

London Care Limited

London Care (Fellows Court)

Inspection report

Fellows Court
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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. The extra care scheme operated in a purpose-built block of 40 flats. The premises were owned by a local housing association who were responsible for the maintenance and upkeep of the building. 34 people were using the service at the time of our inspection. The service supports older people who require assistance with personal care.

People's experience of using this service and what we found

The provider followed recruitment processes so only suitable staff were employed. There were enough staff to support people safely and staff had enough time to interact with people and build good relationships.

People received medicines safely as systems were in place to ensure staff were competent and followed best practice. The provider assessed risks to people, including those relating to medicines, and took action to reduce the risks. Staff were aware of the risks. Staff were trained to follow infection control procedures and the provider took action if concerns were raised about practices.

Staff received regular supervision to support them in their roles. Staff received the training they needed to understand people's needs. New staff received a suitable induction and were closely supported by staff trained to induct them.

Most people and relatives were positive about the staff who supported them. Staff treated people with dignity and respect and encouraged them to maintain their independence. People were involved in their care and also in developing their care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to see the health and social care professionals they needed to maintain their health and wellbeing, when this was part of their agreed care. Most people were satisfied with the support they received to eat and drink.

A new manager was in post who was registering with us. The manager was an experienced leader in services for older people. People, relatives and staff told us the service had improved since the manager started and they were accessible.

The provider had good oversight of the service with a system of checks and audits to ensure high standards were maintained.

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 good (report published 15 February 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

Our inspection was announced. We gave the service 48 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 before the inspection

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 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.

During the inspection

We spoke with ten people who used the service and three relatives. We spoke with the registered manager who was also the area manager, the new manager and three care workers and a team leader. We reviewed three people's care records and medicines records, three staff files, audits and other records about the management of the service.

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.

Preventing and controlling infection

- Staff received training in infection control and understood safe infection control practices. For example, staff used personal protective equipment (PPE) and disposed of clinical waste safely. The provider investigated when staff had not followed best practice and supported them to improve.
- Staff received training in food hygiene to help them reduce the risk of food borne infections.

Staffing and recruitment

- At the last inspection we found people were not always supported safely by enough staff. At this inspection we found the service improved. People told us there were enough staff to meet people's needs safely. One person told us, "When I ring my bell staff come quickly."
- The registered manager and staff confirmed there were enough staff. We observed there were enough staff to care for people during our inspection. Staff provided each person with care hours as agreed with the local authority who funded their care.
- Staff 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. The provider's central recruitment team interviewed candidates to check they were suitable to care for people at the service.

Using medicines safely

- People were supported to manage their medicines safely.
- The provider recently improved medicines management by training several staff to audit and oversee safe practices. Staff investigated any errors to check people received their medicines as prescribed and supported staff to maintain high standards.
- All staff received regular training in the safe management of medicines and the provider assessed their competency through spot checks and observations. Staff also attend a workshop to help them understand the consequences of medicines errors.
- Risk assessments were completed for each person regarding the safe management of their medicines.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely. Assessments covered risks relating to physical or mental health conditions, falls, medicines management and receiving personal care.
- The provider reviewed people's risk assessments each year or more often if their needs changed.

- In our discussions with staff they demonstrated an understanding of risks to individuals and how to keep people safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the staff who supported them. One person told us, "I feel safe. There is always somebody about."
- All staff received safeguarding training during their induction with refresher training. Staff understood their responsibilities to safeguard people and the signs people may be being abused.
- The provider reported allegations of abuse to the local authority safeguarding team and CQC and took action to reduce recurrence.
- The provider recorded and investigated accidents and incidents. Systems were in place to learn from any accidents and incidents to reduce the risk of reoccurrence including reviews by a central team and senior managers.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives, access healthcare services and support

- The provider assessed people's needs before they began receiving care from the service. Assessments included people's backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed any available professional reports as part of their assessment.
- The provider reassessed all people each year to ensure their care plans continued to meet their needs. When people's needs changed the provider requested social services reassess their needs to ensure their care remained suitable.
- Some people made their own arrangements to see healthcare professionals involved in their care and the provider supported others in line with their care plans. People and relatives told us staff always supported people to see the healthcare professionals they needed and arranged for people to receive medical attention in emergencies.

Staff support: induction, training, skills, and experience

- People were supported by staff who received the necessary training and support. One person told us, "I think the staff are trained, they are very good." Staff training included annual refreshers in dementia, infection control, first aid, medicines management and fire safety. Staff were positive about the quality of training and could request any further training they needed.
- New staff completed a comprehensive induction in line with national standards. Recently, several staff were trained to support new staff closely during their induction.
- Staff received regular supervision with their line manager to review their performance, people's needs and training. Some supervisions were themed, focusing on topics including medicines management and record keeping. The provider regularly checked staff remained competent in their roles.

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

- Most people received meals of their choice from an external company and ate independently. Staff supported some people by preparing a light breakfast and reheating food for their evening meals, according to people's preferences, including any cultural needs.
- Staff followed any guidance from professionals regarding people's eating and drinking needs and this guidance was clearly recorded in care plans for staff to follow.

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, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff received training in the MCA and were able to demonstrate to us they understood their responsibilities in relation to this.
- The provider assessed people's capacity in relation to their care when necessary, although this had not been necessary 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.

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 has 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

- Most people were positive about staff. Comments included, "I get staff who are used to me and handle me with care", "Staff are very good, they talk to me when helping and their attitude is cheerful" and "Staff are generous with their time and are caring". The provider took immediate action when three people told us they were not always satisfied with their care.
- Staff we spoke with enjoyed their role caring for people and spoke about people with kindness. Staff knew people and understood their needs well through working with them closely and reading their care plans. We observed staff interactions with people and saw they treated people with kindness.
- Staff received training in equality and diversity to help them understand their responsibilities in relation to this topic.

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 decisions about when and how they received personal care, choice of clothes and food. People's overall wishes about the care they received were recorded in their care plans for staff to follow and were kept under review.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people respectfully and cared for them in a way which maintained their dignity and privacy. One person told us, "Staff show respect when doing personal care. I get dignity and I get respect since the new manager started." Staff ensured people's doors and curtains were closed when they provided personal care.
- Staff received training in privacy and confidentiality to help them understand their responsibilities in relation to this.
- Staff supported people to maintain their independence and encouraged them to do as much as they wanted to in their daily lives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery of care.

End of life care and support

- The provider supported people with planning when they reached the end of their lives. However, the service did not have a standard process to encourage people to consider how they would like to receive care at the end of their lives in advance.
- The manager gave us an example of how they recently supported a person to receive care from the local hospice when they required end of life care.
- Some training was available for staff on how to provide good end of life care.

Planning personalised care to meet people's needs, preferences, interests and to give them choice and control

- The provider ensured people's care plans were detailed, up to date and reflected the care people wanted. Staff followed people's care plans so people received the right care.
- People's needs and preferences were set out in their care plans, including those related to protected equality characteristics such as age and disability.

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

- Staff supported people to access community activities where this was an agreed part of their care.
- The manager began some activities for people including nail painting sessions and some tenants held a knitting group. These activities were outside of people's agreed packages of care.

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.

- We saw the provider was adhering to the Accessible Information Standard principles. The provider recorded details about any communication impairments and people's preferred methods of communicating. The provider was able to produce information in a variety of formats if people requested this.

Improving care quality in response to complaints or concerns

- People were informed how to complain and the provider supported people to raise complaints with other providers such as the landlord.
- Most people were positive about the way complaints were responded to. One person told us, "If the care is

not good enough the manager comes and sorts it out." A second person said, "I make an appointment with the manager if I have a problem. She talks to me and sorts it out." However, one person was dissatisfied and found their concerns were not always addressed and the provider was investigating this in line with their policy.

- The provider had suitable systems to investigate and respond to complaints and kept records of issues and the remedial action. A senior team oversaw complaints management to check complaints were responded to appropriately.

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- People and relatives were satisfied with the leadership and management of the service and were positive about the new manager.
- The new manager was an experienced leader of services for older people. One person told us, "The manager is very good she really cares. She has the interest of the client at heart and you can approach her." A second person said, "Things are improving with new manager." Our inspection findings and discussions showed the manager understood their role and responsibilities, as did staff.
- The provider had a system of audits and trackers in place to check they met the fundamental standards. This included regular audits carried out by the quality team in line with CQC standards. The provider had displayed their rating awarded from their last CQC inspection. This was important as this helped inform people and others about the quality and safety of the service.
- The registered manager understood their legal responsibility to tell us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 held tenants' meetings and used these as an opportunity to gather people's views as part of improving the service.
- The provider held staff meetings where they engaged and communicated well with staff and staff told us the provider communicated well.
- The provider planned people's care openly and in partnership with them and their relatives, ensuring care was centred on individual needs.
- The provider apologised to people and their relatives if investigations found people did not receive the right standard of care.

Working in partnership with others

- The provider worked closely with the local authority who commissioned people's care and the housing association who owned the building. For example, the provider was working with the local authority and landlord to review fire safety at the scheme after the London fire authority issued a notice requiring

improvements.

- The service communicated with external health and social care professionals to ensure people received the care they needed.