

London Care Limited

London Care (Tayo Situ House)

Inspection report

Tayo Situ House, Cator Street
73 Commercial Way
London
SE15 6FA

Tel: 02077035393

Date of inspection visit:
12 May 2021

Date of publication:
09 July 2021

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tayo Situ House is an extra care service which provides care and support to people who live in their own flats. The service is for older people with support needs. At the time of the inspection there were 30 people living at the service. The service has a total of 42 flats which are a mixture of one- bedroom and two- bedroom flats. There is a communal lounge and garden facility.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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

Care workers were not always administering medicines safely as they were not following the manufacturer's guidance. We made a recommendation to the provider about this. Care workers were not always recruited safely.

People's end of life wishes were not being recorded. The provider was not always ensuring information about people's care and support was available in suitable formats to meet their support needs. We made a recommendation to the provider about this. Care workers understood how to protect the people they supported and understood how to raise safeguarding concerns. The provider had good infection control practices in place.

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. Care workers received training to ensure they had the appropriate skills to meet people's care needs in a safe and effective manner.

People were happy with the care they received. People told us they felt their dignity and privacy was respected with care workers acting in a kind and caring way when providing support. People felt they were supported to be as independent as possible and received their care from a small team of care workers. The provider was responding to complaints in line with their policy.

The provider had good systems in place to monitor and improve the quality and safety of the service provided. This included systems to support care workers with regular supervision. People's views about the service were sought individually and through satisfaction surveys. Everyone we spoke with told us the registered manager was approachable and they were happy living at the home.

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

Rating at last inspection

The last rating for this service was requires improvement published (28 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Requires Improvement ●

The service was not always 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 (Tayo Situ 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 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.

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 services.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 the registered manager, two senior staff and the supervisor. We reviewed a range of records. This included four people's care records and four medicines records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sent a questionnaire to all staff and received feedback from six people. We contacted ten professionals and we received feedback from one person.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were not always administered safely. One person was using a medicine patch, the manufacturer's leaflet clearly stated patches must not be applied to the same site for 14 days as it can cause irritation. Care workers were not recording where they had applied this patch. We raised this with the registered manager, and they took prompt action following the inspection.

We recommend the provider follow national guidance to ensure medicines are administered safely.

- People said they were supported to take their medicines as prescribed. We reviewed five people's medicine administration records (MAR) and we found care workers were administering medicines safely.
- The provider was auditing MAR charts on a monthly basis and were addressing issues when identified.
- Care workers had completed training on how to administer medicines safely and they received annual training and a competency assessment. This was in line with the provider's policy.

Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures because they did not have a record to show the full employment history for one staff member. We spoke with the registered manager about this and they responded immediately during the inspection by obtaining this information.
- We reviewed the recruitment records for three new care workers, and we saw each applicant had completed application forms with their full employment history, references had been received and a criminal record check had been carried out. This helped to show us that staff were recruited safely.
- People received their care as agreed, people told us they were satisfied with how their care was provided. People confirmed that staff stayed for the required length of time, comments included, "Clear times, Yes, I know when to expect them" and "They usually tell me what time they'll get to me. Yes, they stay for the time they should."

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding systems were robust. As part of our inspection we reviewed all safeguarding notifications and we found the provider was working within their policy. People told us they felt safe, one person said, "I am [safe] because they're [care workers] are friendly and I get on well with them".
- Staff understood how to recognise the different types of abuse. One staff member said, "Safeguarding is about preventing the risk of abuse or neglect."

Assessing risk, safety monitoring and management

- Since the last inspection the provider had made significant improvements to ensure risks to people's safety were assessed and recorded. If required people had risk assessments regarding preventing pressure ulcers, falls and moving and handling. The risk assessments addressed people's health needs and they were individualised and specific. For example, we saw a risk assessment for a person with diabetes and epilepsy that was detailed and clear and contained information about the signs and symptoms of complications that care workers should be alerted to if a person became unwell.
- We reviewed one person's file who had regular falls, we saw their risk assessment was reviewed when a fall occurred. This helped show care workers had the appropriate information to keep the person safe.
- The provider was following the Herbert Protocol. This is an initiative which encourages care workers to compile useful information which can be used in the event of a vulnerable person going missing.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.

Preventing and controlling infection

- There were suitable arrangements for the control and prevention of COVID-19 and other infections. Each person had a COVID 19 risk assessment in place to guide staff on how to provide care. The provider was checking with people that staff were wearing their personal protective equipment (PPE).
- The deputy manager was responsible for ensuring there was adequate supplies of PPE. Infection control was discussed in team meetings and staff confirmed they had adequate supplies of PPE.
- People confirmed care workers were using PPE correctly when they visited to provide support. One person told us " Yes, masks, aprons and a visor. They wear it all, properly " and " Yes, handwashing, gloves, masks, and aprons they use PPE correctly."

Learning lessons when things go wrong

- The provider was proactive about learning lessons and improving practice The registered manager monitored all accidents and incidents that occurred. Where incidents had occurred, the registered manager had a clear process in place to reduce the risk of a re occurrence, for example by updating risk assessments, discussing the incident with the person and seeking medical advice. Incidents and accidents were discussed with the staff team and used as learning opportunities for staff and care workers.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since the last inspection, the provider had made improvements in recording people's fluid and food intake. People were supported with their nutritional needs by staff supporting them to either microwave or cook food from the freezer. We discussed this with senior staff, and they explained it was how people were funded. They told us, they tried to ensure people had good nutritional meals despite the time restrictions. People were positive about being supported with food, comments included, "Food is all microwaved. Don't have a choice but I'm quite happy" and "Yes, they do prepare my food they warm it up in the microwave."
- During feedback we discussed food preparation and senior staff spoke about planting vegetables in the garden as this may help people to cook with fresh ingredients. We will look at this when we next inspect.
- Care plans contained information regarding specific dietary needs such as allergies or health conditions. Within care plans we saw evidence of staff completing food and fluid charts.
- There was a communal lounge where people could come together and meet. The lounge was closed due to the pandemic, but senior staff told us they were trying to open this again and fresh food would be available for people.

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

- People's care was planned and delivered based on national guidance and standards. People's needs were assessed prior to moving into the service. The local authority and people managed the referrals before being offered the accommodation.
- Once a person was accepted for the accommodation an assessment was completed to ensure that people's care was delivered in line with appropriate best practice and covered different areas of people's lives where they needed support.
- People and their relatives were offered the opportunity to view the accommodation before they moved in.

Staff support: induction, training, skills and experience

- Care workers had a comprehensive induction which ensured they received the relevant training that was appropriate to their role. Before care workers started to work on their own, they were partnered with more experience staff to ensure they felt confident in their role. One person told us, "The staff are really well trained."
- There were regular spot checks carried out by senior care workers to ensure care workers had the appropriate skills to carry out their roles. Care workers received supervision and appraisals in line with the providers policies.
- Care workers told us they felt well supported. One staff member said, "Yes, my manager assures the

delivery of high-quality care for the service users and supports learning and promotes an open and fair culture. For example, my manager has an open-door policy where staff can go to discuss issues at any time".

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

- The service worked with other agencies to provide effective timely care and this included healthcare services. One person told us, " If I'm not well, they will get a doctor, they do care. If anything does happen, they look after me".
- The service worked in partnership with a local occupational therapist to ensure people had access to the required support. The registered manager spoke positively about how this helped people.
- We saw evidence of the registered manager making referrals to other health care professionals when people's needs changed. Care plans included contact information for healthcare professional and social workers involved in the person's care.

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. 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. We checked whether the service was working within the principles of the MCA.

- We found that the provider was working within the principles of the MCA. The MCA had been incorporated into policies at the service. Staff received training on the MCA as part of their induction and refresher training.
- A mental capacity assessment was completed as part of people's initial needs' assessment. Some people had signed their own consent forms, whilst other family members who had authorisation had signed forms on people's behalf. When relatives had signed, it was because they had the legal authority to do so and there was evidence of this in people's files.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 well, and staff respected them. The registered manager explained the assessment process identified the person's preferred name and religious beliefs. The care plan also identified if the person preferred a female or a male care worker to visit them and this was accommodated.
- Senior staff told us they worked to ensure that people were treated well and supported. People using the service confirmed this. One person said, "They're very good in every aspect. I can't fault them in any way. They're very caring. I've never had such good treatment before."
- People and their relatives told us the reliability of the service was good. One person told us "I see the same set of carers. It depends on their shift. Not lots of different people."

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

- People were supported to be involved in decisions about their care. One person told us "I am asked how I want my care".
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about how people would like to be supported. Staff gave examples of how they ensured people were involved in their care, one staff member explained about the importance of offering people a choice of clothes whilst others spoke about seeking their consent and ensuring people were happy with how their care was delivered.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to be as independent as possible, comments included, "Yes, the carers are kind and respectful. They look after me very well."
- Care workers understood key principles in relation to maintaining confidentiality and protecting people's personal information. Comments included "You ask for permission for every aspect of care you deliver, " and "You close the windows, curtains and doors while giving care, respect their culture and religious beliefs."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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.

- People's communication needs were assessed but the provider was not ensuring people's needs were being met. For example, one person was visually impaired, but the registered manager had not ensured that information was provided in a format they easily understood. We raised this with senior staff during the feedback session and they recognised this was an area the provider needed to improve on.
- Following the inspection, the registered manager sent us a 'Service user handbook'. This book was translated into one language, but the provider was planning to ensure it was made available in large print and braille if required.
- We recommend the provider seek national guidance to ensure information is made available in accessible format for all people living at the home.

End of life care and support

- No one at the service was end of life but the provider was not recording people's end of life wishes. The registered manager told us that the service had identified end of life care as an area for further development. Following the inspection, the provider sent us evidence of their policy and how the service was going to support people with their end of life wishes.

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

- Care plans clearly set out how people would like their care to be delivered. For example, what support people needed with their oral care. When we reviewed people's communication logs, we did not always see care workers recording how they were supporting people with their oral care and other aspects of their support.
- We discussed this with the registered manager, and they told us, they were completing audits of communication logs and they had identified concerns with how some care workers were recording their care. We saw evidence of this been discussed in team meetings.
- Each person had a care plan that was person-centred and written in the first person, which detailed their preferences about the way they wanted staff to give them care and support. For example, we saw in one person's care plan how they like to be greeted when staff entered their home
- Care plans were subject to regular reviews which meant they were able to reflect people's needs as they changed over time. The registered manager spoke about the importance of reviewing people's care plans

regularly to ensure they were receiving the most appropriate levels of care. We saw evidence of this within people's care records.

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

- At the last inspection people told us they were bored, at this inspection people confirmed some activities had happened such as weekly exercise classes. People were also supported to stay in touch with family and friends and prior to the pandemic there was activities at the service. This had all stopped during the national lockdown, but people told us they were supported during this time. Everyone we spoke with said they were looking forward to the activities opening again once they were allowed. During feedback senior staff told us they would be speaking with stakeholders to try and restart some activities at the service.
- Some people had befrienders who were supporting them during the COVID 19 pandemic and one stakeholder spoke about care workers supporting people to take part in a daily walk.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was shared with people and relatives. The service had received two complaints since our last inspection, and they had responded to these concerns in line with their policy.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had quality assurance systems in place however they had not always identified some of the issues that we found during the inspection. The registered manager did however take prompt action to address all of the issues that we identified.
- There was a quality assurance team who audited the service each month. If concerns were identified this team supported the registered manager to address concerns and mitigate any risks.
- The registered manager and senior staff completed weekly, monthly and annual audits across all areas of the service to monitor the quality of the service being delivered. If areas of improvement were identified there was a clear action plan in place to address the issues.
- We received feedback from one professional who spoke positively about the service. They told us, "The site have responded positively to the changes that has occurred over the last year. They invoked their business plan effectively and continued to deliver good care during lockdown."
- Care workers were positive about the registered manager comments included, " My manager is very supportive and always willing to assist me on work related issues and they always give constructive feedback that will improve my performance " and "The service is well led because there is adequate training and also there is working relationship and clear communication between the workers and the manager. "
- The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare.

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 their responsibilities under the Duty of Candour. The registered manager was open and transparent during the inspection and spoke about the importance of wanting to improve their working practices. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The provider conducted an annual survey for people using the service. During the pandemic the registered

manager introduced a telephone survey to ensure people had appropriate care and support. The registered manager explained each person receiving support would/were be contacted by telephone each month to obtain feedback on their care.

- Care workers told us they had team meetings where their views were sought on any proposed changes, as well as suggestions requested for any improvements to the service. Records showed that these meetings were held regularly.
- Care workers also spoke positively about how they were treated during the pandemic, comments included. "The management is always advising us on how to take care of ourselves, management of stress, our wellbeing and also showing appreciation for our good work."

Working in partnership with others; Continuous learning and improving care

- The registered manager told us they had worked during the last year on establishing good relationships with the local community and organisations as they felt it was important to get as many stakeholders involved to ensure people's needs were being met. For example, senior staff spoke about their plan to work with one charity who could support people living at the service.
- The registered manager and senior staff worked closely with the local authority, specialist health care professionals to ensure people received the support they required.