London Care Limited

London Care (Huntley Place)

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

About the service
London Care (Huntley Place) is registered to provide personal care 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. London Care (Huntley Place) provides accommodation that is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

At Huntley Place there are 59 extra care flats . There is a café and communal facilities for socialising and dining. At the time of our inspection the service was delivering personal care to nine people.

People's experience of using this service and what we found
People were supported by staff who had the skills and knowledge to meet their needs. Risks to people were thoroughly assessed and people were protected from harm and abuse and the risk of getting an infection.

The registered manager ensured enough staff were deployed to provide safe, personalised care for people.

Staff worked in partnership with professionals from health and social care to ensure people's health and wellbeing needs were met.

People felt staff were caring and respected and promoted their dignity and independence. Staff knew people well and delivered individualised care.

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 felt the service was well managed and the registered manager was friendly and approachable, and responded promptly to their queries and concerns. People were regularly invited to give feedback on the service.

Staff felt the registered manager was highly supportive and approachable. They were encouraged and supported to be involved in improving the service.

There was a comprehensive system of reviews and audits to maintain and improve quality and safety in the service. The registered manager had a detailed understanding of the service and a vision to deliver high-quality, individualised care which promoted people's independence.

Rating at last inspection
This service was registered with us on 12/04/2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

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.

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

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 (Huntley Place)

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 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.

Extra Care Housing
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. CQC does not regulate premises used for extra care housing; 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
We gave short 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 held about the service. We sought feedback from the local authority and

professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who use the service and one relative about their experience of the care provided. We received written feedback from four members of staff. We spoke with the registered manager, the provider's head of quality for the south region and the regional manager. We received written feedback from four professionals who had worked with the service.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the staff training matrix and compliments from people.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People were protected from the risk of abuse by competent staff who had completed safeguarding training.
- The provider's safeguarding policy contained clear instructions for staff to take if they suspected people were at risk of abuse.
- Staff were supported to discuss safeguarding issues as they arose. The registered manager included regular safeguarding discussions as part of staff's supervision sessions. The registered manager maintained open communication with staff to encourage them to raise any concerns in a timely way. They said, "We use our communications book to share information…[we are]…in constant contact with each other…keeping that communication open…giving the carers as much information as I can…so they can react to something they may see."

Assessing risk, safety monitoring and management
- People's care plans contained clear, detailed risk assessments which were written in partnership with people and their nominated representatives where appropriate.
- Care plans were written from the person's perspective and included comprehensive guidance for staff to support them to protect people from identified risks whilst supporting their freedom.
- People's care plans also contained profiles to share with the police if the person were to go missing.
- The registered manager carried out environmental risk assessments to protect people from potential hazards in their homes.

Staffing and recruitment
- People told us there were enough staff to meet their needs.
- The registered manager used an electronic planner to ensure enough staff were available to provide care and support. The same staff supported the same people as much as possible, to ensure continuity and help build and maintain relationships between people and staff.
- The registered manager used a thorough recruitment process to employ suitable staff.

This included seeking evidence of conduct and completing a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- For staff who had received convictions for minor offences in the past, the registered manager completed thorough risk assessments to ensure staff were suitable to support people.

Using medicines safely

● People were supported to take their medicines by suitably qualified staff.
● There were robust systems in place for managing people's medicines. Medicines administration records (MARs) were clear and legible and had been completed accurately.
● The registered manager completed regular audits on MARs and competency checks on staff to ensure safe practice with medicines.
● When medicines errors occurred, they were investigated thoroughly and promptly.
● The staff training matrix showed all staff had completed training in medicines administration.

Preventing and controlling infection
● People told us they were protected from acquiring an infection by trained staff who used the appropriate personal protective equipment when giving care and support. One person said, "Masks, shields, gloves, aprons. Come in, wash their hands, sanitize, all very organised."
● Due to the covid-19 pandemic, further training and preventative measures had been put in place to protect from being infected with Covid-19, including regular testing for staff.

Learning lessons when things go wrong
● The registered manager maintained an up to date record of accidents and incidents. This showed accidents and incidents were fully investigated and lessons learned by staff to safeguard people and to prevent recurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs and preferences were thoroughly assessed and documented by skilled staff to provide individualised care and support.
- The registered manager used a comprehensive assessment and review system to deliver personalised care in partnership with people and their relatives or appointed representatives.
- Staff used evidence based methods to identify goals and outcomes for people to support them to maintain their independence and wellbeing.

Staff support: induction, training, skills and experience
- People received personalised care from staff who had completed a thorough induction to their role.
- Staff completed a comprehensive induction and training programme based on the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in health and social care.
- The registered manager used a system of spot checks, supervisions and appraisals to support staff, review their competencies and identify any areas for development.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to maintain a healthy diet as needed.
- Staff had completed food hygiene training and knew how to safely support people with their dietary intake.

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 help from different professionals to maintain their health and wellbeing.
- Staff worked collaboratively with professionals from health and social care to meet people's needs. When people required additional support, staff referred to professionals in a timely manner. People's care and support documents contained details of referrals and conversations between staff and external professionals.
- People's care and support documents contained up to date information about their health needs to ensure staff could provide individualised support to people with specific health conditions.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- People's human rights were protected by staff who demonstrated a clear understanding of consent and the MCA.
- People told us staff always sought consent before providing support.
- People's care and support documents contained signed forms showing they had been involved in writing their care plans and they consented to receiving care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 experienced caring relationships with staff who treated them with compassion. One person said, "Oh God, yes. Absolutely 100 per cent caring." Another person said "Yes, they are excellent."
- People had also given written feedback to the service about staff's kind and caring nature. The compliments log contained details of praise from relatives of people staff had supported.
- We also saw positive feedback about staff who had 'gone the extra mile'. The registered manager gave out cards to staff so people could record and share positive feedback. People's comments included, "[Staff member] is an extra special lady and will go the extra mile in her care to me. I feel we are good friends" and "[Staff member] is a lovely person and does a very good job".
- People's human rights were supported and protected by staff who had completed training in equal opportunities so they could help meet people's diverse needs.

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

- People were equal partners in planning their care and support.
- People told us staff sought their opinions and preferences before delivering care. One person said, "After three or four visits they knew how I liked things doing and they do it."
- Staff actively sought people's opinions through reviews of their care and quality assurance phone calls.
- The registered manager spent time in communal areas speaking with people to build relationships as a way of supporting them to raise any queries or concerns

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence by skilled staff who knew how they liked things done. One person said, "They know I like to be independent. I tell them 'I want to do as much as I can for as long as I can'."
- Staff had extended their own learning to ensure they supported people's privacy, dignity and independence. One staff member had been appointed as a dignity champion and had completed a piece of work to inform and support other staff members. Articles and posters had been placed in the service's office for staff to refer to.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 individualised care which was adapted to their needs.
- The registered manager worked closely with people when writing their care and support plans to ensure they received support which met their needs and preferences. One person said, "Yes I had full involvement in setting up the care plan".
- Care plans were detailed with specific information for staff about exactly how people wanted things to be done.
- Care plans were reviewed regularly by the staff team and changes were made as needed.
- People's daily care logs showed staff involved people in their care and support and encouraged people to make choices as much as possible.

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.

- Information was provided for people in formats they could understand. Where people had additional communication needs, staff provided the necessary support to help people express themselves.
- The provider's Accessible Information policy provided clear guidance for staff on how to support people with additional communication needs.

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 were supported and encouraged to take part in group activities at Huntley Place.
- The registered manager and staff team accompanied people to activities such as coffee mornings, bingo and quizzes. Staff also helped people to go to the café and communal lounge to share meals and socialise with others. This helped people maintain important relationships and social contacts.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. There was a clear complaints policy in place and any concerns were investigated promptly and thoroughly.
- People reported they felt comfortable speaking with management and that they were approachable.
- People were invited to raise any day to day concerns with staff and the registered manager was often in

communal areas if people wished to discuss anything with her.

End of life care and support

● People received sensitive, personalised care at the end of their lives.

● Staff worked in partnership with people, their families and health professionals to provide compassionate, individualised care to people in their final days.

● People's relatives had complimented staff on the sensitive support they had provided.

● Care records showed staff considered all aspects of people's health and wellbeing needs when providing end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us there was a positive culture at the service and a well integrated staff team, with supportive, open, working relationships.
- The registered manager promoted a reflective culture in the service. They were committed to providing high-quality, personalised care which promoted people's dignity and independence.
- The staff team continually reflected on practice to make improvements to enhance people's quality of life and achieve good outcomes for them.

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 and staff team had a clear understanding of their responsibility to uphold the duty of candour if something went wrong.
- After such events, the registered manager followed the provider's agreed policies and issued written apologies, in line with their regulatory responsibilities.

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

- The registered manager used a robust system of quality reviews and audits to ensure quality and safety in the service were maintained.
- They had a detailed oversight of all aspects of service delivery. They used the provider's electronic system to ensure any outstanding actions, such as staff training and supervisions, and care plan reviews, were completed within agreed timescales.
- They worked cooperatively with the head of quality and regional manager to ensure improvements were made promptly and effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were supported and encouraged to be involved in how the service was run. One person said, "Yes, [the registered manager] has been up a couple of times, comes along and has a little chat. Always speaks to me, if she sees me."
- Quality assurance calls were completed regularly with people. They felt happy giving feedback on care delivered and requesting changes to their care and support.

● Staff were involved in the service through attending regular staff meetings. The registered manager maintained an open, approachable attitude to help staff feel supported. They said, "I make sure that they've got everything that they need…to approach me…so that they're clear on everything."
● Staff felt well supported by the registered manager and felt they could approach them with any questions.
● Staff were continually looking at ways to improve the service. Accidents and incidents were reviewed to identify improvements to prevent recurrences.

Working in partnership with others
● The registered manager and staff team worked effectively in partnership with professionals from health and social care.
● We received positive feedback from professionals who worked with the service, stating that the registered manager and staff collaborated with other agencies to ensure people's needs were met. One professional stated, "[Registered manager] demonstrated gentle and clearly focussed leadership knowing the [person] and the carer and the care plan. It was nice to see the joint working between [registered manager] and the carer who was happy and open in speaking with her – mutual respect was evident. [Registered manager] led by example in being keen to communicate and learn and apply to [person's] care plan…I do not think the quality of care could have been higher."
● Staff referred people to health and social care professionals to access services to promote their health and wellbeing.