

London Care Limited

London Care (Mary Seacole House)

Inspection report

Mary Seacole House
24 Invermead Close
London
W6 0HQ

Tel: 02087356410
Website: www.Londoncare.co.uk

Date of inspection visit:
13 May 2019
20 May 2019

Date of publication:
03 July 2019

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:

Mary Seacole House provides extra care housing for up to 30 people, including younger adults with physical disabilities, older people with physical frailties and/or people living with dementia. People using the service live in ordinary flats in a property with facilities that included a communal lounge, cafeteria and rear garden. At the time of the inspection 24 people were living at the service.

People's experience of using this service:

People received individual care that took account of their needs and wishes. They were consulted when staff carried out assessments and developed care plans. People and their relatives told us that staff were kind and caring. One relative said, "I am so happy with the carers I baked them a cake to show my gratitude." We observed that people enjoyed being with staff, who supported them in a respectful way.

There were systems in place to ensure people received their care and support in a safe manner. Sufficient staff were deployed so that people experienced a punctual, reliable and consistently delivered service. Staff were safely recruited and had received training in how to support people safely, for example with moving and positioning.

People were supported by staff to meet their identified health care needs. Staff were provided with training, supervision and other managerial support to assist them to provide effective care. Where required, people were supported to meet their nutritional needs. Staff recognised when people's health, independence and functioning abilities had declined, and they notified relevant external professionals including GPs and social workers.

People were to make their own choices and decisions wherever possible. Staff knew people well and supported them to live as independently as they wished to and were able to.

People were supported each day in line with their identified personal care needs and expressed preferences in their care plan. Activities took place to offer people social stimulation and entertainment, if they wished to participate. Complaints were taken seriously by the provider and responded to sensitively.

People and relatives told us the service was well managed. They thought the registered manager had made a noticeable difference, which was also recognised by an award from the provider. Staff expressed they felt valued and supported. There were clear processes to monitor the quality of the service and support the management and staff team to achieve ongoing improvements.

Rating at last inspection:

The last rating of this service was Requires improvement (published 21 July 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This service was registered with us on 24 May 2018 and this is the first inspection. This is a planned comprehensive inspection.

Follow up:

We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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 Good.

Details are in our Safe findings below

Is the service effective?

Good ●

The service was Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Good.

Details are in our Well-Led findings below.

London Care (Mary Seacole 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector conducted this inspection.

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. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care service. At the time of the inspection all 24 people living at the service received support from care staff with personal care. The service had a manager registered with CQC. 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 is because the location provided extra care housing and people living there are often out. We wanted to be sure that people would be available to speak with us.

What we did before inspection:

We reviewed the information we held in relation the service, which included notifications about events at

the service which the provider is legally required to inform us about, for example safeguarding concerns. We received information from representatives of the local authority, which included the commissioning and safeguarding teams. 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 seven people who used the service and one relative. We spoke with eight staff members, which included four support staff, the registered manager, the deputy manager, the activities coordinator and the regional manager. On the first day of the inspection we spoke with the local authority's commissioning and transformation lead for extra care schemes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, five staff recruitment, training and supervision records, the complaints log and compliments folder, the activities schedule, staff rosters, and audits and other documents related to the management of the service.

After the inspection:

Following our visit to the service we spoke by telephone with the relatives of three people. We contacted three health and social care professionals with experience of using the service for people they supported and received comments from one professional.

Is the service safe?

Our findings

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

This key question is rated as Good. This means 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 they felt safe. One person told us, "They look after me well, I would say to [registered manager] if something wasn't right" and one relative commented, "[My family member] is safe here. I have not found one person working here that I wouldn't trust."
- The care staff we spoke with informed us they had received safeguarding training, which was confirmed by training records. Staff described the different types of abuse that people could be at risk of and stated the actions they would take to protect people. This included promptly informing their line manager of any safeguarding concerns.
- The registered manager appropriately reported safeguarding concerns to the local authority and notified the Care Quality Commission without delay, in line with the law.

Assessing risk, safety monitoring and management

- Clear systems were in place to assess risks to people's health and wellbeing. The care plans we looked at demonstrated that risk assessments were carried out, and written guidance was developed to ensure staff knew how to minimise these risks and provide safer care.
- Where required, guidance was in place to address specific risks to people's safety. This included where people presented behaviours that challenged the service. For example if people were at risk of permitting casual acquaintances to enter the property and/or there were concerns in relation to unsafe levels of alcohol consumption.
- Staff received mandatory training in how to safely move and position people. The registered manager made referrals to relevant health care professionals to assess people's needs if there were concerns about their mobility, including risk of falls.
- Individual plans were in place to support people in the event of an emergency. Staff had received fire safety training and we noted the activities coordinator regularly spoke with people about fire safety issues.

Staffing and recruitment

- We saw there were sufficient numbers of staff deployed to safely meet people's needs. The staffing rosters matched the staffing levels we observed during the two days spent at the service.
- One person who used the service told us, "They (care staff) are reliable and don't leave me waiting" and another person said, "I think they have enough time to look after me. I always get the help I need but sometimes they are busy." The relatives we spoke with were all complimentary about the quality of care provided to their family member. One relative stated, "We have no issues. The carers are very dutiful, pleasant and cheerful" and another relative remarked, "The carers are fantastic, and the care given to [family member] is absolutely brilliant."
- Members of the care staff team told us they were able to meet people's needs within the allocated

timescales. Care staff sometimes worked split shifts and confirmed that this was manageable in relation to their work/life balance. One staff member told us they sometimes went home between their shifts or rested in the staff area, depending on the gap between their shifts. The registered manager explained how she ensured that shift patterns carefully considered individual factors, for example if staff lived near to the service.

- Recruitment practices were detailed so that people were protected from the risk of receiving personal care and other support from staff who did not have suitable experience and knowledge to meet their needs. The staff recruitment files we looked at showed that staff had correct pre-employment checks, which included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use care and support services.

Using medicines safely

- Staff had undertaken medicines training to enable them to safely support people with their prescribed medicines, in line with people's assessed needs. The medicines training included a competency assessment and a themed medicine supervision assessment, carried out by their line manager.
- People told us they were pleased with how staff supported them to meet their medicine needs. One person said, "They come in at the right time to help me take my medicines, three times a day. I don't have to worry about ordering and collecting from the chemist, it is all taken care of."
- Systems were in place for the registered manager and other senior staff at the service to carry out daily checks, to ensure people were prompted and/or assisted to receive their medicines in line with the instructions on their medicine administration record (MAR) charts. Detailed medicine audits were regularly undertaken by the registered manager and reviewed by the provider's quality team.
- On the first day of the inspection we found discrepancies with the administration of medicines for two people. We discussed this finding with the registered manager and noted the service's own daily checks later that day would have identified these issues. Robust action was promptly taken by the provider to safely address this matter.

Preventing and controlling infection

- People were protected from the risk of cross infection as the provider ensured safe and suitable infection control practices were in place.
- People and their relatives informed us they were happy with the standard of cleanliness within their flats and in the communal areas they accessed, including the communal lounge, cafeteria and the bathrooms with adapted bathing facilities. One relative told us, "We have no problems, it is always clean. Another relative explained to us how they were acting in partnership with their family member and the registered manager to carry out improvements to promote the standard of cleanliness in the person's flat.
- Staff received infection control training and they confirmed that essential personal protective equipment including disposable gloves, aprons and shoe covers were readily available.

Learning lessons when things go wrong

- The provider evidenced that accidents, incidents, concerns and other events were recorded and analysed. This enabled the service to detect any trends and devise appropriate actions to promote people's safety.
- Staff confirmed to us that the registered manager shared this learning at handover meetings, team meetings and one to one supervision sessions.

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 quality of life, based on best available evidence.

This key question is rated as 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

- The individual care files we looked at showed that people's needs were assessed by their assigned local authority social worker before they moved into Mary Seacole House. The provider also carried out their own assessments to ensure they understood how to meet people's needs and preferences.
- The provider used assessment tools based on universally recognised guidelines to make sure people's needs in areas including nutrition, mobility and continence were properly identified and addressed.
- Where required, the registered manager referred people for new assessments from health and social care professionals if staff observed significant changes in people's health and wellbeing.

Staff support: induction, training, skills and experience

- The provider ensured that staff were given the training, supervision and support they needed to effectively carry out their roles and responsibilities. People and relatives reported that staff had appropriate skills and knowledge. One relative said, "I can leave [family member] after each visit knowing that staff know what to do and will contact me if there are any problems they can't sort out."
- Records showed that newly appointed staff received induction training and opportunities to initially work alongside more experienced colleagues. Mandatory refresher training was in place and staff compliance with completing this was closely monitored by the registered manager.
- Staff were offered an expanded version of the Care Certificate, with three additional modules. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is usually offered to staff who are new to health and social care but can be used as refresher training for experienced staff.
- Staff received regular formal supervision and their performance was assessed via an annual appraisal. Staff told us they felt well supported with their training and development by the management team and were able to access other training as required, for example national qualifications in health and social care.

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

- People were provided with individual support to meet their nutritional and hydration needs, in line with their agreed care plans. The care plans we looked at specified the nature of support required, people's likes and dislikes, any relevant allergies and specific medical factors that staff needed to be aware of. For example, if people were diabetic or needed to follow a low-fat diet.
- We received positive comments from people about the quality of the food served in the onsite cafeteria at lunch time. One person told us, "It is always something tasty and we get a choice." People could choose if they wished to purchase this lunch and dine communally or have their own lunch in their flat, with staff support if necessary.

- The registered manager informed us that care staff completed food charts and weighed people if this was instructed by a health care professional.

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

- People and their relatives told us they were pleased with the level of support provided by staff to assist people to meet their health care needs. One person told us that staff supported them to attend health care appointments and a relative commented, "They will always phone me if [my family member] isn't well. I know [he/she] is in safe hands and if it was urgent they would call the GP or an ambulance."
- We observed the registered manager and the staff team knew people well and promptly recognised if people were not their usual self in relation to their physical and mental health. This enabled staff to act promptly and assist people to access appropriate health care support. The care plans identified if people were known to be at risk of becoming unwell, for example if a person had a history of urinary infections.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The provider had a good understanding of the Act and was working within the principles of the MCA. Staff had received applicable training.
- The care plans we looked at demonstrated that appropriate processes were in place to assess people's capacity to make decisions about their care and seek their consent. For example, information was recorded if a person had appointed a Lasting Power of Attorney so that staff could be assured they were liaising with an individual or individuals with correct legal authority to make decisions on behalf of the person.
- The registered manager and staff team understood the importance of supporting people to make their own decisions where possible. Staff told us they always checked if people consented to assistance with their personal care and other support. One staff member told us that if a person was confused they gently explained to the person how they wished to offer support and made sure they were comfortable before proceeding.

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 key question is rated as Good. This meant people were supported with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke in a complimentary way about the kind and caring approach of the registered manager and the staff team. People told us, "I am so happy living here, the carers are such lovely people" and "We have a laugh and a joke together. You don't have to come down to the lounge, but I like to have a chat. [Staff member] brings me a cup of tea and biscuits They (staff) are all nice." A relative told us, "I just love this place. Nothing is too much trouble for the staff. They are kind to the residents and greet me warmly when I visit."
- We received positive comments from health and social care professionals in relation to their observations of how staff interacted with people who used the service. We observed that people were happy and relaxed with staff, for example people exchanged amusing remarks with staff and discussed everyday matters including favourite recipes, current affairs and forthcoming social activities.
- Staff presented a clear awareness of the importance of treating people equally and respecting people's diverse needs. For example, a member of the care staff told us how they supported a person to meet their cultural needs and wishes with grocery shopping and food preparation. The service had established relationships with representatives from some local places of worship, to support people to meet their religious needs.
- We saw how the registered manager and the staff team responded in a very thoughtful way when people using the service needed support above and beyond the usual expectations of their roles. For example, when people moved in to the service during a traumatic period in their lives and needed practical support with their accommodation.

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

- People told us staff listened to their views and encouraged them to make choices about their care. For example, we observed one person asked the registered manager for additional information about an external activity before they decided whether to go. People were encouraged to sign their own care plans to demonstrate their involvement in the care planning process.
- Relatives informed us their family members were consulted about their care and support wherever possible. One relative told us about a discussion that took place between their family member, the registered manager and themselves. The relative was satisfied the registered manager had respectfully emphasised that the final decision about the matter should be made by the person using the service.
- People and their relatives told us the registered manager regularly sought their views through informal discussions and scheduled meetings.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff always ensured their dignity, privacy and confidentiality were upheld. One person told us, "They know I am a very private person and will check if it is ok to come into my flat." A relative commented, "The staff go out of their way to make sure people feel respected."
- Staff told us how they treated people with dignity and respect, and we also observed respectful practices during the inspection. One staff member told us, "I close curtains and doors when helping people with their personal care. I encourage people to take part in their personal care if they are able to as it makes people feel more independent."
- Staff understood how to maintain confidential information about people. The provider's training for staff explained when it might be necessary to share information with relevant professionals and organisations to ensure people's safety and welfare.

Is the service responsive?

Our findings

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

This key question is rated as Good. This meant people's needs were met through good organisation and delivery.

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

- People told us their care and support met their individual needs, which was delivered in a flexible manner. Comments included, "They (staff) fit in with my daily routine and they understand me" and "[Regularly assigned staff member] asked me what help I wanted, and she does things the way I would if I was better on my feet."
- The care plans we looked at showed that people had been asked about their needs, wishes, preferences, interests, goals, family background, former occupation and social history. This information was used to develop care plans that were uniquely responsive for each person. Care plans were kept under review and updated to reflect any significant changes in people's health and social care needs.
- Staff had received appropriate training to recognise when people were experiencing new concerns with their health, mobility and wellbeing, or increased problems with existing health care conditions. Staff told us they spoke with their line manager to report their observations. Care plans showed that these issues were referred to appropriate external professionals so that people could obtain the specialist support they needed.

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.

- The service carried out assessments to identify people's ability to understand written information. The registered manager informed us that people could be provided with service user guides and other documents in different formats, for example large print, braille or audio.

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 were being supported by staff to participate in meaningful and stimulating social activities that provided entertainment and companionship. One person told us, "Coming to the lounge after lunch is a lifeline for me. I join in with what's going on and then I feel quite okay about going back to my flat later. The activities included listening to and singing along to nostalgic music, manicures, gentle movement, quizzes, discussions about current affairs and reminiscence sessions."
- The activities coordinator had been in post for a few months, having previously worked at the service as a member of the care staff. They continued to provide personal care support in the mornings and then switched to their other role at lunch time. They told us the registered manager was committed to improving the quality and scope of the activities service and provided helpful guidance and support to work towards

this objective.

- People confirmed that they were supported by staff to use amenities in the wider community. Some people went out shopping with staff, three people attended resource centres and we observed that approximately six people went out each week to a community centre which offered massages and other activities. People who used the service and relatives told us the visiting hairdressing service was popular and we saw there was a dedicated salon room at the premises.
- Following the first day of the inspection people, relatives and staff took part in an annual celebration for the anniversary of Mary Seacole's birthday. People and relatives described the event as "wonderful" and one relative told us they enjoyed all the parties and events organised by the service, which included birthday celebrations for people living at the service. We noted that some people were well informed about Mary Seacole and her humanitarian achievements as they talked about issues including culture, religion, politics and respect for others as part of their current affairs discussions.

Improving care quality in response to complaints or concerns

- People and relatives told us the registered manager was approachable and receptive if they had any concerns or complaints. A relative said, "[Registered manager] has an open door and always makes herself available." Another relative explained they tended to visit at times the registered manager was not on duty, but they always got a prompt email response from her if they raised any queries.
- People and their representatives were provided with straight forward guidance about how to make a complaint and information about how the provider investigated complaints, for example timescales to receive responses. People were also advised of the actions they could take if they were not satisfied with the outcome.
- We looked at the complaints received by the service since in the past 12 months. The registered manager had responded to complainants in a polite and open manner. Where necessary, complaints were discussed with the regional management team to implement improvements and lessons learnt were shared with the staff team.

End of life care and support

- At the time of the inspection the service was not supporting any person with end of life care needs. Staff had received end of life care training.
- The care plans we looked at demonstrated that the registered manager and senior staff at the service spoke with people about their end of life care wishes during their initial assessment and care planning, or at a later stage if people, and their relatives where applicable, were not comfortable to discuss their wishes when they first moved in.
- The registered manager informed us that the service received good support from local health and social care professionals to meet people's end of life care needs, for example district nurses and palliative care specialists.

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 question is rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had achieved significant improvements since taking over the service in May 2019. This included the implementation of person-centred care planning that reflected people's views and wishes. The registered manager understood her responsibilities in relation to being open and transparent, for example people and relatives were encouraged to speak privately with us.
- People and their relatives praised the welcoming and professional approach of the registered manager and her effective leadership of the service. Comments included, "There has been quite a transformation here, things are much better" and "[Registered manager] is always smiling, she must have a lot to do but will always spend time talking with the residents and us. [Registered manager] is there for the residents." People and their relatives expressed genuine pride when the registered manager achieved a national award from the provider for her good management of the service and compassionate conduct.
- We received encouraging comments from health and social care professionals about the improvements they had observed in relation to how the service was managed, and individual support given to people with specific complex needs.
- Providers are legally required to display their rating where a rating has been given. The provider displayed the rating and inspection summary from when the service was previously managed by a different provider, to inform people and visitors of our findings.

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

- The registered manager ensured the Care Quality Commission (CQC) was informed about notifiable events at the service, for example if a person had a serious accident or it was necessary for the police to be called to the service.
- Systems were in place to support staff to carry out their roles and responsibilities. This included handover meetings between shifts to enable staff to keep up to date with people's needs and any concerns. and team meetings. Team meetings provided opportunities to discuss new policies and procedures along with plans for the ongoing improvement of the service.
- The registered manager was supported in her role by the regional manager and we observed they were well known to people living at the service as they regularly visited. One relative told us the deputy manager was "lovely". The deputy informed us they were undertaking training to develop their management knowledge and skills.

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

characteristics

- At the time of the inspection the provider had been formally managing the service for less than a year and did not yet have results from annual surveys. The registered manager sought people's opinions about the quality of the service through speaking with them and their representatives at individual review meetings and general meetings.
- Staff told us the management team was supportive and the registered manager had introduced changes that made staff feel more unified. For example, staff received a letter from the provider if they were mentioned in complimentary feedback from people, their relatives or professionals. The registered manager had introduced birthday celebrations for staff including a teatime cake shared with all, which made staff feel valued and part of the community at Mary Seacole House.

Continuous learning and improving care

- The provider carried out their own audits, for example to check the safe management of medicines, financial records and staff compliance with mandatory training. We noted the provider had carefully looked at the areas for improvement in the last CQC report and taken appropriate action.
- Spot checks were carried out to monitor how staff supported people, which included an unannounced night time visit. Disciplinary action was taken where necessary to ensure people received safe and appropriate care.

Working in partnership with others

- The provider evidenced they worked in partnership different health and social care professionals to ensure people's needs were properly identified and addressed.
- The local authority commissioning team attended three monthly meetings at the service and carried out audits. The registered manager and the regional manager spoke constructively about recent working in partnership with local social work teams where people had needs that challenged the service.
- The activities coordinator was developing links with local organisations. Positive relationships were already in place with local day resources for older people, religious ministers and a national retail organisation's charitable office which supported the service with fundraising for entertainments and outings.