropriately inducted, and trained, and that their competency to perform their role, assessed. People told us they had confidence in the staff's abilities and that they treated them with compassion.

Systems were in place to oversee and assess the quality of the service and the registered manager understood their regulatory responsibilities.

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 14 February 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

London Care (Queensbury)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience who called people and relatives after the visit to the office. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, during this inspection the registered manager was not available, and we were supported by the regional manager and Head of Quality and Governance.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 June 2023 and ended on 15 June 2023. We visited the location's office on 7

June 2023.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people, 3 care workers, 1 field care supervisor, regional manager, and Head of Quality and Governance. We reviewed 4 people's care records and 4 staff files. We undertook checks of people's medicines records, and we reviewed the provider's quality monitoring processes and other records relevant to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and procedures in place to ensure people were protected from harm.
- Care workers told us that they would report concerns to their manager who would be dealing with this. One care worker said, "If I would see or hear something, I would write it down and contact the office."
- People who used the service told us that they were safe with the care workers that supported them. One person told us, "I feel safe with the carers as they are friendly and make me at ease. I have 3 visits a day and they do turn up on time."

Assessing risk, safety monitoring and management

- People were safe because their known risks were assessed and mitigated.
- People's risks in relation to a range of issues such as falls, behaviours, choking and not eating enough were assessed, and action was taken to reduce them.
- People had plans and guidance in place to ensure care workers knew about risks in relation to their care and supported them safely and consistently.
- Risk assessments were reviewed periodically or when people's needs had changed. One person said, "I was involved and asked about what is not safe, and staff know about it."

Staffing and recruitment

- The provider followed robust procedures when recruiting new staff. This included reviewing applications, interviewing applicants, and confirming they were of good character. This was done by carrying out criminal records checks and checking employment histories. This meant staff were safe and suitable to provide care and support.
- New care workers received an induction to ensure they had the skills knowledge, competence, and confidence to support people.
- We analysed the service electronic call monitoring records for the month of May 2023. We noted that at times some care workers were late or did not stay the allocated time with people who used the service. We discussed this with the regional manager, who advised us that due to strike actions within the public sector care workers found it difficult to travel. However, they said that this had now improved, and allocations had been reviewed to reduce traveling times between calls and ensure that people's needs were met.
- The service told us that they found it challenging to recruit but currently do not experience any shortage of appropriate staff.

Using medicines safely

- People who used the service received their medicines safely.
- Care workers received training around the administration of medicines and their competency was

assessed. The service ensured that knowledge and skills was current and provided regular refresher training sessions.

- Medicines administration records were kept digitally, and the office was alerted in real time if care workers did not record that they supported a person with their medicines if this was required.
- People who used the service raised no concerns with the support they received around their medicines.

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and care workers had received infection control training.
- People told us care workers wore personal protective equipment (PPE) when providing them with personal care. One person said, "They [staff] wash their hands and wear gloves and masks."
- Care workers told us that they had easy access to PPE, which they can pick up from the office.

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred.
- Records showed any lessons learnt were used to improve the quality of service and relayed to care workers to embed good practice through additional supervisions and refresher training when needed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Care workers had the relevant skills and knowledge to support people with their individual needs. People told us staff had the skills to carry out their roles effectively. One person told us, "The carers seem to be well trained as I've never had any worries."
- Care workers had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, infection control and moving and handling.
- Care workers received some formal supervision and appraisals to monitor and review their performance and development.

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

- People were supported by care workers to eat and drink if this was required as part of their assessed needs.
- People who used the service told us, "If I'm not up to getting my breakfast the carer will get something for me, my choice from what food I have like fried egg on toast" and "My meals are in the fridge and freezer and the carers discuss with me what I would like."

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

- Where this was required as part of their care package people who used the service were supported to access health care services. People we spoke with told us that they currently didn't require any support with accessing health care services.
- People's records provided information which health care professionals were involved in people's care and also who and at what time care workers would be required to contact health care professionals if there was a medical emergency.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Training records confirmed that care workers had completed training in relation to the MCA.
- The regional manager told us that most people who used the service were able to give consent about their care. If people were unable to consent, this was clearly highlighted in the persons care plan and information was provided who was able to act on the person's behalf.
- Care workers understood the principles of the Mental Capacity Act. One care worker said, "I always assume people can tell me what they want and will always ask before I support people."

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 our last inspection we rated this key question good. The rating for this key question has remained 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 were cared for by staff who treated them with kindness. One person told us, "The carers are great, they are on hand if I need anything. If I drop something they can pick it up. When they carry out personal care, they are respectful and make sure everything I need is at hand."
- People's cultural and religious needs were respected by care workers when visiting people. One care worker told us, "I am from the same country as the people I support, this helps me to understand their cultural needs but also helps in talking with them."

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

- People who used the service were involved and were able to express their views about their care.
- One person told us, "I'm very happy with the care I get, I feel respected and it's the way they talk to me and the fact they are regular carers so know me. The carers don't take over and rush me, they let me do things I can manage on my own."
- Staff gave us examples showing how they promoted choice and encouraged people to make their own decisions. For example, in relation to what meals and drinks people wanted prepared and what personal care they wanted.
- Care plans were written in a way that promoted a caring approach. Care records described people's individual needs, daily routines, cultural needs, and preferences, so staff had guidance to follow.

Respecting and promoting people's privacy, dignity and independence

- Staff were sensitive to people's needs and respected their dignity. People spoke positively about how people's privacy and dignity was respected. One person told us, "The carers chat and listen and they treat me with respect. The regular carers will let me know if they see anything amiss with me when I have a shower. They do my shopping but try to encourage me to do a bit of shopping myself and also prepare some food. I like that they try to help me with some independence."
- People's rights to independence, privacy and dignity, were promoted. One care worker gave us an example of how they put these rights into practice, by ensuring they undertook personal care in people's preferred locations, so their privacy and dignity was promoted. The care worker said, "I always make sure doors are closed and help people wash and dress in an appropriate place. People do what they can with support."
- The service understood their responsibility to ensure confidentiality and how records were required to be stored securely.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were found to be person centred and clearly reflected people's wishes, needs and preferences.
- People told us that they were involved in the formulation of their care plan. One person told us, "I had my care plan reassessed last year, I was involved in this."
- If people's needs changed the care plans can be updated swiftly and care workers are able to access the information using a handheld device which was provided by the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and plans put in place to guide care workers on how people like to communicate.
- Care workers gave us examples showing how they had used different ways of communicating with people as their needs and preferences changed, including meeting people's sensory needs. One care worker said, "I speak the same language as my service users, this really helps me to understand them and share information."

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and policies and procedures ensured the service responded to them in a timely manner.
- Over the past twelve months there had been 2 complaints these had been responded to and resolved appropriately.
- People who used the service had no complaints and told us that they knew how to raise concerns. One person said, "I haven't ever made a complaint but would phone up the office if I wasn't happy." Another person said, "I haven't made an official complaint but have contacted the office about a new Sunday carer who didn't have a clue as to what she should be doing. They dealt with it."

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Continuous learning and improving care

- We received mixed feedback from people about the service provided. However, overall, most feedback we received was very positive. One person said at times their calls were late, while other people said that staff were excellent, and timings were no issue. One person told us, 'I'm very happy with the service, the number of visits I have and the times they come. If I wasn't happy, I would talk to the manager or someone in the office, but I haven't had to make a complaint.' Another person said, 'The care is excellent, very professional and the carers know their jobs inside out.'
- There was a friendly, open, positive, and supportive culture throughout the service. Staff told us the registered manager, field care supervisor and care coordinator were always available for advice and guidance and led by example.
- Care workers told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance. One care worker told us, 'London Care is a great place to work, the manager will push you and there are opportunities to develop.'

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 service had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

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

- The service had quality assurance systems to monitor key aspects of the service to keep people safe, protect people's rights and provide good quality care and support. They carried out regular quality checks of areas such as records completed by staff to ensure people received the care and support in line with their individual needs. Where issues were identified, actions had been taken to make improvements.
- Care workers gave positive feedback about the registered manager and felt well-supported in their role. Care workers we spoke with told us the registered manager and care coordinator supported staff to develop and improve their care practices by methods, such as undertaking checks at people's homes.
- Processes were in place to support care workers. The service recognised the need to invest in care workers and staff to ensure they felt confident and competent in their roles. Care workers received regular training and support to ensure they worked in accordance with the values London Care wished to promote within

the service.

- The service had a clear vision for the direction of the service which reflected ambition and a desire for people to achieve the best outcomes possible. The service was constantly looking at ways to encourage staff recruitment, retention and therefore consistency of care for people. People consistently told us they valued having the same care workers providing their support.

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

- The management team was open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.
- The provider was committed to protecting people's rights regarding equality and diversity.
- People's feedback was sought and acted upon.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to enable effective co-ordinated care for people.