London Care Limited

London Care (Lew Evans House)

Inspection report

Lew Evans House,
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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

Lew Evans House is an extra care service which has 39 flats within one building. The service included a communal area for dining and a lounge area. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found
People told us they felt safe using the service and the provider had appropriate procedures in place to safeguard people from abuse. Risks to people's health and safety were assessed and written plans were in place to help mitigate these. There were enough, suitably qualified and appropriately vetted staff working at the service to provide people with care. People were safely assisted to take their medicines. People were supported to keep their flats clean and communal areas were well maintained.

People were involved in the initial and ongoing assessment of their care needs. People received care from staff who were appropriately inducted, trained and supported to do their jobs. People were given the support they needed to meet their nutritional and healthcare needs.

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.

People told us care workers were kind and we found care workers understood their needs. People were supported to be as independent as they wanted to be by care staff who respected their privacy and dignity. People were supported to meet their recreational needs and the service held activities every weekday to support this. The provider had an appropriate complaints policy and procedure in place.

Staff morale among staff was good and people gave good feedback about the quality of the service. The provider understood and acted on their duty of candour responsibilities and sought people's feedback in relation to service quality. The provider worked in partnership with other professionals when needed.

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

Rating at last inspection
This was the first inspection of this service since its registration in May 2018.

Why we inspected
This was our first inspection of the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

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.

London Care (Lew Evans 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 a single inspector over the course of two days.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we held about the service which included information from notifications of incidents that the provider is required to send to us. We used all of this information to plan our inspection.

During the inspection
We spoke with four people using the service about their experience of the care provided. We spoke with four members of staff which included the registered manager, two care workers and a supervisor.

We reviewed a range of records. This included three people's care records and three people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health care professional who regularly visited the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with their care workers. One person told us "They do take care of me. I feel safe with them" and another person said "I trust them."
- Care workers understood their responsibilities to safeguard people from abuse and demonstrated an understanding of the different types and typical signs of abuse. One care worker told us "There isn't only physical abuse, but financial or institutional. We have to watch out for all these things and report anything that's going wrong" and another care worker said "We report any concerns no matter who we think is responsible."
- Records indicated that care workers had received training in safeguarding adults as part of their mandatory annual training programme. Care workers confirmed they had received this training and found it useful to their roles.
- We reviewed the provider's safeguarding record and found there had been one safeguarding matter that had arisen since the registration of the service. The matter had been reported to all the necessary agencies and was in the process of being investigated.

Assessing risk, safety monitoring and management

- The provider had appropriate risk assessments in place in matters such as people's risk of falling or their risk of sustaining a pressure ulcer. These included guidance for care staff about how they should mitigate this risk. For example, one person was identified as being at low risk of falling. Care workers were advised to supervise the person when they mobilised in their presence and to ensure they were wearing their pendant alarm at all times in order to alert staff in the event of an emergency.
- The provider conducted an assessment of environmental risks within people's flats. This identified whether there were any risks that emanated from people's gas or electricity or whether there were any hazards that could cause falls among other matters. The provider also ensured that people's equipment was checked regularly to ensure that it was safe for use such as hoists or wheelchairs. We saw that checks were conducted by the company that had provided the equipment and the dates of these checks were recorded and followed up in the event of a further check being overdue.
- Care workers understood the risks people faced and told us they checked equipment on each occasion before use.

Staffing and recruitment

- People told us there were enough care staff on duty to provide them with support. People's comments included "There are enough staff" and "There's always someone around."
- Care workers told us although there had been staffing issues in the past, they now felt there were enough staff on duty to provide people with support.

● Based on our observations of care as well as a check of staff rotas, we found there were enough staff scheduled to work with people.
● The provider conducted appropriate checks prior to employing staff to ensure they were suitable to work with people. Checks included obtaining a full employment history, criminal record checks, the candidate's right to work in the UK as well as two references.

Using medicines safely
● The provider supported people with their medicines safely. People had medicines care plans in place which identified the support they required.
● People had up to date medicines administration record charts (MARs) in place. The records we checked included details of what medicines people were required to take and when. They were completed and signed by the member of staff who administered the medicine and were reviewed on a monthly basis. Where discrepancies were identified these were followed up and remedial action taken. For example, we saw two errors had been identified on two different MAR charts. Records indicated that these had been discussed with the care workers involved during supervision sessions to prevent further errors.
● Medicines were stored safely in people's rooms along with their MAR charts. Care workers understood how to administer medicines safely.
● The provider had an appropriate medicines administration policy in place. The registered manager told us this was reviewed every year or sooner if required.

Preventing and controlling infection
● Care workers understood the provider's infection control procedures and how to provide safe, hygienic care. Records showed that regular auditing of the cleanliness of the service was completed. This covered the cleanliness of the communal areas as well as care workers use of personal protective equipment (PPE) among other matters. We also saw that people's care records contained specific advice for care workers in relation to the cleaning tasks that required completion in their flats.
● We observed that the premises were clean at the time of our inspection and odour free. We also visited some people in their flats and saw that their flats were clean and tidy.

Learning lessons when things go wrong
● The provider conducted appropriate investigations into accidents and incidents. Records showed that accidents and incidents were fully investigated with the causes and learning points identified.
● The provider conducted further monitoring of accidents and incidents to identify any trends or if lessons could be learned.
● The provider had an appropriate accident and incident policy and procedure in place. This included details of the provider's responsibilities to investigate and monitor accidents and incidents that occurred.

Good

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.

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

- People told us they were involved in the assessment of their needs prior to using the service. One person told us "I met with them and they asked me questions about what I needed before I moved in."
- People's assessments were fully reviewed every 12 months and quality assessed every three months. The quarterly quality assessment determined whether a full review was required before the 12 month period was over and if this was needed, it was carried out.
- Care was delivered in accordance with current standards. The provider used nationally recognised tools to measure people's risks of developing a pressure ulcer and sought advice from registered healthcare professionals such as speech and language therapists or occupational therapists where required. The provider also had up to date policies and procedures in place to ensure that current guidelines were being referred to and care staff were also provided with up to date training to ensure they were working to current requirements.

Staff support: induction, training, skills and experience

- The provider supported staff by providing an effective induction when they started working at the service. The provider's induction was in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The provider's induction also included a 12- week probation period which was assessed by a senior member of staff who conducted regular supervision meetings with the care worker. Care workers confirmed they found the induction useful. One care worker told us "It was very good. I had experience before I started working here, but I can see that it would prepare someone less experienced as well."
- The provider conducted supervision meetings with care workers every three months to discuss any issues, training needs and personal development. We found supervision records were up to date for care staff. The provider also conducted annual appraisals of care workers performance to assess their progress towards personally identified objectives. Care workers told us they felt well supported. One care worker told us "The meetings are really good and we can talk about anything that is affecting our work."
- The provider ensured care staff had up to date training which was repeated annually. Training records showed that care staff were up to date in the completion of mandatory training in areas such as safeguarding, medicines administration and infection control.

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

- Care workers supported people to eat and drink enough and to maintain a balanced diet. People's care records contained sufficient information about the support they needed, such as whether they had any allergies or dietary requirements. However, in two people's records we viewed it stated that they required their food to be cut up in small pieces, without a written explanation as to why. We asked the registered

manager about this and were told that this was their preference. She explained that she would update their records as soon as possible.

● Care workers understood people's dietary needs and ensured these were met. Care workers gave us examples of people's preferences such as whether they had any specific cultural preferences in relation to their food.

● Care workers assisted people with the preparation of their food in their flats where this was part of their package of care. Some people received assistance from their families and some people had their food delivered from a 'meals on wheels' service. Care workers provided support by heating people's meals or preparing simple snacks as needed.

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

● People were supported to meet their healthcare needs. People's care records contained information about their current health conditions and their medical histories, however, there was sometimes a lack of supporting written information about what these health conditions were and whether they impacted on people's care needs. We spoke with the registered manager about this and she agreed to add this information to people's care records as soon as possible.

● Care workers had a good understanding of people's medical conditions and how to support them. For example, we asked about one person who was displaying behaviour that may have challenged. All of the staff we spoke to about this demonstrated in-depth knowledge about this person's needs and behaviours and what was being done to support them.

● The provider worked effectively with other agencies to meet people's needs. We saw examples in people's care records of timely communications with healthcare professionals about people's needs. These included contact with district nurses, social workers and people's GPs. We also saw evidence of referrals to specialist psychiatric teams for further assessment and advice where appropriate.

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.

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 .

● We found the provider was working within the principles of the MCA. People's care plans contained a 'best interests' section which stated whether or not people were able to consent to their care. All people using the service at the time of our inspection were able to consent to their care and had signed their care plans to demonstrate this except one person who was physically unable to do so.

● Care workers had received training in consent and demonstrated a good understanding of the need to obtain people's consent before providing people with care. One care worker told us "We always ask for permission before we do anything."

Good

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.

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 spoke positively about their care workers and told us they were kind and caring. One person told us "The girls [care workers] are very nice."
● Care workers had a good understanding of people's needs and gave us examples of people's preferences in relation to how they wanted their care delivered. Care workers were able to describe people's usual routines, what type of food they liked as well as what they liked to do in their free time.
● People's care records included details about their life history and current circumstances. For example, we saw details of whether people had children or if they had a partner and if these people were still involved in their lives. We also saw details about people's previous occupations, and details about where they grew up among other matters.
● People's care records also contained some limited details about their religious and cultural needs such as where people were originally from and whether they followed a religion. However, this did not include information about whether they practised that religion or required support from care workers to do so. We spoke with the registered manager and she had a thorough understanding of people's religious and cultural needs and the support they required. It was agreed staff would update people's records with this information as soon as possible.

Supporting people to express their views and be involved in making decisions about their care
● People told us they were involved in making decisions about their care. One person told us "They're always asking me what I want and then they do what I say" and another person said "I can do what I like. Nobody tells me what to do." Senior staff explained that people and their relatives had been involved in developing their care plans.
● We observed care staff approaching people and asking them questions about what they wanted throughout our inspection.

Respecting and promoting people's privacy, dignity and independence
● People told us they were treated with respect. One person told us "They are polite."
● Care workers understood the importance of providing dignified care and gave us examples of how they did so, particularly when providing personal care. One care worker told us "It's not easy to get personal care from someone else, so I make it as easy as I can. I ask for people's consent. I tell them what I'm going to do. I make sure the door is closed and the curtains are shut."
● We observed care staff interacting with people in a respectful manner. For example, we saw care workers knocking on people's doors before entering.
● The provider supported people to be as independent as they wanted to be. Care plans included

information about how to support people to maintain their independence. For example, one person's care record stated that care staff were to allow them to do what they could for themselves, such as parts of their own personal care and then support them with the aspects that they required support with.

● Care workers gave us examples of how they supported people to be as independent as possible. One care worker told us "I don't force anyone to do anything, but I encourage them to do what they can, if they're in the mood" and another care worker said, "We don't take people's independence away, we involve them in everything."

Good

Is the service responsive?

Our findings

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

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 told us they were given choices in the delivery of their care and care workers confirmed this. One person told us "They ask me questions about what I want" and a care worker told us "We offer people choices with their food, what they want to wear, when they want to do things. Everything really."

● People's care plans were personalised to their individual needs. We saw care plans covered a range of different areas including their physical healthcare needs, their nutritional requirements, social needs as well as their life histories.

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.

● The registered manager understood the requirement to meet the AIS for people using the service. She explained that where needed she would ensure that information was available for people in different formats including braille or in an easy read format where needed. At the time of our inspection the registered manager confirmed that she did not have any examples of information being provided in another format as this had not been needed.

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 care plans contained details about their recreational needs. For example, we read that one person enjoyed attending exercise classes in an outside venue twice a week when they felt able to do so and required care workers to support them. We read that another person preferred to remain in their room watching television and listening to the radio.

● The provider held activities within the service to improve social cohesion every weekday. On the second day of our inspection we observed a lunch club which was in progress within the dining area of the service. We observed that people were eating together and using the opportunity to converse with one another. We also saw an exercise session in progress in the service's communal lounge area and people appeared to be enjoying this whilst music played in the background.

Improving care quality in response to complaints or concerns

● The provider had an appropriate complaints policy and procedure in place. This included the various levels of complaints and details of the different procedures and timeframes for completion of investigations

among other matters.

● We reviewed the provider's complaints records. We found complaints were fully investigated with statements taken and full responses provided to complainants. The registered manager reviewed complaints records to determine whether there were any trends that needed to be addressed.

End of life care and support

● At the time of our inspection, the provider was not delivering end of life care for anyone using the service. The registered manager confirmed that people who were nearing the end of their lives were usually offered alternative placements at a hospice. However, where people chose to remain at the service, the provider was able to work with professionals including those at the hospice, district nurses and the GP, in order to deliver care.

● The provider had a relevant end of life care policy in place, which included details of the responsibilities of all staff members. We also reviewed a template copy of the provider's end of life risk assessment. This included relevant questions for those nearing the end of their lives including whether they had any particular spiritual or religious needs among other matters.

Good

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.

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

- Care workers gave good feedback about the management and culture of the service. One care worker told us "The manager is really good. She really tries to help and listens to us" and another care worker said "There were some issues about a year ago, but things are so much better now. I like working here. I do feel valued."
- People gave positive feedback about the quality of the service. One person commented "I'm glad I'm here. It is good here."
- Care workers demonstrated a commitment to delivering good quality care to people. One care worker told us "We work hard to get things right for the people here" and another care worker said "We do our best for the people here to provide them with whatever they need."

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 understood their duty of candour responsibilities. The registered manager demonstrated a commitment to investigating all issues affecting people's care and making changes when needed. We reviewed investigations conducted into accidents and incidents as well as complaints and found these had openly been reported to the local authority when needed as well as people's relatives.
- The provider sent notifications of significant events to the CQC as required in line with their responsibilities.

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

- The registered manager was clear about her role as well as her responsibilities to monitor risks and regulatory requirements. We found appropriate actions were taken to monitor the quality of the service, people's feedback, records as well as investigations and tasks were appropriately assigned to staff members who were trained to conduct these tasks. For example, we spoke with the supervisor who was responsible for writing care plans and risk assessments. She had a detailed understanding of her responsibility to assess and manage risks and demonstrated an eagerness to make improvements when needed.
- All care staff had a good understanding of their responsibilities within the organisation and specifically towards the people they cared for. One care worker told us "We are on the frontline delivering care, so we're responsible for getting people what they need, but also, for reporting anything to the managers."

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

characteristics

● The provider conducted an annual survey of people's care, but we saw the response rate to the previous survey in 2018 was low. The provider confirmed that they were making efforts to improve the response rate through approaching people individually to request their response to surveys.

● The registered manager explained there was an open-door policy within the service and people were encouraged to go to the manager's office if they had any issues they wanted to discuss. The provider also had plans to conduct resident's meetings on a quarterly basis from July 2019 to provide another forum for obtaining people's feedback.

● The provider explained that they involved staff members in the running of the service by having regular staff meetings in addition to a weekly 'surgery' which was dedicated to allowing staff members the time to discuss any issues directly with the registered manager.

Continuous learning and improving care

● The provider conducted regular audits to improve the quality of the service and learn from issues that arose. We saw that people's care plans were reviewed every six months to ensure they continued to get the care they needed. Daily notes that were completed by care workers as well as medicines administration record (MAR) charts were reviewed monthly and any discrepancies were followed up. The provider also completed a daily 'walkabout' which included an observation of the care being provided as well as a check on the cleanliness within the building. The registered manager confirmed that where issues were identified, these were discussed with the staff involved.

Working in partnership with others

● The provider worked in partnership with other agencies when needed. We saw evidence in people's care records of joint learning with a range of multi-disciplinary team members including social workers, occupational therapists and district nurses when needed.