London Care Limited

London Care Abbotswood

Inspection report

Abbotswood
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 19 and 20 November 2018 and was announced. London Care Abbotswood registered with the Care Quality Commission on 3 October 2017 and this was their first inspection.

London Care Abbotswood 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. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in 62 one or two bedroomed purpose-built flats in Abbotswood.

Not everyone using London Care Abbotswood receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received variable feedback from people about the planning of their care visits. Some people told us that they would like to know which staff to expect and when. This feedback had also been received by the provider through other systems, but no action had been taken to discuss or resolve the issue.

When accidents and incidents had happened, the records did not consider how to reduce the risk of it happening again. This had been acknowledged by the provider as an area requiring improvement and they were in the process of finding ways to improve the recognition of lessons that could learnt from these.

Audits of the records relating to medicines had not always been completed robustly. Whilst the risk to people was considered low; most other errors could be explained as the person being out during their expected visit or the member of staff forgetting to sign the form, this was an area which required improvement. Other quality assurance had been completed robustly.

One person described London Care Abbotswood to us, "It's a very pleasant place here and it's not often you meet anyone who is grumpy or unsociable or unhelpful." Staff knew people well and treated them with kindness, dignity and respect. Another person told us, "Generally speaking it's very good."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff available to meet people's needs and people told us they could change their care visit times to suit if they needed to. Staff were trained to meet people's needs, including a specific training programme when they began working at the service. Robust recruitment processes ensured suitable staff were employed.

People's needs were assessed before they began using the service. Care plans were personalised and considered people holistically. Risks to people were considered and mitigated. Risks around people's environments and the spread of infection were also considered and managed.

People told us they could raise any concerns with staff and the management team. Complaints were managed effectively.

There were good links with healthcare professionals and other agencies ensure people had the right support. When needed, people were supported with end of life care, by the staff team and their work with other agencies. Other professionals told us that staff worked in partnership with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Accidents and incidents had not always included investigations into what had happened or ways to reduce the risk of reoccurrence.

There were sufficient staff available to meet people's needs.

Risks to people and ways to reduce the risk were considered.

Is the service effective?

Good

The service was effective.

Staff had training to meet the needs of people.

People were supported to access healthcare support.

Staff have a good knowledge of the Mental Capacity Act and people were supported accordingly.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's privacy was respected.

People were encouraged to make decisions about their support.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People's complaints were responded to effectively.

People were supported to have a dignified and comfortable

death.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Action had not always been taken to respond to feedback from people and their relatives about the service.

Audit systems were not always robust.

Staff felt well supported by the registered manager.

Staff worked in partnership with other agencies.

London Care Abbotswood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

We gave the service three days' notice of the inspection visit to allow time for people to be contacted by staff and consent to talking with us.

The inspection team consisted of an 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.

Before the inspection we reviewed the information that we held about the service, this included notifications. Notifications are information that provider is required by law to tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 19 and 20 November 2018 to see the registered manager and office staff; and to review care records relating to five people, four staff recruitment files, policies and procedures and other records relating to the running of the service. We talked with ten people and one relative of a person receiving a service on the telephone on 19 November 2018. We also visited three people in their homes. We talked with the registered manager, a member of the provider's quality team, the care team leader, a senior carer and three care staff. We also spoke with two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said they felt safe, "because of the consistency of care I am given and the carers." Another said, "They're all very friendly and I've got to know them. They're like friends too." Another person said they felt safe because, "there's always someone here if I have a fall. Anything I want or need there's always someone who will sort it out for me. If I fall I press the button and they come quickly or call an ambulance." Despite this positive feedback we found that not all systems were effective in keeping people safe.

Accident and incident records did not always include investigation or actions staff had taken to reduce the risk for the person. For example, a person had fallen. The staff member had referred this to the local authority. Another person had also fallen. They were assisted up to a seat and their family was informed. Immediate actions to keep people safe had been taken by staff, therefore we considered the risk of harm to people to be low. However, there was no analysis of the incident to identify any lessons to learn and ways to reduce the risk of these types of incidents from happening to the person again in the future.

The registered manager had recently changed from using a form for staff to complete when and accident or incident happened, to asking them to write a statement. However, there remained no analysis of the incident to ensure that lessons were learnt and any themes identified and addressed. The provider had identified this as an area for improvement and the provider's quality team were working with the registered manager to improve their systems.

Staff received training on safeguarding and knew how to report any concerns. Staff knew about different types of abuse and things that could indicate people were being abused. Safeguarding procedures were followed to report any safeguarding concerns appropriately. Clear records were kept of the investigations.

People gave variable feedback about the knowing the times of their care visits and the staff who visited them. Some people were happy without knowing, but others found this difficult. One person said, "It's very difficult when you have a different carer at a different time. Nobody seems to know what the others do. It's different every day." Other people told us, "They're usually on time. It's not very often that I have to wait." Another person said, "I know them all. They have different ones. They're all very good. They're very obliging. They're pleasant and they help." This was a theme in people's feedback and we have considered the provider's response in the well-led question.

There were sufficient numbers of staff available to meet people's needs. People told us they could change the times of their care visits as necessary. One person said, "They're usually good about changing times of calls, if I ask. They put it in the diary and it happens." Staff used a computerised system to plan people's care visits. This system could show when a person may be on holiday or not needing support for a period. The planned visits were allocated to staff and finalised the day before. Staff told us that the registered manager would cover care visits if needed, for example if staff were unwell. People were kept informed if staff were running late. One person said, "If they're going to be very late, more than 10 minutes, they let you know."

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring System (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults.

Risks to people were assessed and actions to reduce the risk identified. For example, the risk of people falling was assessed and methods to reduce the risk of them falling, such as using aids, were put in place. When people's skin was at risk of deterioration staff kept logs of when they had checked the person's skin and its condition. If there were concerns they referred on for specialist support. Risks about people's environment were also considered and assessed.

People were supported to take their medicines safely. The level of support people needed to take their medicines was assessed. Some people took their medicines without staff support, other people needed physical staff support, such as opening packaging. Some people had staff manage and give them their medicines. One person told us, "The carers have to observe me to know I have taken them."

Staff understood when medicines were time sensitive, for example Parkinson's medicines or strong pain reducing medicines. When people were prescribed 'as required' medicines staff offered these to people during their care visits. A medicines audit was carried out regularly. This was to check levels of stock, dates or expiry to ensure people had the medicines they needed, when they needed them.

Risks around the spread of infection were well managed. Staff had personal protective equipment, such as gloves, aprons and masks available to them. Staff carried a small stock with them around the building and further stocks were available in the staff office.

Good

Is the service effective?

Our findings

People's needs were assessed when they began using the service. One person's relative told us, "We went and saw the manager. She explained everything." Another person said, "Somebody did come to ask about the support I need in the beginning." The care visits people needed and what would be achieved was agreed. People's needs were holistically assessed. Those who were living with long term health conditions had these reflected throughout their care plans. People's preferences and any cultural or religious needs were considered. Support was delivered in line with these care plans.

People were supported to access healthcare support. One person said, "If you're going for an appointment early, they get you ready on time and a carer goes with you." Staff worked with healthcare professionals, such as paramedic practitioners and community nurses, to support people to live healthier lives. A healthcare professional told us, "They are quick to pick up on issues and/or problems and act upon these. They interact/communicate with the practice well, using phone and email where appropriate." Another healthcare professional said that the management team were, "quick to contact us about specific clients if they have concerns, and also work hard to collaborate with us to find a solution that is right for everyone." One person's relative told us about the support staff had given them when looking for some continence aids for the person. They said, "They gave me samples to try," and explained how a member of staff had shown them how to make the pads work effectively.

Staff new to the service were supported with an induction programme, which included working alongside more experienced staff members. People told us they met new staff. One person said, "We get some new ones at the beginning. Some are better than others, but they're all good." Another said, "New people shadow the experienced carers. They always ask if I agree." The provider had recently reviewed their process of induction and developed a new approach to supporting new staff, called 'on-boarding'. This was 12 weeks of support for the new staff member, to be supported by a member of staff specifically trained in shadowing new staff. Staff told us they had enjoyed the training and felt supported during this time.

Staff were trained to support the needs of people. For example, staff had training about dementia, how to assist people to move, pressure care and Parkinson's Disease. One member of staff told us that the dementia training had helped them understand how to calm situations when people living with dementia may become anxious. Staff told us they could ask for additional training when needed. One member of staff told us they had recently learnt about how to assess risks. This meant they could better evaluate risks and keep people safe. Another told us about the diabetes training they had recently completed. They had learnt about foods that turn into sugars so could better support people living with diabetes about their food choices. A healthcare professional told us they had worked with the service around moving and handling of people. They said, "When I first visited, I found they [the staff] lacked knowledge and confidence about single carer care moving and handling training, however, the senior staff attended West Sussex Single carer training, and since then they have been enthusiastic about the equipment and techniques, which I have seen passed down to other staff."

Staff received regular supervision. Some of these sessions were focussed on specific areas of practice, such

as medicines. One member of staff told us, "They are encouraging and we can bring things up." The registered manager also carried out regular spot checks, to ensure staff have delivered care to people in the way in which they wanted it. Daily handovers allowed staff to pass information between shifts. Other important information relating to people and the running of the service was relayed in the communication book.

Care plans included people's food preferences and information about meal preparation. When appropriate, staff monitored people's food and drink intake. When people needed additional support with eating and drinking staff worked with professionals, such as speech and language therapists, to make sure they provided support in the right way for the person.

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 told us their choices were asked for and respected. One person told us, "They will casually explain what they are doing and ask if it's alright." We checked whether the service was working within the principles of the MCA. People's consent had been considered in line with the MCA. When other people held legal authority to act on a person's behalf, the staff team were aware of this. Staff told us that they would always ask people for their consent when providing support and keep them informed of what they were doing.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff team. One person said, "Every one of them is good. They always ask if there is anything else they can do." One person's relative told us staff were, "wonderful." People's interactions with staff were calm and relaxed.

People told us staff were kind and polite. One person told us, "I have a good banter with them. They know how I am. I say, 'Speak to me how I speak to you'. We get on fine." Another said, "They're cheerful too." A health care professional told us, "The staff are always happy, smiling and wanting the best outcomes for their services users."

Staff introduced themselves to people before providing their care. One member of staff told us, "If someone moves in, I like to go and introduce myself and make them feel welcome. Treat people the way you would like to be treated."

People were supported emotionally. One person told us about the support staff offered them during a bereavement. They said, "They have been very supportive of my loss. Even when they are not on call they come in to see I'm alright."

People told us they were treated with dignity and respect. One person said, "Depending on the person. Some of them are bubbly and friendly, some of them, are more reserved, but all are respectful." People's care plans also considered dignity and privacy issues. For example, considering when the person wanted staff to leave the room when supporting them with personal care. A member of staff said, "I make sure they feel comfortable and safe." People's preferences, about the gender of the person supporting them to bathe for example, were respected.

People were encouraged to make decisions about their care and support. One person said, "They always ask what I would like them to do. At bed time they get my clothes out for the next day that I choose." A member of staff told us, "I check what they want. Make sure they are at ease. I try to put myself in their shoes." When some people could not express their preferences in words staff told us that they understood their communication through their facial expressions and eyes.

People's independence was promoted. One person said, "They help me where they need to help me; I do what I can myself." Staff knew people well, including their life histories. They understood people's strengths and in which areas they needed support.

People's privacy was respected. People told us that staff knocked on their doors. One person said, "They wait for me to answer the door." Another said, "They always ring first before they come into my flat... They always ask permission even though it's routine." Another person told us, "They even ask if they can come into my bedroom." Staff told us they would respect people's privacy by ensuring they were covered during personal care, shutting doors and curtains. People and their relatives told us that they trusted staff.

Information about people was kept confidentially on a secure computer system and in the office, which was lockable. A copy of people's care plans was kept in their flats. These were kept where people wanted them.

Good

Is the service responsive?

Our findings

People told us they received personalised care. One person said, "I'm quite satisfied with the help I get. If I need any extra they do it." Another person said, "I can always ring and ask a question. If I ask anything they'll do it for me. It's all put through the books. It's a nice routine really." Care plans included information about people's personal history, including their interests. Goals that people wanted to achieve were identified, such as living independently and maintain their health.

People told us that staff responded when their needs changed. One person said, "As my needs have increased the agency has responded. I have always been independent with my meals until now, but now I get help with lunch." When people's needs changed, their care plans were updated and shared with the staff team. Staff worked with people, their families and other professionals to ensure people received the support they needed.

Staff knew people well. One member of staff told us about a person living with dementia whom they visited regularly. They explained the person enjoyed them singing to them. They described the support that the person's needed and how they provided this. The person's care plan reflected these preferences.

People were supported with the use of assistive technology. Some people had sensors to alert staff if they got out of bed and some wore pendant alarms so they could attract staff attention in case of an emergency.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's communication needs were assessed. For example, for one person living with dementia the registered manager had provided them a visual timetable with photographs of the staff the person could expect and when they would visit. There was a hearing loop available as people needed. The registered manager told us they could request care plans in different formats to meet people's communication needs.

A wishing tree was displayed in the communal lounge. People could write their wishes and attach to the tree. For example, one person had wished to attend church, which staff had supported.

The provider offered a variety of activities in the communal lounge, such as film shows and reading sessions. During the summer months some people attended a gardening club which tended the raised beds in the communal garden.

People told us that if they did need to complain, then the matter was resolved. One person said, "There are a couple of people in the office we see regularly. If I have a concern I mention it to them. It never goes into anything very big." Complaints were handled effectively, with the complainant receiving regular timely updates and an explanation of the outcome. People told us they could talk to staff or the registered manager if they had complaint. Staff knew how to respond if someone needed to make a complaint, and report concerns.

When people were nearing the end of their lives, staff worked with other professionals to ensure people received the right support. For example, they worked with the local community nursing team to implement advanced care plans. These considered when the person would need to be admitted to hospital, possible developments with their health needs and signs for staff to recognise. Staff had training around death and dying to help them support people at this time. Staff told us about a person who had passed away earlier this year. Staff had worked with the local Echo team, which was made up of professionals from clinical commissioning groups, local NHS trusts and the local hospices. This had allowed the person to die at home with their family with them.

Requires Improvement

Is the service well-led?

Our findings

People's views of the service had not always been acted upon. For example, four people had identified issues within their reviews of the service provided. This was similar to some comments we heard from some people. The theme was people not knowing who would be attending their care visits and when as a rota was not provided. This negative feedback had not lead to any follow up actions identified to improve the service. This was discussed with the registered manager who explained that not providing a rota was the way the service operated and within people's contracts, but also acknowledged there had been a lack of response to these issues. They agreed to look into people's feedback and respond. This was an area which needed to improve.

Records about medicine administration where checked monthly. This was to ensure people had received their medicines correctly. However, these checks were not always robust. For example, one person's book had been checked, but there were 12 gaps in recording which were not completed and had not been appropriately recognised by the staff member. Another person's book had four gaps which had not been recognised by the member of staff doing the check. The impact of this on people was likely to be low, as most gaps identified in the checks were explained as the member of staff not signing but having given the medicine or the person being out at the time of the care visit. However, this was an area which needed to improve.

Regular audits of the home care report books completed by staff were carried out. These checks were to ensure that entries were reflecting the person's care plan, were concise and factual and completed correctly.

The registered manager was supported by the organisation's quality team who undertook quarterly visits. During these visits they audited various aspects of the service provided such as risk assessments, the management of incidents and staff supervision. Actions were identified for the registered manager to complete.

There was a registered manager in post. The registered manager understood their responsibilities. Notifications had been submitted to us, in line with regulation, to ensure we had the information to complete our regulatory function.

Staff were very positive about the support they received from the registered manager and were proud to work at the service. Staff were supported with regular team meetings, to discuss any matters arising about the service. Staff told us the registered manager had an open door and was very approachable so they could discuss anything they needed to.

People told us that they could discuss issues with the management team. One person said, "The office staff are very resilient to anything. They don't shy away from anything you put to them; they respond to it and take it over." Another person said, "Sometimes a manager comes and checks everything is alright."

Surveys had been sent to people, their families, friends and advocates in August 2018. The results were mostly positive. The registered manager had compiled an action plan to address those areas that people had indicated they were not completely satisfied. For example, how to communicate to people when staff were running late.

Health and social professionals told us that the staff team worked in partnership with them to support people. One healthcare professional told us, "I have worked closely with senior care staff, as well as the care manager and deputy on particular cases, all of which forge good working relationships with us to meet the needs of the residents."