

London Care Limited

London Care (Ensham House)

Inspection report

Franciscan Road
London
SW17 8HE

Date of inspection visit:
31 May 2022
01 June 2022

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12 July 2022

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 [Ensham House] provides personal care and support to people living in an extra care housing scheme. This consists of 45 individual flats within a staffed building with some communal areas. At the time of our inspection there were 35 older people using the service. A separate organisation manages the building. 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

At the last inspection the service provided was not always safe for people to use and staff to work in as suitable numbers of staff were sometimes not available to meet people's needs. The service was not always well-led. Shortfalls identified by the quality assurance (QA) system were not being addressed and shortfalls of the care planning systems placed people at the risk of harm.

At this inspection most people and their relatives said there were enough staff who provided safe care and support in a friendly, caring way that met their needs. Risks to people were assessed, monitored and reviewed. This enabled them to take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were appropriately recruited staff to meet people's needs. Medicines were safely administered by trained staff.

At this inspection the quality assurance and care planning system ensured people received their calls on time and for the full duration.

The service had an open and honest culture and there was a clearly defined vision and values that staff we spoke with understood and followed. This was done in a caring, kind and sympathetic way. The QA systems and audits identified issues, and they were addressed. Areas of responsibility and accountability were identified, with staff prepared to take responsibility and report any concerns. There were well-established working partnerships with health care professionals. Records including people's daily logs and care plans were up to date, as well as staff information. People praised the caring and responsive approach of the registered manager and staff.

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 1 October 2021) and there were multiple breaches of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused inspections to follow up on previous breaches and to check specific concerns.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

As no concerns were identified in relation to the key questions Effective, Caring and Responsive, we decided not to inspect these questions. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care [Ensham House] on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

London Care (Ensham 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.

Service and service type

London Care [Ensham House] is an 'extra care' scheme. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements.

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 24 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.

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 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. We spoke with nine people, two relatives, 11 care workers and two health care professionals who have regular contact with the service, to get their views about the care provided. We looked at four people's care plans and three staff records. We reviewed a range of records. They included staff rotas, training and supervision, people's medicines records, risk assessments, reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. After the visit we continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included medicines logs copies of the communication book and governance reviews. We received the information which was used as part of our inspection.

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.

Staffing and recruitment

At our last inspection we found no evidence that people had been harmed however, due to the lack of staff, people were placed at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider's staffing and recruitment was safe.
- The staff rotas and the way they were managed demonstrated that the service now had enough staff to keep people safe. This was regarding calls being made on time and flexibly meeting people's care needs. Previously people had not received the care and support they required, when it was needed and their allotted visit times were shortened so staff could meet other people's needs. People said the calls had improved and were now taking place when they should, although there were still some instances when this did not happen and the registered manager is working continually towards improving this. One person said, "There has been an improvement with new staff. You don't have to wait so long." Another person told us, "Some carers [staff] are good others not so good. They turn up on time but some just stay five minutes whilst others stay and chat with you. Overall, I'm happy with the service." A staff member told us, "Massive improvement since we've recruited new staff and don't use agency [staff] anymore."
- The staff recruitment records demonstrated that the provider was following their procedure. The provider's central human resources (HR) department carried out initial recruitment shortlisting of prospective staff and passed on details to the scheme's registered manager for interview. During the interview process scenario-based questions identified prospective staff skills, reasons they wished to work in adult social care, experience and knowledge. Before employing staff, references were 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 three to six-month probationary period with a review.
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. New staff undergoing induction were required to complete a workbook based on skills, knowledge and behaviours. They were also given information books that included scenario situations to enhance their knowledge. The staff files we inspected had a checklist that the different recruitment and training components had been

completed. A staff member said, "The training I've received has been very good."

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse.
- People and their relatives thought the service kept people safe. One person said, "The [registered] manager is very good, if something isn't right they fix it and that makes me feel safe." Another person told us, "They [staff] are on time now, morning and evening. They introduce themselves and I feel comfortable knowing who is there." A relative said, "The service is safe now that we have regular staff that are good."
- Staff received training that enabled them to identify abuse and the action they should take if needed. They knew how to raise a safeguarding alert and when this was required. Safeguarding concerns were appropriately raised with local authorities. The provider made safeguarding policies and procedures and those regarding prevention and protection of people from abuse available to staff.
- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- The health and safety information and training provided for staff included general responsibilities and safety in people's flats.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely using risk assessments that staff followed, and regularly reviewed and updated, when their care needs changed. The risk assessments included the relevant aspects of people's health, activities and daily living. There was also an environmental risk assessment to protect people and staff. Staff knew and were briefed on people's routines, and preferences. They identified situations where people may be at risk and where possible acted to minimise those risks. One person said, "Very very nice people [staff] they give me the support I need." Another person told us, "If I need anything I press the button. I feel safe here." One relative told us, "No problem with the staff, they do a hard job."
- There was a whistle-blowing procedure that encouraged reporting bad practice. Staff comments on whistleblowing were mixed. Some felt more comfortable reporting what they felt was bad practice than others. But they felt they worked well as a team and didn't have a problem discussing it within the team. A staff member said, "We don't carry passengers." They meant that everyone within the team was expected to do their jobs properly.
- Whilst health care professionals were positive about the care provided a concern was raised about the service not having clinically trained nursing and care staff as it is an extra care housing scheme. It was felt that the clinical support needs of some people using the service were complex, very high and this could lead to a risk of a serious incident. The health care professional had spoken to the registered manager regarding this and they had passed the concern on to senior management.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, risk assessed, stored, disposed of, and audited by staff and the registered manager, and externally by the organisation, appropriately. The random sample of people's medicine records we checked were complete and up to date. Staff were trained to administer medicines and this training was regularly updated. As appropriate, people were encouraged and supported to self-medicate.

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 audits

took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. Infection control with specific reference to COVID-19 was included in the fast track staff induction.

- The service provided COVID-19 updates for people using the service, relatives and staff including ways to avoid catching or spreading it.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The organisation had introduced an updated analytical system that analysed and reviewed information such as complaints, accidents and incidents to identify themes and any necessary action to take, including calls being late and not of the full duration. People we spoke with said that previously calls often took place late or early and staff did not stay the full duration due to pressure to complete calls. People told us this had improved. One person said, "Some staff don't always get here on time but they always stay the right time." A staff member said, "I feel well supported by the [registered] manager and they are open to suggestions."

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

At our last inspection we were not assured that the negative findings of the QA system were being addressed and shortfalls of the care planning systems placed people at the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager and staff were clear about their roles, its importance and quality performance of the service. A staff member told us, "We've got enough staff now and it's much better. It's a real turnaround." Another staff member said, "The [registered] manager is doing her best and it is so less stressful now we've got permanent staff."
- A new analytical Quality Assurance (QA) and care planning system had been introduced that identified if people received their calls on time and they lasted the full duration. The QA system contained key performance indicators that identified how well the service was performing, and any areas that required improvement. This information was analysed and any decline in quality of care was identified and addressed.
- People and staff told us that the quality of the service was good. One person said, "Staff are very good. They come on time regularly and are all nice." One staff member told us, "The new system has helped a lot but we still need to improve the assessment of new people moving in so we know what to expect." They have raised this with the management team.
- The registered manager and staff carried out regular checks to see the quality of care staff provided and were clear about their roles and its importance. Monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries. They were carried out at appropriate frequencies to make them effective.
- The governance assessments, plans, policies and reports reviewed risk and development within the service.
- Regular audits took place at appropriate intervals for the areas being audited. These included quality reviews and care plan reviews, communication logs, falls risk management, and health and safety. People's

care plans were reviewed a minimum of annually or sooner, if required.

- The service looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback from district and palliative care nurses and GPs was integrated to ensure that the support provided was what people needed. This was with people's consent. The provider worked with hospital discharge teams so that people's return from hospital to their flats happened as smoothly as possible and that food and drink was available.

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

- The provider's culture was open, honest and positive. People and their relatives said this was enabled by the leadership and contribution of the registered manager and positive efforts made to recruit new staff. Staff responded to them by listening and doing their best to meet people's needs. One person said, "The management is good and I have no problem with the [registered] manager, team leaders and staff and am overall happy with the service." Another person told us, "I get a good service and the people I deal with are very friendly."
- The available services provided were explained so that people and their relatives were aware of what they could and could not expect from the service and staff. This was underlined by the statement of purpose and guide for people using the service that set out the organisation's vision and values. These were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. Staff told us they felt well supported by the registered manager and senior staff. One staff member said, "I feel I can go to them and discuss things if I have a problem."
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture within the service.
- Health care professionals felt the service was well managed with a conscientious and caring registered manager in post.

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 duty of candour responsibility.
- There was a clear management reporting structure and open-door policy.
- Our records told us that appropriate notifications were being made to the Care Quality Commission in a timely way.

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

- People, their relatives and staff said they had the opportunity to voice their views about the service. One person said, "They do listen when I've got something to say." A staff member said, "I feel listened to and not ignored."
- People using the service were contacted in person daily to ensure they were well. People, their relatives and staff were sent annual feedback questionnaires and surveys that were scrutinised to identify ways the service could improve.
- The registered manager and senior staff carried out spot checks that included observing competence. There were also post spot check interviews with people, when staff were not present. The registered manager, shift and team leaders did daily walkabouts. The service identified if feedback given was to be confidential or non-confidential and respected confidentiality accordingly. The provider's quality assurance team visited a minimum of annually to carry out audits, giving 48 hours' notice and the regional manager also visited to check if action plans had been completed.

- Staff received quarterly supervisions, annual reviews and staff meetings took place where staff could have their say and contribute to improvements.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were regular updates for people, relatives and staff that informed them of updated practical information such as keeping safe guidance.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives gave regular verbal feedback to identify if appropriate care and support was being provided.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.