

London Care Limited

# London Care (Raynes Park)

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# 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, in six London Boroughs. At the time of the inspection the service was providing personal care for 151 people. The range of people the provider is registered to give support to includes care for older people, people with dementia, learning disabilities or autistic spectrum disorder, mental health, and physical disabilities.

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 and what we found

People received a safe service and staff had a safe environment to work in. The provider had enough, appropriately recruited staff available to meet people's needs. This meant people were supported to enjoy their lives in a safe way. The provider assessed and recorded risks to people and staff, and they monitored and updated them, as required. The provider reported, investigated and recorded accidents, incidents and safeguarding concerns, appropriately. Medicines were safely administered, by trained staff and people prompted to take their medicines, if required. Infection control procedures were followed.

The provider had an open, honest and positive culture with an identifiable management structure and leadership. There was a clearly defined vision and values that staff understood and followed. The provider identified areas of responsibility and accountability, that staff were enabled and prepared to take responsibility for. They were comfortable reporting any concerns they may have, in a timely fashion. The provider regularly contacted people and their relatives when reviewing the quality of the service provided and made changes to improve the care and support people received. This was in a way that best suited people. The provider established working partnerships that promoted people's participation and reduced social isolation. Registration requirements were met.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 20 January 2021).

### Why we inspected

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

inspection approach to review the key questions of Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Good. This is based on the findings at this inspection.

#### 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care Raynes Park on our website at [www.cqc.org.uk](http://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 safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# London Care (Raynes Park)

## 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

One inspector carried out this inspection.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 August and ended on 9 September 2022. We visited the provider's office on 17 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager and management team. We contacted 18 people and their relatives, 20 staff and two health care professionals, to get their experience and views about the care provided. We reviewed a range of records. This included ten people's care and medicine records. We looked at eight staff files in relation to recruitment, training and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes safeguarded people from the risk of abuse.
- People and their relatives said they felt the service was safe. One person said, "I've had a service for the last five years and can say the carer [care worker] provides an excellent service that is safe." A relative told us, "I can relax knowing [person] is in safe hands." A staff member commented, "I think we all provide a safe service by working as a team."
- Staff received training in a way that enabled them to identify possible abuse against people and the action to take, if required. Staff knew how and when to raise a safeguarding alert. There was no safeguarding activity at the time of the inspection. Staff had access to and followed safeguarding, and prevention and protection of people from abuse policies and procedures.
- Staff supported and encouraged people to keep safe and explained to them how to do so. Specific concerns about people's safety were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people safely by following risk assessments and care plans. This meant people could enjoy their lives safely whilst taking acceptable risks.
- People's risk assessments were integrated within their care plans and covered areas that were important to them such as health, activities and daily living. The risk assessments were regularly reviewed and when people's needs changed, they were updated. Staff were aware of people's routines, preferences, identified situations where they might be at risk and acted to minimise those risks. A staff member said, "I've been working here for many years and know what does and doesn't work for the people I visit."
- The provider's policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- I think the recruitment procedure records demonstrated it was followed. The interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including

details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a probationary period of six months with reviews.

- People and their relatives said that the provider met their needs flexibly by providing back up trained staff, if needed. One relative told us, "The main carer [care worker] is quite elderly and has been with mum a long time. She was finding it difficult to bathe mum and the organisation has sent in a younger, stronger carer [care worker] just to do this task which is great." A staff member told us, "The training is fine. It helps us do the job properly."
- Staff files demonstrated that the recruitment process, probationary period and training were completed and up to date. Staff were given information that explained the provider's expectations of them and their responsibilities.
- The provider facilitated discussions that identified best outcomes for each person, including things that didn't work during supervision, appraisal and staff meetings. Staff confirmed that they received regular supervision.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a culture that achieved good outcomes for people and was open, inclusive, positive and empowering.
- People and their relatives said they found the registered manager and staff approachable, attentive, felt they listened to them and did their best to meet people's needs. One person said, "They [care workers] are very polite, respectful and do what I need." A relative commented, "The service is spot on with carers [care workers] coming on time or letting us know if there is a problem with timing. This is no mean feat as [person] receives three calls per day." Another relative told us, "The service is very good, punctual and we would be lost without it. On a carer [care worker] level it is a godsend."
- The provider explained to people and their relatives what services were provided so that they were clear about what they could and could not expect staff to do. This was reiterated in the statement of purpose and guide for people using the service. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- The feedback from staff varied depending upon the team they worked in. Some staff told us they were well supported by the registered manager, office staff and each other. One staff member said, "The [registered] manager is really supportive and caring. They make sure we work well together as a team." Staff from another team said there was a lack of communication and support from the office and this had meant that the previous high standards of service quality had dropped. They had raised issues, but they weren't being addressed. The registered manager said they were aware of the concerns and was taking action to address the problem.
- The provider had a clear vision and values, that staff understood, and people said was demonstrated by the way they worked. The vision and values were explained at induction training and revisited during mandatory training.
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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 provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was clear, and the registered manager and office staff made themselves available to provide support to people using the service, relatives and care staff.

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

- The registered manager and staff were clear about their roles and its importance. One staff member said, "We all know our jobs and get on with them." A relative said, "Carers [care workers] are very patient, have a very positive attitude towards mum and provide a quality service."
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission when required.
- The provider had introduced a system that stored people's details, appointment schedules, and if tasks, daily logs and care plans were completed. Data collected was collated and used to update and improve the service provided.
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily logs, care plans, risk assessments, medicine administration records, complaints and staff files. Staff files and the data base contained recruitment, training, performance and development information.
- The registered manager and office staff regularly contacted care workers to provide support and this enabled staff to provide people with the service that they needed. A staff member said, "I can always get hold of the office if I need them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people and their relatives and staff to give their views about the service provided and the provider worked in partnership with them.
- Views were sought by telephone, visits to people, and spot checks. There were feedback questionnaires and surveys provided for people, their relatives and staff. A relative said, "I don't have difficulty contacting the [registered] manager and office and they do respond to me."
- The provider worked with people, their relatives and healthcare professionals such as GPs and district nurses to identify areas that required improvement to progress the quality of services people received, and to better meet their needs and priorities, using joined up working. Feedback from organisations was integrated and used to ensure the support provided was what people wanted and needed. This was with people's consent.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Records showed that staff received quarterly supervision, an annual appraisal and this was confirmed by staff.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people and their relatives to contact organisations who provided services outside their remit, to enhance their quality of life.
- The provider kept people, their relatives and staff informed of updated practical information such as

keeping safe.

- Performance shortfalls that required addressing were identified by audits and progress made towards improving them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from them and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.