

London Care Limited

London Care (Rogallo Place)

Inspection report

Rogallo Place
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

London Care (Rogallo Place) provide personal care to people living in Rogallo Place, an extra care scheme, sometimes known as assisted living or sheltered housing. Rogallo Place comprises of 63 self-contained apartments. The accommodation is the person's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate the premises used for extra care housing. 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 and eating. Where they do we also consider any wider social care provided. At the time of the inspection 40 people were being supported with personal care.

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

People told us they received the care they needed, when they needed it. We found some areas for improvement. The recording of people's medicines was not consistently accurate. People had not been given an opportunity to discuss their end of life preferences if they wished to do so. Some shortfalls during the inspection had been found during audits but timely action had not been taken to address them. Other shortfalls had not been identified during the auditing process. However, the registered manager took immediate action to address the shortfalls.

People and their relatives told us they felt safe receiving care and support from the service. People were supported by enough staff who had been recruited safely. People were protected from the risks of abuse and discrimination by staff who were trained to recognise the signs of abuse and knew how to report any concerns.

People's care plans were updated when there were any changes in need or preference. People were supported by staff who were skilled and knowledgeable. Staff worked with health care professionals to support people to stay as healthy as possible. 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 and their relatives told us the staff were kind and caring. Staff knew people and their preferred routines well. Staff spoke respectfully about people. People's privacy and dignity were respected, and their independence was promoted.

People told us they did not have any complaints but knew how to complain should they need to. People, their relatives and staff felt the service was well-led. The registered manager and staff worked closely with the local authority and other health care professionals to provide effective, joined-up care and support.

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

Rating at last inspection

This service was registered with us on 13/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our current inspection programme.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

London Care (Rogallo 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.

Service and service type

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. The Care Quality Commission (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 CQC. 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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14/11/2019 and ended on 15/11/2019. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 six people and two relatives about their experience of the care provided. We spoke with five staff, the registered manager and the regional manager. We spoke with a visiting health care professional. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were not consistently assessed and recorded to ensure there were measures in place for staff to support people to reduce risks. Some people needed special equipment, such as a hoist, to support them to get out of bed, or move to another room. Guidance for staff was inconsistent. There was not always enough detail, for example which sling to use and how to attach straps to the hoist. Some care plans only noted the make of the hoist and that two staff should move the person. Whilst staff had completed training about how to move people safely there was a risk this may not be done correctly, and people may be at risk of harm. The registered manager took immediate action to review all moving and handling assessments to ensure guidance for staff was detailed and consistent.
- When people were living with health conditions, such as diabetes or epilepsy, there was no information about how they presented when their health was deteriorating. There was a risk staff would not recognise sign of a person's health deteriorating. When a person was at risk of choking there was guidance on how best to support them. For example, sitting upright, providing soft food or cutting food into small pieces. However, there were no instructions for staff about what to do should the person begin to choke. Whilst staff had been trained in first aid there was a risk staff may not take the correct action. The registered manager took immediate action to address this to make sure staff had the relevant information.
- Other risks, such as falling and environmental risks, were assessed, identified and managed safely. These contained guidance for staff about how to reduce risks to people's health, safety and welfare. Some people chose to wear a lifeline pendant or bracelet. This enabled people to alert staff if they had a problem, such as a fall. Staff checked they were wearing these at each call.

Using medicines safely

- People were at risk because their medicines were not always managed safely. There was a risk people would not be offered their 'when required' (PRN) medicines when they needed them. There were no PRN protocols, in line with best practice, to make sure staff had essential information such as the minimum time between doses and reasons for giving the medicines.
- When people needed to use prescribed creams to keep their skin healthy there were no body maps in people's care plan to show where the creams should be applied. Application of creams was not accurately recorded on the medicine's administration record. The provider had a process for topical creams to be recorded, however this was not being followed. The registered manager took immediate action to address this.
- Medicines audits had identified some shortfalls, such as missing signatures on records, but effective and timely action had not been taken to address this. For example, the action noted on a 06 November audit was to discuss with staff at the next staff meeting. This meant the poor practice had continued as no

meeting had taken place. Following the inspection, the registered manager confirmed this had been addressed.

- People told us staff supported them with their medicines. One person said, "They make sure I have my medicines every day" and a relative commented, "Staff are very good with [our loved one]. They sort out all their medicines". Staff supported people to have their medicines on time. Some people did not need support with their medicines. People were encouraged to remain as independent as possible and manage their own medicines. Staff completed medicines management training and their competency was assessed before they began to support people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and discrimination by staff who were trained to recognise the signs of abuse. People told us they felt safe having support from London Care (Rogallo Place). A relative said, "It is reassuring for us to know there is always someone around. [Our loved one] feels safe knowing that, even at night, they can call someone".
- Staff understood how to report any safeguarding concerns and were confident the right action would be taken. Staff said, "If I had any concern whatsoever I would speak to [the registered manager] straight away. They would report it to the local authority".
- The registered manager understood their responsibilities to report any concerns to the appropriate authorities.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- New staff completed an application form with their full employment history. References were obtained to confirm prospective employees were of good character. Disclosure and Barring Service criminal record checks were completed to help the provider make safer recruitment decisions.
- People were living in their own homes and had a contractual agreement for care and support. This support was at specific times of the day. The provider had an office located in the extra care housing complex. People told us staff arrived when they were meant to and stayed the requested amount of time. Staff told us they felt they had enough time to provide people with the care and support they needed.
- Staff were on-site 24 hours a day and used an on-call system if they needed advice or guidance outside office hours.

- Preventing and controlling infection

- Staff wore gloves and aprons when supporting people with their personal care. A supply of these were kept in the main office and staff helped themselves when needed.
- Staff completed training about infection control. This topic was discussed with the staff team at staff meetings to remind them about best practice. Staff were encouraged to have the flu jab to protect themselves and others.

Learning lessons when things go wrong

- Accidents and incidents were recorded when they occurred.
- The registered manager monitored incidents and checked for any themes. They checked if people's care plans needed to be updated because of an accident and ensured referrals had been made to health care professionals if needed.

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 physical, mental health and social care needs had been assessed with them to develop a care plan focused on their individual needs.
- People's needs were assessed using recognised tools. For example, to understand their risk of malnutrition or developing pressure areas.
- People were given the opportunity to share some information about protected characteristics under the Equality Act 2010, such as religion and disability. However, the provider had not considered giving people the opportunity to discuss their sexuality and lifestyle choices. This was an area for improvement.
- Assessments included oral health care. Any oral or dental concerns which may affect chewing or swallowing were recorded. People were registered with a dentist of their choice and these details were also recorded.

Staff support: induction, training, skills and experience

- New staff completed an induction before they began working with people. This included shadowing experienced colleagues to get to know people's routines and preferences.
- Staff completed regular training to ensure they were following best practice. Training was tailored to people's needs and included topics such as, catheter care, diabetes and stroke awareness. This was monitored by staff at head office to make sure staff kept up to date with best practice.
- Staff told us they felt supported by the registered manager. They met regularly to discuss their performance and personal development. Staff said, "We get really good support from [the registered manager]. There are opportunities for progression, which is great".

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

- People were supported to eat healthily and drink plenty.
- Some people were supported to with their meal preparation and some people were supported to eat their meals.
- When people had been given advice from health care professionals, such as a speech and language therapist, staff followed this guidance.

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

- People were supported to maintain good physical and mental health.
- People were referred to health care professionals when needed. For example, to speech and language or

occupational therapists.

- The registered manager worked closely with the local authority to ensure they could provide care packages that met people's needs.

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.

- The registered manager and staff were knowledgeable about the MCA. They completed training about MCA and how to support people in the least restrictive way possible.
- People signed an agreement with the service, giving consent to their care and support.
- When people were unable to make informed decisions, meetings were held with people that were important to them and health care professionals. This was so decisions were made in people's best interest.

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 staff were kind, compassionate and caring. One person said, "[Staff] are lovely. They make time to do everything I need". Relatives commented, "The staff are very flexible. They absolutely know how [our loved one] wants to be supported and they do just that" and "[Staff] always have time. Even if they pass [our loved one] in the corridor they will say 'hi' and have a quick chat".
- Staff knew people well and spoke with them about the things and people that were important to them. They knew about people's like, dislikes and preferences. Staff referred to people by their preferred names.
- Staff showed a genuine concern for people's well-being. Staff explained things to people in a way they could understand. Staff said, "I really enjoy talking with people. The great thing about extra care, and being under one roof, is that we have more time to chat".

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

- People were fully involved in the planning and reviewing of their care and support.
- Many people were supported by their families. A relative told us, "We help [our loved one] if they need to make any important decisions. Most things, on a day to day basis they decide".
- When people needed additional support, staff contacted local advocacy services. An advocate provides independent support and advice and to help people make decisions.
- People had a care plan in their homes. These were updated when a person's needs changed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted. Staff understood the need to protect people's dignity. For example, keeping them covered with a towel when supporting them with personal care. Staff were reminded of their duty to protect people's personal information. Records were securely stored to protect people's confidentiality.
- Staff completed training about dignity and respect. Staff spoke with and about people respectfully.
- People were supported to stay as independent as possible. Care plans noted how much people were able to do themselves and when they needed support. For example, being able to wash their front but needing support to wash their back. People were encouraged to administer their own medicines when possible. For example, a person was able to use an inhaler independently and staff supported them with other medicines.

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 Requires Improvement. This meant people's needs were not always met.

End of life care and support

- People had not been given the opportunity to discuss any end of life wishes and preferences they may have. Staff would not know a person's preferences if they passed away suddenly. This was an area for improvement.
- At the time of the inspection no-one was receiving end of life care.
- Staff had completed training about supporting people at the end of their life. The registered manager had also contacted the local hospice and was arranging additional training for staff about palliative care.

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

- People's physical, mental health, social and emotional needs were assessed when they began using the service. This made sure the registered manager was able to meet people's needs and preferences. People told us their needs were met and they were given choices and control over their care and support.
- People's care plans gave staff detailed guidance, which they followed, with a breakdown of tasks required at each call. These were centred on each individual and their preferred way of being supported. For example, using a perching stool at a sink when being supported to wash.
- People's life history was incorporated into their care plans. This helped staff get to know people and the things that were important to them. These were updated as staff got to know more about people.
- Technology was used to support people's needs. For example, people had a lifeline which could be used to contact staff in an emergency. Staff checked at each call that people were wearing these.
- The registered manager and staff were responsive to people's changing needs. When people's needs or preferences changed, their care plans were updated.

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.

- People's communication needs were recorded and understood by staff. This included whether people wore glasses, hearing aids or used sign language.
- Documents were available in larger print, with pictures and printed on coloured paper to ensure information was available in a format to meet people's needs. The registered manager told us they were able to produce information in different languages to support people to make decisions about their care and support.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain; however, they did not have any complaints. One person said, "I haven't got any complaints, but I would tell [the registered manager] if I wasn't happy with something". A relative commented, "We would definitely speak to [the registered manager] if we had any worries. They would certainly sort it out".
- People were given information about the provider's complaints process when they began using the service. This was in people's care files in their homes.
- There had been no formal complaints since the service registered with the Care Quality Commission. The registered manager told us, "Anything that is raised verbally is resolved straight away". There was a system to log complaints and compliments.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality checks and audits had not been consistently effective. Shortfalls identified during the inspection had not been identified and / or addressed in a timely way. For example, there was inconsistent guidance for staff about how to move people safely, no PRN protocols, and the poor recording of topical creams. People had not been given the opportunity to discuss any end of life preferences. The registered manager and regional manager were responsive to feedback during our inspection and took immediate action to address the shortfalls.
- Other regular, effective checks on the quality and safety of the service were completed. When a shortfall was identified, action was taken to reduce the chances of it happening again. Quality checks were also completed by staff from the provider's head office and action had been taken to address shortfalls.
- Spot checks were completed to monitor staff competency. Records were monitored to ensure they were up to date.
- The registered manager and staff were clear about their roles and responsibilities.

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

- There was an open and inclusive culture at the service. The registered manager and staff were committed to providing a high quality of person-centred care.
- People, their relatives and staff all spoke positively about the registered manager and the quality of service provided.
- Staff felt valued and supported. They saw the registered manager each day. They also met for team meetings, one to one supervision and group supervision. Staff said, "[The registered manager] is here every day. They are a brilliant manager. They are very understanding, firm but fair with a sense of humour. I feel very well supported".

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 regulatory responsibilities. They informed the local authority and CQC of notifiable incidents in line with guidance.
- The registered manager told us if things went wrong or there were incidents, relatives would be informed as appropriate. The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow

when things go wrong with care and treatment.

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

- People and their relatives told us they were involved in the planning of their care and support.
- People were given information that was relevant to them in a format that suited them best. The registered manager and staff had built positive relationships with people.
- Regular quality meetings were held with people to check they were happy with the service being provided. Comments we reviewed were positive.
- Quality surveys had been sent to people, relatives, health care professionals and staff, by the provider's head office team, to monitor the quality of service. These were due to be analysed once received to check if there were any improvements that could be made.

Working in partnership with others

- The registered manager and staff worked in partnership with people, their relatives and health care professionals to make sure people had the best outcomes and received consistent care and support.
- The registered manager worked closely with the local authority to meet people's care and support needs.
- During the inspection staff liaised with people and health care professionals to develop and promote effective, joined-up care.