London Care Limited

London Care (Freeman Court)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
•□The service is an extra care service. This service provides care and support to people living in one 'extra care' scheme, so that they can live as independently as possible. 47 people were using the service at the time of our inspection.
•□The service mainly supports older people, although some younger adults who have a range of physical and/or mental health needs also live at the scheme.

People's experience of using this service:
•□People received a good standard of care in all areas. The service met the characteristics for a rating of "good" in all the key questions.
•□People liked the staff who supported them. People were encouraged to maintain their independence and were treated with dignity and respect. Staff respected people's privacy.
•□People received their choice of food and were supported to maintain their health.
•□People received care from staff who were well supported with induction, training, supervision, spot checks and assessments of their competence.
•□The service was led by an experienced manager who was new in their role and in the process of registering with the CQC. The manager understood their role and responsibilities, as did staff.
•□The service had a clear management structure.
•□The provider had good systems to oversee the service. These included electronic monitoring of staff training, supervision and appraisal, any complaints, accidents, incidents or safeguarding and care plan reviews.

Our overall rating for the service after this inspection was "good".
•□More information is in our full report.

Rating at last inspection:
•□This was our first inspection of the service since it registered with us in May 2018.

Why we inspected:
•□All services are inspected within one year of registering with us. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
•□We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for in line with our inspection schedule or in response to concerns.

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 findings below.

Is the service effective?

Good

The service was effective.

Details are in our findings below.

Is the service caring?

Good

The service was caring.

Details are in our findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our findings below.

London Care (Freeman Court)

Detailed findings

Background to this inspection

The inspection:

•□We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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:

•□Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was as a family carer of older people and people with dementia.

Service and service type:

•□This service provides care and support to people living in one 'extra care' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

•□The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection two managers were registered with us. One of the registered managers was on planned long-term leave and the other recently transferred to another scheme in the organisation. A registered manager was not in post. The previous registered manager left at the end of January 2019 and a new manager was in the process of registering with us.

Notice of inspection:

•□Our inspection was announced.
•□We gave the service 24 hours' notice of the inspection visit because staff were often out of the service or providing care. We needed to be sure that they would be in.

What we did:
•□Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).
•□We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.
•□We spoke with four people who used the service and one relative.
•□We spoke with the manager, the area manager, the regional manager and three care workers.
•□We reviewed five people's care records and medicines records, three staff personnel files, audits and other records about the management of the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:
•□Risks to people were assessed and managed by staff. Assessments covered risks relating to physical or mental health needs their home environment and receiving personal care.
•□The provider reviewed risk assessments each year or more often if people's risks changed. Assessments were detailed and accurate. One person was supported to reposition to reduce their risk of pressure ulcers. Although staff told us they supported them to reposition they did not always complete repositioning charts. This meant staff could not easily check when and how the person was last supported to reposition. Because of this staff could not always ensure they repositioned the person appropriately to manage the risk. The manager told us they would improve recording immediately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:
•□People felt safe with staff. One person told us, "I feel as safe as one can expect to." A second person said, "I feel safe because I'm in control about who comes into my flat." A third person said, "I can mention things to staff who would act on it."
•□Staff received safeguarding training during their induction with refresher training each year.
•□Staff we spoke with understood how to recognise and respond to abuse to keep people safe.
•□The provider responded appropriately to any allegations of abuse, including reporting concerns to the local authority safeguarding team and CQC.
•□Accident and incident forms were not always fully completed and shared with the manager. This meant the manager had not always been able to check people received the right response. The manager had been in post three weeks and when we raised our concerns informed us they would support staff to improve.
•□Systems were in place to learn from any accidents and incidents to reduce the risk of them happening again including electronic logging, senior management reviews and discussion at manager's meetings.

Staffing and recruitment:
•□There were enough staff to meet people's needs safely and they usually received care at the right times. One person told us, "Staff come promptly and it's reassuring. Sometimes there is a little delay but only five minutes or so.'' A second person told us when they called for staff, "They may be attending someone but will come and explain they are busy. I only have to wait five or ten minutes usually."
•□The provider and staff told us there were enough staff and all shifts could be covered. Some staff were shared across the extra care schemes in the local area.
•□Staff provided each person with care hours as agreed with the local authority who funded their care.
•□People were supported by staff who the provider checked were suitable. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining an employment history with references, obtaining a criminal records check, proof of

qualifications, identification and address and a health declaration.

Medicines management was safe and people were protected from avoidable harm. Legal requirements were met.

•□People received the right support to manage their medicines. One person told us, "'I'm informed about my medicines and why I need them. I get them at the right time." A second person said, "I do know what I am taking and I get them on time."
•□Risk relating to medicines were assessed by the provider and were suitably managed.
•□Staff received regular training in the safe management of medicines and the provider assessed their competency each year with additional training and assessment if they made a medicines error. Staff also attended a workshop to help them understand the consequences of medicines errors.
•□We found staff completed medicines administration records (MAR) appropriately. Our checks of medicines stocks against records showed people received their medicines as prescribed.
•□Medicines were stored safely in people's flats.
•□The provider checked medicines management weekly to be sure people received their medicines safely.

Preventing and controlling infection:
•□Staff received training in infection control and followed appropriate infection control practices such as using personal protective equipment (PPE) and disposing of clinical waste safely. The provider reported any infestations to the local authority who arranged pest control. However, staff were not always aware of the locations of any infestations. This meant staff could not always take the right precautions to prevent spread of any infestations. When we reported out concerns the manager told us they would improve this immediately. Staff also received training in food hygiene to help them reduce the risk of food borne infections.

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

Good: People's outcomes were good and their feedback confirmed this.

Staff skills, knowledge and experience:
•□People were supported by staff who received the necessary training and support to carry out their roles. People felt staff were sufficiently trained. Comments from people included, "Staff are trained and it's done properly. I'm carefully looked after" and "Staff are well trained and know how to look after me."
Staff had regular training in relevant topics including infection control, first aid, medicines management and fire safety. The provider's electronic system showed most staff had completed the required training. New staff completed a comprehensive induction in line with national standards and shadowed staff to learn the role.
•□People were cared for by staff who had regular supervision to discuss any issues and ensure they understood their role. Some supervisions were themed, covering topics such as safeguarding. Senior staff observed staff carrying out their roles to check they remained competent. Annual appraisals were scheduled for all staff.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives:
•□The provider met people and assessed their needs before they began receiving care from the service. These assessments covered their backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed professional reports from social services and any health and social care professionals.
•□The provider reassessed all people using the service in the past year to ensure their care plans continued to meet their needs. The provider requested social services review the agreed care package if people's needs changed.
•□Many people made their own arrangements to see healthcare professionals involved in their care. However, the provider supported some people to see healthcare professionals when they were unable to do this independently. One person told us, "'If I request a doctor, they do visit. I organise the optician and dentist myself."
•□Staff received training to help them understand people's health conditions such as diabetes and Parkinson's disease.

Supporting people to eat and drink:
•□People received breakfast of their choice by staff when this was part of their agreed care. Most people received pre-cooked meals of their choice delivered by an external company and none required staff support to eat.
•□Any professional guidance in relation to people's eating and drinking was recorded in their care plans and followed by staff.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training in the MCA and we found they understood their responsibilities in relation to this.
- The provider told us people had capacity to consent to their care so no MCA assessments were required at the time of our inspection. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

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

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

Ensuring people are well treated and supported:
•□People developed good relationships with staff and liked staff. Comments from people regarding staff included, "Staff are a good laugh and easy going. I can joke with them", "I can't complain about staff, they do their best in some demanding situations. They're 99% patient and caring" and "Staff are good."
• Most people told us staff had enough time to talk with them. One person told us, "A carer was here just now chatting to me. It often happens." A second person said, "They are attentive staff."
•□Staff understood people's backgrounds, needs and preferences through spending time with them and reading their care plans.

Supporting people to express their views and be involved in making decisions about their care:
•□Staff supported people to make decisions about their care including choosing their meals each week. One person told us, "I do make my own choices." A second person said, "I need minimal help from staff. The rest of the day is my own." People's wishes for their care were recorded in their care plans for staff to follow.

Respecting and promoting people's privacy, dignity and independence:
•□People received dignified care and staff respected their privacy. One person told us, "I get respect from the carers."
•□Staff ensured people's doors were locked while they carried out personal care. We observed staff knocked on people's doors and waited for permission to enter, greeting people when they entered. Staff spoke with people respectfully. One person told us, "Staff knock or ring my doorbell."
•□Staff received training in confidentiality and understood their responsibilities in relation to this.
•□People were supported to maintain their independence so they could live in the extra care service as long as possible. One person told us, "My independence is respected." Staff understood how to help people be as independent as possible.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery of care.

Personalised care responsive to people's needs:
•□People were involved in their care and received care following their agreed care plans. Comments from people included, "I have a care plan and I'm fully aware of it and there's a two way communication about it" and "I have a copy of my care plan in my folder." •□People's care plans were detailed, accurate and reliable for staff to follow and all been reviewed in the last year by the provider. One person told us, "There are six monthly reviews. We get a chance when we want changes to be made and I sign the documents."
•□People's care plans set out their needs and preferences, including those related to protected equality characteristics such as age and disability.
•□People were supported to access activities they were interested in. One person told us, "I join in with what's provided. They have social things, arts and craft things and I go to the local church." A person using the service was responsible for arranging activities. Activities for people included bingo and coffee mornings. People were also encouraged to eat in the communal areas and this helped reduce social isolation.
Improving care quality in response to complaints or concerns:
•□The provider investigated and responded to any concerns or complaints people raised and suitable records were maintained. Comments from people included, "I do know what to do if I have a compliant", "My complaint was dealt with promptly" and "I don't complain often these days, things are pretty well organised." Systems were in place for senior managers to closely monitor complaints to check they were responded to in the right way.

The provision of accessible information:
•□All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
•□The provider was adhering to the Accessible Information Standard principles. The provider recorded details of any communication impairments and people's preferred methods of communicating when they began receiving care and kept this under review.

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

Good: The service was well-led. Leaders and the culture they created promoted good quality, person-centred care.

The strategy to achieving high quality care; the governance framework:
•□The provider had a system of audits and trackers in place to check they met the standards required of care service.
•□Audits were carried out by the provider's quality team and by senior managers in line with CQC standards.

•□Trackers included the 'branch reporting system' on which the registered manager and senior managers monitored any accidents and incidents, complaints, safeguarding, staff training, supervision and appraisal.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
•□The manager was new in post and was in the process of registering with us. The manager was an experienced leader of extra care schemes and had worked with the provider in other services.
• Our inspection findings and discussions showed the senior managers, manager and staff understood their roles and responsibilities. One person told us, "The people in charge know what they're doing."
•□The service had a clear management structure. The manager was closely supported by an area manager, team leader and senior care workers.

Engaging and involving people using the service, the public and staff:
•□The provider held tenants' meetings where people were informed of any service developments and shared their views. One person told us, "They inform me what's happening. I'm invited to meetings downstairs about six weekly and you're given the space to have a say."
•□ The provider held regular staff meetings and staff told us they were able to share their views and experiences freely at these meetings.

Working in partnership with others
•□The provider worked closely with the local authority who owned the building and commissioned the service. For example, the provider working with the commissioners to redesign the process for deciding who received care from the London Care extra care schemes.
•□The service communicated with external health and social care professionals to ensure people received the care they needed when this was the provider's responsibility.