

London Care Limited

London Care (Raynes Park)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

London Care Raynes Park is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults in six London Boroughs. At the time of the inspection the service was providing personal care to 300 people. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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:

- The service did not always deploy sufficient numbers of staff to meet people's needs and keep them safe. On-going monitoring of missed and late visits, did not always identify issues and it was unclear what action was taken to address late calls.
- Audits carried out by the service did not always identify issues in relation to late visits. Action taken was not always clear.
- The service had made improvements to the safe management of medicines. Medicines were administered as intended.
- People were protected against the risk of identified harm and abuse as risk management plans in place gave staff clear guidance on mitigating risks. Staff received on-going safeguarding training and were aware of the provider's policy on identifying, responding to and escalating suspected abuse.
- Infection control guidelines in place, gave staff clear guidance on managing cross contamination. Sufficient quantities of Personal Protective Equipment (PPE) were available to staff.
- Staff continued to receive on-going training to enhance their skills and experiences, which they put into practice. Staff received regular supervisions, to reflect on their working practices.
- Managers and staff were knowledgeable about and adhered to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's consent to care and treatment was sought and respected.
- Where agreed in people's care packages, people were supported to access food and drink that met their dietary needs and preferences.
- People received support from staff that were caring and compassionate to their needs. Where required staff members supported people to access healthcare professional services to monitor and maintain their health and wellbeing.
- People were treated with dignity and respect. Staff were aware of the importance of respecting people's privacy when delivering personal care.
- People's dependency levels were monitored regularly to ensure support provided met their needs. Staff were aware of the importance of encouraging people to do things for themselves where safe to do so to enhance their independence.
- People and their relatives were encouraged to share their views in the development of the service.
- Care plans were person-centred and detailed people's health, social and medical needs. Care plans were regularly reviewed to reflect people's changing needs and changes were swiftly shared with staff members.

- People were aware of how to raise a concern and complaints. Complaints were recorded, action taken documented and responded to in a timely manner.
- At the time of the inspection, the service was not providing palliative care to people. However, the provider had procedures in place should end of life care support be required.
- The registered manager was aware of their roles and responsibilities in relation to notifying the CQC of notifiable incidents.
- The service had a clear management structure in place. People confirmed the registered manager had made improvements since the last inspection and was approachable, supportive and available.
- The registered manager sought people's views through spot checks and quality assurance call monitoring. Records confirmed people were generally satisfied with the care and support they received.
- The registered manager actively sought partnership working through other healthcare professionals and stakeholders to drive improvements.

Rating at last inspection: The service was previously inspected on 25 July 2018 and was given an overall rating of Requires Improvement because we rated the key questions, is the service safe, effective, responsive and well-led? as Requires Improvement. The service was rated Good in the key question, is the service caring?

Why we inspected: This was a planned inspection in line with our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service 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 not as safe as it could be

Details are in our Safe findings below.

Requires Improvement ●

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 not as well-led as it could be.

Details are in our Well-Led findings below.

Requires Improvement ●

London Care (Raynes Park)

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection site visit was carried out by two inspectors.

Service and service type:

London Care – Raynes Park is a home care agency. It provides personal care to younger and older people living in their own homes who may be living with dementia, have a learning disability, and/or a physically disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This comprehensive inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager might be out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection activity started on 26 February and ended on 5 March 2019.

What we did:

Prior to the inspection we reviewed information we held about the service, for example, notifications we received from the service and information shared with us from members of the public. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four staff members, the registered manager, the area manager and the operations manager. We looked at seven care plans, seven staff files, the medicine administration records, the complaints file, audits and other records relating to the management of the service.

After the site visit we contacted five people and two relatives. We also contacted a healthcare professional to gather their views 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

Requires Improvement: Regulations have been met, although some aspects of the service were not always safe. This meant there was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection of 25 July 2018 we found that some improvements were required to the recording of medicines, as people's medicines records did not always include full lists of the medicines people were prescribed.
- At this inspection the provider had added additional information to people's care plans to highlight the medical conditions people were prescribed medicines for, and the level of assistance they required. Aside from people's home report books there was still no up to date record of the medicines individuals were prescribed, and any potential side effects. After the inspection the provider sent us records to show that they had already implemented the required medicines documentation for three of the boroughs that they covered. We were satisfied that the provider had taken prompt and appropriate action to ensure full medicines records were in place.
- Medicines administration records (MAR) that we looked at were signed accurately by staff, and regular audits had satisfied to ensure that management were satisfied with staff competency. Staff competency to administer medicines was reviewed regularly as part of the spot check process.
- One person told us, "Yes, the staff help me [with my medicines] and I get them reasonably on time. If it is late it's only by 10 minutes. It's always given to me in the manner I require it."
- A staff member told us, "The training they go through it all with you and it's a practical. Level two is administering medicines and recording it on the MAR chart. I would ring 111 and the pharmacist for advice and guidance. Then record it and let the office know."

Staffing and recruitment

- The service did not always deploy sufficient numbers of staff to keep people safe. We received mixed reviews regarding staffing levels. For example, one person told us, "I get four calls a day, double calls. Sometimes one of the staff members is late and sometimes their rotas show different times to [arrive]. I don't get a rota, so I don't really know who comes to me." A relative said, "The rota is disgusting, I haven't had the rota yet and it's a Tuesday. They change the staff all the time. Today the carer was 30 minutes late, sometimes they're up to an hour late. We don't get told when someone's going to be late. There is one staff member that I can rely on." However, a relative told us, "I think they have enough staff. Sometimes of no fault of their own they are stretched. Once every six months, there's an emergency and they call and let you know."
- Comments from staff included, 'The area I cover is fully staffed. If there is about to be a missed call, or someone has gone sick, I would then go and cover that visit. You can't leave people without a call/visit' and 'We are alright [for staff members] at the moment. We don't tend to have missed calls.'
- Although visits were monitored, people confirmed there were numerous instances of late calls, sometimes up to an hour late. Records we reviewed confirmed what people told us.

- We shared our concerns with the registered manager that there was no clear way to identify the number of late or missed visits. The registered manager told us the electronic monitoring system did not account for this. After the inspection the registered manager sent us the punctuality report, which he did not previously have access to. The registered manager was aware of the importance of ensuring people received care and support at the agreed times and had recently made changes to the internal monitoring systems. We will review this at our next inspection.
- People received care and support from staff that had undergone robust pre-employment checks to ensure their suitability for the role. Staff files contained photographic identification, proof of address, employment history, two satisfactory references and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the services of London Care – Raynes Park. One relative told us, "Oh yes [relative's] definitely safe. I make sure that he's safe and I don't have any worries."
- People were protected against the risk of harm and abuse as staff received on-going safeguarding training, knew how to identify, respond to and escalate suspected abuse.
- Staff confirmed they were aware of the provider's safeguarding policy and would escalate suspected abuse to the CQC and local authority safeguarding team should action not be taken in a timely manner.
- Safeguardings raised were responded to appropriately and shared with appropriate healthcare professionals in a timely manner.

Assessing risk, safety monitoring and management

- People's care files highlighted any potential risks to people when receiving care. Staff were able to access guidance in order to manage risks to people's mobility, eating and swallowing difficulties as well as any environmental risks around the home.
- One relative told us, "Yes, we viewed them [the risk management plans] when first put in place."
- Staff confirmed they ensured risk management plans were adhered to and stated they ensured the environment was free from hazards.
- Risk management plans were reviewed regularly to reflect people's changing needs.
- Changes to risk management plans were shared with staff members in a timely manner, to ensure people received care and support that kept them safe.

Preventing and controlling infection

- People continued to be protected against the spread of infection, as staff members received on-going infection control training.
- A staff member told us, "We have gloves, aprons, shoe covers, sleeve covers, which we can get from the office. We also have a couple of face masks. For us, we can come to the office and help ourselves to more equipment. I carry spares in my car and will then give them to staff if they've run out. There's always enough here."
- Staff had clear awareness of the provider's infection control policy, which detailed robust procedures to prevent cross contamination.

Learning lessons when things go wrong

- The registered manager continually reviewed incidents to identify any patterns and trends.
- Where issues had been identified, action was taken to minimise the risk of repeat incidents.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Staff had a clear understanding of their responsibilities in line with the MCA legislation.
- One person told us, "Yes, they ask my permission before doing things. If they don't I won't do it." A relative said, "They do ask relative's consent, they respect what he says."
- A staff member said, "We always have to assume people have the capacity to make their own decisions unless proven otherwise."

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

- People's needs were continually assessed. Local authority assessments of needs were clearly documented and detailed preferences, dependency levels and goals they wished to achieve.
- Care plans were primarily based on the needs assessment and updated to include medical and health support required.
- Where possible people were encouraged to develop their care plans. Information from previous placements, relatives and stakeholders were sought and helped devise people's care plans.
- Personalised care plans were regularly reviewed in line with people's preferences and changes shared with staff members swiftly.

Staff support: induction, training, skills and experience

- People received care and support from staff that received on-going training to enhance their skills and knowledge. One person told us, "Most of [the staff members] are trained more than adequately. I know they have follow up training." A relative said, "[Staff members] ask what [my relative] wants and they will do it for him."
- Staff confirmed the training provided was put into practice and enabled them to carry out their roles and responsibilities with confidence.

- One staff member told us, "They [the trainers] go through the training quite well and there's a practical so we are competent when we have finished the training." Another staff said, "We can ask for more training, if we need to."
- Training available to staff included, for example, Mental Capacity Act 2005, food hygiene, health and safety, fire safety, medicines management and prevention of abuse.
- Supervisions were regularly undertaken to enable staff to reflect on their working practices.
- Newly employed staff underwent a comprehensive five-day induction process. One staff member told us, "[The induction] was over five days, it included practicals and workbooks. It was thorough. We covered mobility equipment and practiced, transfers. [It also covered] safeguarding, whistleblowing, medication, manual handling, food hygiene, PPE." Another staff member said, "The shadowing is for 12 hours, they send you out with a senior carer. You get a booklet that you're observed doing catheter care, medicines etc., you have a discussion and then the competency is then signed off. Then you can do it without direct support. If you're not comfortable you can have extra shadowing support."

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

- Where agreed in people's care package, people were supported to access sufficient amounts of food and drink that met their dietary needs and requirements. One person told us, "They [staff members] may make the odd sandwich, with whatever food I have, as I have someone who lives with me [that cooks the meals]." A relative said, "They [staff members] follow good hygiene procedures; and make food he likes."
- People's dietary requirements were recorded in their care plans and gave staff guidance on what food to provide and avoid in line with people's needs and wishes.
- One staff member told us, "The care plan would say if [the person] is diabetic or has medical needs. Some medicines you can't take with grapefruit juice and that's in their care plan." Another staff member said, "Most of the meals are quick to prepare, but some you will cook from scratch, fried rice, mushrooms, onions and peppers. People will choose their own meals, they can make that choice."
- Staff confirmed they would ensure people had access to food and drink when they completed their call.

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

- Care plans detailed people's healthcare needs and where required staff members supported people to attend a wide range of healthcare appointments to monitor and maintain their health. For example, one staff member told us, "I take one [person] to go to appointments, the chiropodist, diabetic eye screening appointment and the G.P."
- Staff members confirmed they would contact healthcare professionals if they observed a decrease in people's health and well-being.
- Where one person's mobility had deteriorated the provider had arranged for a review with the occupational therapist. This resulted in a full moving and handling plan, completed by the local authority being utilised by staff so that were fully aware of the persons new mobility needs.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives spoke positively about the care and support they received at London Care – Raynes Park. One person told us, "There's no carer that I can complain about. The issue isn't the care workers, they are good and they're kind." Another person said, "Most of them [staff members] are compassionate. There are three that I have that are really excellent, they are passionate about what they do."
- People were treated equally and had their diversity encouraged and celebrated, wherever possible. Staff were aware of the importance of being respectful towards people's individual faiths, beliefs and cultures.
- A staff member told us, "We do have people that go to church and we support them to get ready to go. If people have specific needs it would be in their care plan, and we would adhere to it."

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

- People confirmed their views were sought through regularly phone calls and visits from senior staff members.
- People also confirmed they were consulted in order to make decisions about the care and support they received, to ensure it reflected their needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff treated them with dignity and respect. One relative told us, "They [staff members] always pull the blinds, [they] make sure he's covered."
- Staff were aware of the importance of maintaining people's privacy and dignity.
- People's dependency levels were monitored frequently to ensure the care and support provided met their needs.
- A staff member told us, "I support [people] and don't take over and do things for them. It's about reminding and prompting them. Give them positive feedback, that gives them the confidence to try it again."
- Care plans documented people's dependency levels and gave staff members a clear indication of what people could do for themselves and areas of support required.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection on 25 July 2018 we found that care plans did not fully reflect people's levels of independence and the tasks that they may be able to carry out for themselves. At this inspection on 26 February 2019, the ways in which people needed to be supported in their personal care, including the elements they could carry out for themselves were clear.

- Care plans were person-centred and detailed people's health, mental, physical and dependency needs. Care plans were regularly updated to reflect their changing needs and shared with staff in a timely manner.

- A relative told us, "I have had reviews of the care plan, they ask lots of questions and ask if what should be done is being done." A second relative said, "Yes, there is someone in the office that's brilliant. We all sat down together and did the care plan together. About six months ago they went through it again with us and we suggested they added things, which they did." A staff member said, "They [the care plans] are to indicate what it is you should be doing and to give you an idea what is going on, especially when you meet someone for the first time. I look at the care plan frequently. I would assess and report [any concerns or changes] it to the office." Another staff member said, "The care plan can change as the person can change."

- Records were clear in guiding staff as to the best ways in which to communicate with people. Where one person was non-verbal their care plan defined how they would communicate, and the ways in which staff should respond to ensure people felt understood.

Improving care quality in response to complaints or concerns

- At our last inspection on 25 July 2018 complaints had been poorly responded to, with complainants not always receiving responses to the issues they raised. At this inspection on 26 February 2019, we found that each complaints record also included a record of the provider response, these had occurred in a timely manner.

- We received mix reviews regarding to the handling of complaints. A relative said, "I have complained before in writing, things change but then go back to the way they were." However, another relative said, "I've not had to [make a complaints] but if I did I would ring [the office]. I have rung them before about a specific [staff member] and changes were made but things went back to how they were. I complained again and they didn't come again. They [the office staff] acknowledged what I said."

- Staff were aware of how to respond to people's concerns and complaints in accordance with the provider's complaints policy, ensuring all relevant records were completed and concerns escalated swiftly to the registered manager.

End of life care and support

- At the time of the inspection the service were not delivering palliative care. The provider had an end of life policy in place should this be required.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager's visions for the service were shared with staff members. Visions included a person-centred approach that was inclusive and transparent.
- Although we received mixed reviews about the management at London Care – Raynes Park, the majority of relatives we spoke with spoke positively about the management structure. Comments included, for example, 'The person I deal with isn't the registered manager. The person I deal with is very good, they are normally very good.'
- Staff members spoke positively about the registered manager, stating he was approachable, responsive and available to them when needed. For example, one staff member told us, "I can approach [registered manager]. I will report things to him and if he's not here I go to the deputy manager." Another staff member said, "He's [the registered manager] always helping where he can and will come out to some calls."

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

- The registered manager carried out regular audits of the service to drive improvements. However, during the inspection we identified there were insufficient auditing systems of the Electronic Monitoring System (EMS) to ascertain the number of late or missed visits and identify trends and patterns. This meant that people did not always receive care and support at the agreed time.
- The registered manager had clear understanding of their role and responsibilities in line with the Health and Social Care Act 2014. The registered manager submitted statutory notifications to the Commission in a timely manner.
- The provider had introduced the task of medicines lead officers, where field care supervisors or team leaders would ensure people's home report books were returned on a regular basis.
- Regular reviews of these records inside people's homes also took place so that the provider could be assured that staff were completing records accurately. We were able to review these audits at the time of inspection and saw that quality checks were made in a timely manner, and appropriate action taken where improvements were identified. Whilst this was a newly implemented process we were satisfied that the provider was taking action to ensure that quality assurance processes were continually improved.

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

- The service sought people's views through regular telephone monitoring. Telephone and site visit records reviewed, showed that every completed record indicated that people were either very satisfied or satisfied.

- The next annual service questionnaire to further gather people's views was due in August 2019.
- Staff received support through quarterly team meetings, these were held repeatedly throughout the month to ensure that the majority of the large staff team were able to attend. This covered provider wide updates as well as important information in relation to the people they cared for, such as how to be aware of gas safety in people's homes.
- The registered manager told us that they were planning on holding a service user forum in the coming months. They were looking to put on lunch and entertainment for people using the service, as well as liaising with Age Concern and the Alzheimer's Society to attend on the day. The provider was looking to improve inclusion for people across the service and provide a space for their views to be heard.

Continuous learning and improving care

- Further to the previous inspection the registered manager submitted an action plan, which detailed specific action they would take to improve the quality of the service. At this inspection we identified the actions the registered manager said they would take had either been completed or was near completion. We were satisfied with the action taken to date.
- The registered manger was keen to make improvements to the service in line with good practice.
- Through regular monitoring of the service, feedback from people and team meetings, this enabled the registered manager to focus on areas of improvement in line with the provider's values.

Working in partnership with others

- The registered manager was keen to maintain and develop partnership working with other healthcare professionals and stakeholders to improve the quality of the service.
- Records detailed guidance provided by healthcare professionals was implemented to the care and support provided.