London Care Limited

# London Care (Rosemary House)

## Inspection report

Uffington Road
London
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14 November 2019

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 – Rosemary House Extra Care is providing personal to up to 40 people living in their own flat at Rosemary House. During the day of our inspection 34 people received personal care.

People's experience of using this service and what we found
People were happy with the care and support they received from the care staff who visited them. There were enough staff to make sure people were safe, and their needs were met in a timely manner. Medicines were managed safely by the service. Staff had received training and competency assessment around medicines administration.

People were supported by staff who had received training and support to carry out their job roles effectively. Peoples dietary needs had been met, provided their care plans required this. 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.

Staff were kind, caring and promoted people's dignity. People who used the service told us that staff maintained their privacy and we observed staff not entering peoples flat without ringing the door bell and waiting for an invite from the person. Peoples independence was maintained, and we saw people accessing all areas of the property and accessing the community on their own.

Care records were of good standard and well maintained. Regular reviews and updates ensured that they were current and responsive to people's needs. People who use the service felt confident in raising concerns and were clear whom to contact if they and any complaints.

Information from audits, incidents and quality checks were used to drive continuous improvements to the service people received. The service was well managed, and staff told us that they felt supported and listened to by the registered manager.

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)
This service was registered with us on 20/11/2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was well-led.

Details are in our well-Led findings below.

# London Care (Rosemary House)

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors, a member of the CQC medicines team and one Expert by Experience who contacted people who used the service and relatives after our site visit. 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 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 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.

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

Notice of inspection
We gave 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.

What we did before the inspection
We also looked at information we had received about the service since the last inspection, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law. We contacted a local authority commissioner to seek their feedback. 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 reviewed medicines administration records for seven people and care plans for six people. We looked at six staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service including policies and procedures and quality assurance management records were also reviewed.

We spoke with two people who used the service and four family members. We spoke with five staff members including care workers, a well-being co-ordinator, the registered manager and area manager.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked staff and quality assurance records. We spoke with a representative from a local authority.

Good

# 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 who used the service told us that they were safe at Rosemary House. One relative told us, "Our relative is safe as houses, they [staff] are with her a lot of the time."

. Staff received training in safeguarding during their inductions and regular annual refreshers were provided to ensure that their knowledge was up to date.

. Staff demonstrated good understanding of the different forms of abuse and the action to take if they noted anything out of the ordinary. One staff member told us, "If I have any concerns I would tell the manager and she will deal with it."

Assessing risk, safety monitoring and management

• Risk assessments were completed when required and included guidance for staff about how to keep people safe from potential harm. For example, if people were at risk of going missing a separate community risk assessment had been put into place. The service provided detailed information to give to the police if people left the service without support.

• People told us they received a service that was safe. When asked if they felt safe in the service, one person said, "Very much so, and I make my own decisions." One relative said, "My relative is safe, I have a camera installed so I can check periodically."

Staffing and recruitment

• The provider had a safer recruitment process to help make sure staff employed by the service were suitable. This included checks such as references and Disclosure and Barring Service checks that were carried out before people started work. This kept people safe because it helped the registered manager make sure that only suitable staff were employed.

• There were enough staff to support people safely.

• People told us staff arrived on time and stayed for the planned length of the care visit.

Using medicines safely

• Medicines were managed safely for people who used the service. A comprehensive medicines policy was in place at the service. We observed staff administering medicines to people and saw that staff followed the policy.

• Information about medicines was documented in care plans. This included information about the level of medicines support required, allergies, pharmacy and GP details. These were available for care workers to reference in people's flats.

• Medicines Administration Record (MAR) charts contained clear information for care workers on how medicines should be administered.

• A system was in place to audit MAR charts. We saw that these audits were effective in identifying issues

with documentation of medicines administration. Appropriate action was taken when errors were identified.
• Staff received medicines training and their competency to administer medicines was assessed on induction and annually. Competency was continually monitored at a minimum of three-monthly intervals.

Preventing and controlling infection
• People who use the service and visitors were appropriately protected from the spread of infections. The service provided staff members with personal protective equipment (PPE) including aprons, gloves and sanitising hand-gel.
• We observed staff wearing disposable gloves when we visited the service and one person told us, "They [staff] always wear gloves."

Learning lessons when things go wrong
• The service had systems in place to review and analyse accidents and incidents to reduce the risk of these happening in the future. Staff knew how to report incidents related to medicines. Clear records were kept of medicines incidents including details of the investigation and outcomes. Learning from incidents was shared with staff at team meetings.
• The provider had a policy and system for acting on any accidents and incidents. The registered manager demonstrated how incident monitoring was used to identify patterns and behaviours. They told us that any accidents or incidents were used to update the risk assessments for the people they supported.

Good

# 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's needs were assessed before they moved into Rosemary House, this also included the opportunity for people to visit and view the accommodation prior to moving in.
- Information collated during the assessment process formed part of people's care plans. Care plans included detailed information about how to meet the individual needs of people. This included their preferred time they want to go to bed and how they like to be dressed in their flat. People who used the service told us that they had been involved in the assessment process. One person said, "We talk regularly about the care and what I want them [staff] to do."

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Staff support: induction, training, skills and experience

- Staff were provided training to gain the skills needed for them to support people effectively.

. People and their relatives said staff were good at their jobs. One person said, "I think staff are generally good and know what they are doing."

- Staff told us about the induction and training they had completed. One staff member said, "The training is good and easy to access. At the start I had an induction which helped me to understand better what to do and is expected of me."
- Staff told us they were supported in their work through regular supervision and more informal contact with the management team. Records we viewed supported this.

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

- People who used the service received support to eat and drink, if their support plan required this. Where people received support with their meals this had been documented in the care plans. Some people were also supported to do their shopping. One member of staff was available five days a week between 11:00am and 2:00pm to support people with their shopping.
- However, most people did their own shopping and prepared their own meals. One person said, "I do my own shopping, but if I need anything I can always ask staff."

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

- The service ensured that up to date information of external professionals involved in peoples care was available to staff, which ensured consistent care and support to people who used the service. Information about the other agencies involved in providing support to people was included in their care records. These included, for example, GPs and other health professionals.
- Information about people's healthcare needs was included in their care plans. This included guidance

about how specific health needs should be supported. For example, a diabetes care plan included instruction of what to look out for if people demonstrated hypo and hyper symptoms.
•□People's care plans included details of their health needs, their prescribed medicines and the health professionals involved with their care.
•□The registered manager told us that people, or their family members undertook most of the contact with GPs or other professionals.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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.
•□People who used the service were not unlawfully deprived of their liberty. Most people were able to make their own decisions. However, we saw that appropriate applications to the Court of Protection had been made if people lacked capacity.
•□People received care in accordance with their wishes. Comments from people included, "I have no restrictions and can come and go whenever I want."
•□Care plans included consent forms, and these set out what the person could expect to receive from the service.

Good

# 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 were treated kindly by staff and the service ensured that cultural differences were protected. People who used the service told us that they were treated well by staff supporting them. One person said, "The staff are very kind and helpful." One relative told us, "Very very caring, even when not allocated to Mum's care they would pop in and out to say hello and chat when they could."
- Staff respected people's diverse needs and ensured that their religious and cultural needs were met. Some staff spoke people's language, if English was not their first language.
- People felt that their support needs were met by the staff looking after them. One person said, "They couldn't look after me any better."

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

- People who used the were able to express their views and comment on the care they received by the staff they required. People who use the service and their relatives told us that they were involved and asked in making decisions about their care. One person said, "They [staff] always ask me what I want." One relative said, "The communication is very good, they would always contact me and inform me if there had been any changes."
- The provider arranged regular coffee mornings for people who used the service to meet and discuss any issues in relation to the service provided. This meeting was also attended by the housing provider enabling people who used the service to address any housing relating issues such as repairs and maintenance and building security.

Respecting and promoting people's privacy, dignity and independence

- People dignity was maintained, and their privacy was respected. People who used the service told us that the staff treated them with dignity and respect. One person told us when we asked them if staff showed them respect, "Yes, always, they are very kind and treat me well. They always ask me what I want."
- Staff told us that they would ensure that people's privacy was maintained. We observed during our visit, staff ringing the door and waiting for people to invite staff in to support them. Staff told us that they would always knock on the door before entering and ensure people were covered when providing personal care.
- People who used the service were encouraged to do things for themselves to ensure their independence. One example given by a member of staff was that she encouraged people to wash themselves if they could do it without support. This staff said, "This helps to keep their muscle strengths and maintains their independence."

Good

# 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

- Peoples care was planned in accordance to their needs and wishes. Care plans viewed were of good standard and provided detailed information about the person's background, their care and support needs and their aspirations and plans for the future.
- People who used the service told us that they had been involved in developing their care plan. Care plans we viewed evidenced that people who used the service and/or their relative had signed and agreed with the care plan.
- Care plans were reviewed periodically every six months or if people's needs changed. One relative said, "We discuss the care plan whenever there is a change, for example [my relative] has just broken her wrist and is currently away, so I expect we meet when she comes back."

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.

- Peoples communication needs were met and systems were put into place to ensure records were made available to people who had different communication requirements. The registered manager told us that policies and procedures could be made in a user-friendly format if required.
- We saw in care plans that guidance was provided to staff when supporting people who were visually and/or hearing impaired. One care plan stated, 'Speak loudly with [name] and ensure [name] has his hearing aid.'

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

- The service ensured that people who used the service were socially not isolated and had access to activities if they wished to take part in them. People's relatives were involved in their care if they required these.
- The extra care scheme provided daily activities in the communal area, which could be attended by people if they wished to do so. We observed the activity session during our inspection which was well attended.
- The activity coordinator told us that she planned to discuss activities during the next residents' meetings to see if people wanted to amend the current activity plan.

Improving care quality in response to complaints or concerns

•Complaints were encouraged and they were seen and used to improve the care provided to people who used the service. Since registering with the CQC, the service had received three complaints. We saw that these had been well recorded and resolved in line with the provider's complaints procedure.
•The complaints procedure was displayed in the communal area. People who used the service and their relatives told us that they felt comfortable to raise a concern with the registered manager. One relative said, "We have complained in the past and the manager always acts on it and gets it sorted out."

End of life care and support
•The registered manager told us that none of the people using the service received end of life care.
•End of life care training for staff was available if required.

Good

# 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 service promoted a person-centred culture and staff demonstrated a will to engage and involve people and achieve good outcomes in relation to people's care provided. The registered manager and staff were passionate about providing people with a high quality, personalised care. This was evident throughout our inspection and from the positive feedback we received. Comments made by people who used the service and relatives included, "The manager is on site most of the time", "They are really lovely and caring people here" and "If I am not well they will help for me, they do anything I ask for."
- People's care needs were met and the service achieved good outcomes for people. For example, the service shared information with the local police to maintain people's independence in accessioning the community on their own. We asked people about the care they received and if they felt their needs were met. One person told us, "I would rate them 9 out of 10, I can't give 10 because they have to have something to aim for." One relative told us, "I would rate them 11 out of 10."

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 was aware of and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process.
- Since registering with the CQC, the registered manager notified us of incidences in relation to people's care and support.

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

- The service had robust and effective quality assurance monitoring systems to ensure the quality of care was continuously assessed and action can be taken to improve the outcomes for people who used the service. The service undertook regular quality assurance checks to improve the quality of service provided for people. These included spot-checks, visits to people's flats by the registered manger and medicines audits. Care records were regularly audited and assessed by the registered manager to ensure that they still reflected people's care needs and were updated if people's needs had changed.
- People who used the service and relatives spoke positively about the registered manager and her visibility. One relative said, "[Name] is always around and makes time to chat with me."
- Staff were clear about their roles and told us that they enjoyed working at Rosemary House. They said team work and the atmosphere had improved since London Care had taken over the provision of care.

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

- The service encouraged people who used the service and relatives to comment on the service and strives for improving the care people who used the service received. The provider sent out questionnaires to people who used the service, relatives and staff to seek their view about the care and support provided. This was ongoing during the day of our inspection and the results had not been analysed.
- The registered manager demonstrated good understanding of protected characteristics and told us that all people had equal access to the care and support provided.

Continuous learning and improving care

- Systems were in place to monitor and evaluate care provided to people.
- The management team identified areas for improvement through their quality assurance systems which were in place to monitor the service delivery. For example, the registered manager told us that she wants to review activities offered to people who used the service. Any incidents or accidents and notifications were reviewed by the provider's senior management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.

Working in partnership with others

- The registered manager and staff team had built up positive relationships with other health professionals such as the community nursing team. We received positive feedback about the service from local commissioners and a recent quality assurance audit carried out by the local authority was positive in relation to the partnership working and care and support provided.