

The London Care Project Limited

Office

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or autistic people. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

The London Care Project is a domiciliary care service which provides personal care support to people living in their own homes. 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, managing medicines, and eating. The service provides support to those with learning disabilities, autistic people, mental health needs, and younger adults. At the time of our inspection there were 2 adults using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: People who used the service were protected from abuse and harm. There were systems in place to help ensure the risks to people were as low as possible. People's medicines were managed safely. The registered manager openly discussed amongst the staff team when things went wrong, highlighted what they had learnt and used this to make improvements.

Right Care: People told us staff were kind and caring and they felt they were listened to. People's rights to dignity privacy and independence were promoted and respected. One person told us, "[My carer worker] never judges me and always listens to what I say and advises me when I need advice."

People received care that was responsive to their needs and preferences. People had choices about how they wanted to spend their time and were supported to pursue their hobbies and interests. People were confident that concerns they raised would be dealt with appropriately.

Right Culture: The registered manager had processes in place to monitor and review the quality of the service for example, audits of care records. Feedback was sought from people using the service and relatives. This was used to drive forwards improvements and to learn lessons. People and staff were positive about the management of the service.

People had confidence in the ability of the staff to provide effective care. Staff received ongoing training to ensure their skills and knowledge remained up to date. 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.

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 (published 7 October 2019). At this inspection the rating has remained the same.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We visited the service's office on 13 February 2023. We spoke with the registered manager. We spoke with both people and 2 staff on 16 February 2023. We reviewed a range of records. This included 2 people's care records, medicines records and a variety of records relating to 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to protect people from the risk of harm and abuse.
- Care workers told us they understood potential signs of abuse and felt confident to report these to the registered manager, the local authority and the CQC. One person told us, "I feel safe with [care worker], we sit down and talk I can tell [them] anything."
- Care workers received training in safeguarding and there was a robust safeguarding policy in place.

Assessing risk, safety monitoring and management

- The provider assessed, monitored and managed risks. People were assessed prior to starting the service to see their needs were met in a safe and person-centred way.
- Risk assessments covered essential areas connected to people's health and wellbeing and potential risk in their own homes. Care plans identified risks to people's safety and provided guidance on the action care workers needed to take to reduce the risk.
- When people's needs changed, the assessments in their care plans were updated to reflect this.

Staffing and recruitment

- The service followed safe recruitment practices.
- Care workers were recruited for specific people, who informally interviewed them prior to care workers being offered the position.
- People were supported by a small, consistent team who had worked with them for several years. There were enough care workers deployed to meet the needs of people.
- Robust recruitment checks were undertaken prior to employing care workers. These were in line with the service's own procedures, to ensure care workers were of good character and able to work in this type of service.

Using medicines safely

- Medicines were managed in a safe way. People had regular reviews of their medicines with health professionals.
- The registered manager undertook monthly audits which included checks to ensure that people's medicines were managed safely.
- Care workers received training in safe medicines management and had their competency observed by the registered manager.

Preventing and controlling infection

- There were systems to help prevent and control infection. Care workers were provided with sufficient personal protective equipment (PPE) which included gloves, disposable aprons, and antiseptic hand gel, as well as guidance on hand washing.
- Care workers received training in infection control and there was an up-to-date infection control policy.
- The registered manager completed monthly checks to make sure good infection control processes were followed.

Learning lessons when things go wrong

- The provider had systems to learn when things went wrong. Accidents and incidents were appropriately recorded and reviewed by the registered manager monthly.
- Debrief sessions with care workers took place following incidents to identify any improvements and support to people's wellbeing. This was recorded in the incident and accident log.
- The registered manager told us that if there was a concern there would be an investigation and an action plan put in place to address the issues.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs and preferences in relation to their care before commencing the support. The assessment included people's physical, mental health and social needs.
- People's care plans included information about what people hoped to achieve from their care. For example, one person's care plan showed the person wanted to lose weight.
- The assessments helped to ensure the service could meet the diverse needs of people and care workers were selected to meet these needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. People felt care workers had the experience and knowledge to do the job. One person said, "[My care worker] knows what [they are] doing, and [they are] very good at it, [they] always make sure everything is done correctly."
- Care workers received an induction which included training, shadowing and had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was a training plan in place. Care workers had completed all the mandatory training and had up to date certificates in their files. This helped to ensure care workers had the specific skills and knowledge.

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

- People were supported to have enough to eat and drink. They were supported to prepare their meals and encouraged to choose healthy options.
- Care workers had up to date food hygiene training. Care plans reflected people's preferences for food and drink.

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

- People were supported to access health care services. This included GP, dietitian, dentist, and psychiatry.
- People were involved in decisions about their health. One person said, "[My care worker] comes to all my appointments with me. [They] help me to understand what [the healthcare professionals] are saying, what it

means to my health, and what I need to do next."

- People's care records included information about people's specific conditions, such as their mental health needs. Care staff were aware of the support people required and who to contact if people's health deteriorated.

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 MCA 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, and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider ensured people had consented to their care. People were involved in making decisions about their care and this was recorded. This was in line with the principles of the MCA.
- One care worker said, "[Person being cared for] doesn't have capacity for [their] finances so [they have] an appointee, and this information is kept in [their] file. However [they] can make choices about everything else."
- Care workers received training in how people's consent should be sought.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 told us they were supported and treated well. They said they were happy with the care workers and service they received. The provider had quality monitoring systems in place and gathered feedback which reflected this.
- One person said, "[My care worker] gives me all the time in the day to talk about my fears, [they] listen, understand me, and know how difficult it has been for me."
- Care workers were aware of the needs and preferences of people; this enabled them to support people to overcome barriers they faced through their disability.
- The registered manager and care workers knew people very well and were passionate about the service provided. People were treated as individuals, respected, valued and very much a part of organising their care.

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

- People were able to make decisions about their care. Care plans were unique to the person stating their likes, dislikes, and the way they wanted to be supported to maintain as much independence as possible.
- One person said, "When I want to change things in my plan, I can, I just need to let [my care worker] know, and we change it."
- People told us care workers offered choices and respected what they wanted.

Respecting and promoting people's privacy, dignity, and independence

- People privacy and dignity were respected. Care workers were aware of how to promote people's independence.
- Care workers told us, "I support and prompt [the person] to have a bath, [they] can do most of it on [their] own, I am just there to make sure [they are] safe."
- People were supported to be independent and care plans recorded what they could do for themselves and how care workers could encourage them. For example, with their personal hygiene, tidying their homes and getting out and about. One person said, "The [care worker] helps me to cook the meals I want to, I'm scared of using knives, so I have learnt to use a peeler."
- The registered manager met with people on a regular basis to review their care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and preferences. Care plans were individual to the person and focussed on what the person could do as well as the support they needed. The care plans reflected the person's background, what was important to them and how they wished to be supported.
- One person told us, "I don't like change it scares me, the staff know this, and they are there for me and we take it step by step, this helps me to cope and makes me feel better about myself."
- Care plans were a detailed guide for care workers on how to support people. Care workers kept records on the care they had provided, and these indicated care plans were followed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The provider assessed their communication needs and planned for this.
- Care workers were knowledgeable about people's communication needs. One care worker said, "I always take time to listen and do not use complicated words."

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

- People's social and leisure needs were met. People were able to decide how and where they spent their time.
- Care workers supported people to create a weekly schedule. For example days to go shopping, voluntary work, leisure activities and to meet up with their friends socially.
- One person told us, "[My care worker] helped me get my voluntary job in the charity shop it's only a five-minute walk and I go on my own, I love working there."

Improving care quality in response to complaints or concerns

- There was an up-to-date complaints procedure in place and people knew how to complain.
- One person told us, "I could call the manager if I needed to complain about anything, but I don't have any

complaints at the moment."

- One care worker told us, "If there was a complaint, I would try to deal with it as soon as I could. If I needed support I would call the manager, in any case I would always let the manager know."
- The registered manager dealt with complaints quickly to ensure people were happy with their care.

Is the service well-led?

Our findings

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive, person-centred culture. The registered manager and care workers were passionate about supporting people and promoting a positive culture.
- The service received good feedback from people and care workers through feedback forms, spot checks, supervision meetings and reviews.
- There had been a recent review by the local authority which highlighted the good outcomes for people.
- Care workers told us they felt valued and enjoyed working for the provider, they said the registered manager was honest with them, told them where they needed to improve and supported them to achieve this.

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 understood their role and responsibilities in relation to the duty of candour.
- The registered manager told us they would investigate when things went wrong. They said they would ensure that people, relatives, and professionals, including the local authorities and CQC, were informed and updated.

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

- The registered manager understood their role and responsibilities. There were systems in place to monitor and assess the care provided.
- Care workers had a comprehensive understanding about the care and support needs of people using the service. People were supported to appointments, so care workers could maintain their awareness of those needs.
- A system of regular scheduled audits was in place. These were effective in identifying where improvements were needed. These ensured that the provider met its regulatory requirements. There were plans in place to action any identified gaps in the provision of the service.
- There was an up-to-date quality assurance policy in place.

Continuous learning and improving care

- The registered manager had created a culture of continuous learning and improvements.
- Regular team meetings took place and care workers had up to date training.
- Care workers told us that when improvements were made, they were always informed and supported to understand these.
- The registered manager attended relevant forums where care professionals were kept up to date with good practice and researched websites relating to health and social care.

Working in partnership with others

- The registered manager told us the service worked in partnership with other health and social care professionals to make sure people's needs were assessed and met.
- The registered manager worked in partnership with other professionals involved in people's care, for example the local authorities.