

London Care Limited

# London Care (South London)

## 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

This inspection took place on 19, 20 and 24 October 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in.

London Care South London is a domiciliary care service that provides personal care and support to people in their own homes. At the time of the inspection there were 805 people using the service. 19 people were privately funded and 786 funded by local authorities.

The service had a registered manager in place. 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.

London Care South London were registered on 2 March 2016 and this was the first inspection. However, the service had previously been registered at a different address and inspected on 8 February 2016. During that inspection we found three breaches of regulation. During this inspection the service had made improvements. This report looks at our findings from the inspection carried out on 19, 20 and 24 October 2016.

People were not always protected against the risk of safe medicine management. Staff did not always clearly record if people received their medicines in line with good practice. One medicine administration record [MAR] sheet was unclear as to whether a person had received their medicines and if this was administered by staff or the person's relative. Prior to the end of the inspection, the service had resolved this issue and action taken to address our concerns.

People were protected against the risk of harm and abuse. Staff received on-going safeguarding training and were aware of the correct procedures in raising their concerns of suspected abuse. People were protected against known risks. The service identified risks to people and put management plans in place to enable staff to keep people safe.

People were supported to live in a safe environment. The service carried out regular risk assessments of people's homes to ensure the environments were safe and identified risks addressed and managed.

People received support from staff that understood their responsibilities in line with the Mental Capacity Act 2005 [MCA] legislation. Staff were aware of how to respond should they suspect someone's mental capacity was fluctuating and unable to make decisions about their care and support. Records showed where concerns were raised this was then shared with the funding authority to carry out a MCA assessment.

People received sufficient staff to meet their needs. The service had robust recruitment procedures in place

to ensure suitable staff were employed. The service carried out Disclosure and Barring Service [DBS] checks and other checks which allowed them to make safe recruitment decisions. Staff underwent regular supervisions and appraisals with their senior colleagues to reflect on their working practices.

People's consent to care and treatment was sought prior to care being delivered. People were encouraged to make decisions about their care and support and have their decisions respected. People's dignity was maintained and encouraged. Staff were aware of the importance of respecting people's dignity and privacy needs.

People were supported to access sufficient amounts of food and drink that met their preferences. People had their health and wellbeing monitored and where concerns about their health were identified, these were then shared with health care professionals for further investigation.

People received care and support that was person centred and tailored to their needs. Care plans were regularly updated to reflect people's changing needs and preferences. Care plans gave staff clear guidance on how to support people in keeping with their wishes and health care needs.

People were aware of how to raise their concerns or complaints with the service. The service documented complaints and had a system in place to ensure all complaints were investigated and resolved in a timely manner. The service sought to resolve complaints with a positive outcome.

The service carried out regular audits of the service provision to improve the quality of care provided. Audits were reviewed by the registered manager to ensure their effectiveness. The service questioned the service delivery to drive improvements through quality assurance monitoring. Feedback was then assessed and an action plan devised to address issues identified.

## 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. People received their medicines safely and where issues were identified action was taken to address this.

People were protected against the risk of harm and abuse by staff that had sound knowledge of how to identify and respond to suspected abuse. Staff had received safeguarding training.

People were protected against known risks. The service identified risks to people and developed risk assessments that gave staff clear guidance on how to support people when faced with risks.

People received care and support from sufficient numbers of staff that had undergone a robust recruitment process.

### Is the service effective?

Good ●

The service was effective. People received care and support from staff that received on-going training and reflected on their working practices.

People received sufficient amounts of food and drink that met their preferences and nutritional needs as agreed in their care plan.

Staff were aware of their roles and responsibilities in line with the Mental Capacity Act 2005, and knew how to raise their concerns should they feel someone's capacity was fluctuating.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that were compassionate, kind and caring. People were treated with dignity and respect.

People were encouraged to maintain and enhance their independence wherever appropriate.

People had their confidentiality maintained and information was shared with other health care professionals on a need to know basis and as agreed with people's consent.

### Is the service responsive?

Good ●

The service was responsive. People had care plans that were person centred and documented their preferences to the care they received. Care plans were reviewed regularly and people and their relatives were encouraged to develop their care plans to reflect their changing needs.

People were aware of how to raise a complaint. Complaints were investigated and action taken to reach a positive resolution.

People were encouraged to make choices about the care and support they received and had their choices respected.

### Is the service well-led?

Good ●

The service was well-led. The registered manager operated an open door policy where people, their relatives and staff could meet with her to discuss all aspects of the service.

The registered manager actively sought partnership working with other healthcare professionals.

The registered manager carried out quality monitoring audits of the service to improve the service provision. People's views were regularly sought and action taken to address any concerns raised in a timely manner.

# London Care (South London)

## **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.

This comprehensive inspection took place on 19, 20 and 24 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors and two experts-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.

Prior to the inspection, we reviewed information we held about the service including feedback from a health care professional and statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a document providers send us, detailing information about the service.

During the inspection we spoke to 26 people, 8 relatives, 25 care workers and the registered manager. We looked at 39 care plans, 26 medicine administration records [MAR], 35 staff personnel files and other records the service are obliged to maintain, for example, training records, quality assurance records and the complaints file.

# Is the service safe?

## Our findings

London Care South London were registered on 2 March 2016, however had previously been registered and inspected on 8 February 2016. During that inspection we found breaches of regulation in relation to safe medicine management. At this inspection on 19, 20 and 24 October 2016, we found the registered manager had taken action to improve the management of medicines.

Most people received their medicines safely. During the inspection we looked at people's medicine administration records [MAR] and found recording errors. We looked at records of audits from the last four months and found minor errors, which had been identified by the service during the service auditing process. We identified one incident where recommended action identified in the audit had not been taken in an appropriate time scale. We brought this to the attention of the registered manager who agreed a procedure and resolved the issue. We were confident this was an isolated incident, as previous audits from 2016 demonstrated action had been taken in a timely manner to resolve issues relating to medicine management errors.

Medicine audits ensured people received their medicines safely. Records showed audits were carried out regularly to review the medicines administration and ensure action had been taken to address the errors. For example, where concerns regarding staff competency had been raised, staff received additional medicines management training, medicine focused supervisions and additional support from medicine leads within the service. The service also carried out 'spot checks' at people's homes to review their MAR. This meant that people were supported to receive their medicine in line with good practice.

One person told us, "Staff remind me to take my daily medicine. They tell me what medicines I need to take and then they check to see if I've taken it. I find this very helpful, it's just what I need." Another person said, "I made a big fuss about having my medication on time and checked thoroughly. The carers are extremely professional about this." A third person told us, "The medicine sheet is done to perfection; mind you [staff member] is the 'medicine leader' for London Care." One relative told us, "The carer knows what he/she's doing when it comes to [relatives] medicine."

Staff showed an understanding on the correct procedure for managing medicine errors and were confident raising their concerns with senior staff. A staff member told us, "If I notice something is wrong with someone's medicine, I would look back in their log book and see if it was documented then I would call the office. I wouldn't give someone medicine until I knew what had happened." Since the last inspection the service had worked with the local authority pharmacists and the care commissioning group to improve their medicine management. We saw improvements relating to the safe management of medicines. The service had also implemented medicine impact training. This training looked the consequences of staff administering and recording people's medicines incorrectly, and how to safely manage those situations. The service had also made a small number of staff 'medicine leads'. The medicine leads carried out spot checks on people's medicines to see if they were being managed safely. Records confirmed additional medicine lead checks were undertaken. Staff also received a medicine themed supervision, where they looked at the importance of good practice and discussed staff's competency.

People told us they felt safe with the staff that delivered their care. One person told us, "I feel really safe with my carers. I think they are very trustworthy." Another person told us, "My front door has a code. The carers know what that is and they let themselves in. They never make me jump because they call my name and they always say what their name is too. I feel very secure with this system." A relative said, "I know my relative is in safe hands."

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and how this may manifest in people's behaviours and presentation. Staff were able to demonstrate sound knowledge on the service procedures in reporting suspected abuse, safeguarding and whistleblowing. One staff told us, "Safeguarding people means we are protecting them. I would report all my concerns to the office manager immediately". A second staff said, "I've had safeguarding training and I know how to report abuse and what to do if I don't think it's being addressed. I can whistle blow if needed." Records showed staff received on-going safeguarding and whistleblowing training.

People were protected against identified risks. One relative told us, "We have a care plan and the risk assessments are in there, I've seen them." One staff told us, "If you notice a risk for you or the person you have to report it immediately, no leave it." The service had robust risk assessments in place that looked at the individual needs of the person and both known and potential risks. The service then rated these risks and devised a risk assessment that gave staff clear guidance on how to manage the risk. Risk assessments covered all aspects of care. For example, medicine, mobility and the environment. Staff were aware that should they identify a new risk, they would contact the office immediately and a senior staff member would carry out a new risk assessment. Risk assessments were reviewed regularly to reflect people's changing needs.

People received care and support from staff that had undergone the necessary recruitment checks. One staff member told us, "I had to wait for all my checks to be completed before I started working with people." The service had a robust recruitment and selection procedure in place to ensure only suitably vetted staff were employed at the service. We looked at staff personnel files and found each file contained a minimum of two references, proof of identification, a Disclosure and Barring Services [DBS] check and their application form. A DBS is a check that employers undertake to enable them to make safer recruitment decisions.

People were supported by sufficient numbers of staff to meet their needs. However, people told us they did not always receive familiar carers at the weekend. One person told us, "It's just a pity she [regular staff member] doesn't cover the weekend visits when I get to see a lot of different people. That can make me anxious, but I have no worries during the week." A relative told us, "I'm disappointed with the weekend service because of frequent lateness and too many different carers each weekend who have to be told what support my [relative] needs.

People were supported to live in a safe environment. The service carried out regular checks on the environment to ensure it was safe. Records showed senior staff completed an environmental risk assessment that looked at people's homes and identified any risks and how these could be minimised. For example, ensuring people had smoke alarms in place or their mobility equipment was in working order. Risk assessments were reviewed regularly to reflect any changes to people's environment that may pose a risk to people. This information was then placed in people's care plan folders in their homes, so that staff were aware of the changes and could adapt their support in line with the new risk assessment.



# Is the service effective?

## Our findings

People received care and support from staff that underwent comprehensive training to meet their needs. One person told us, "I think the girls [carers] are well trained and natural carers." Another person said, "I think they [staff] are well trained and respectful." One staff told us, "We do have a lot of training, safeguarding, medicines, mental capacity, health and safety and food hygiene." Another staff said, "There's a lot of training. I could ask for more if I wanted to and I would receive it." Staff received on-going training in all mandatory areas. For example, safeguarding, health and safety, medicines management and Mental Capacity Act 2005 [MCA].

People were supported by staff that had undergone a comprehensive five day induction. One staff told us, "The induction was helpful, it gave me the confidence to work with people." Another staff member said, "It [induction] was over five days, we covered a lot of things like, safeguarding, medicines, care plans, risk assessments and training." A third care worker told us, "I shadowed someone for about 10 visits. They [staff] helped me to understand what I needed to do and gave advice." We looked at records contained on staff personnel files and found the service had a robust induction programme for staff that looked their roles, responsibilities and training. If the registered manager did not feel staff were competent or confident in working without supervision, additional induction training was given.

People received support from staff that regularly reflected on their working practices. One staff member told us, "Supervisions are focused on different things and you get to discuss this with your line manager." Another staff member said, "I like having a supervision, they help you to look at what you're doing well and what you need to improve on. You can speak about things you're not happy with if you want." We looked at staff personnel files and found staff received three monthly supervisions which looked at five key areas. For example, medicines management and safeguarding. Staff were encouraged to complete workbooks in their supervision that assessed people's competency and gave senior staff information as to which area of additional support staff required. Staff received appraisals where they set goals for the coming year, however not all staff were aware that they had an appraisal. One staff member told us, "I don't think I've had appraisal, I might have, I know I've had a supervision." Another staff member said, "I had an appraisal a while ago, I think I'm due one soon. Yes, they [supervisions] are useful." Records confirmed staff did receive on-going appraisals.

People were supported by staff that had received training on the MCA. One staff member told us, "MCA is about supporting people to make decisions and if they are unable to, it's about their best interests." Another staff said, "If I was concerned about someone's capacity, I would contact the office immediately and their relative. You shouldn't make decisions for people, we have to help them make their own decisions." All staff received training in MCA and were aware of the correct procedure in reporting their concerns. We saw correspondence between the service and other healthcare professionals that showed where staff suspected people lacked the capacity to make informed decisions, referrals were made to initiate an assessment. 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.

People's consent was sought prior to care being delivered. One person told us, "They [staff] act on my decisions when I eventually make them." Another person said, "The staff follow the care plan and ask me what it is that I want and then they do that". One relative told us, "Yes the carer always ask [relatives] and me about consent, and respect what we say." One staff told us, "I always ask people what it is they would like me to do for them." Another staff told us, "You have to ask people what they need doing or if you can help them. You can't start doing things for people without them saying it's ok". Staff were aware of the importance of seeking consent prior to delivering care. One staff told us, "If someone declined to give their consent, I would try to find out why, explain why I'm seeking their consent and ultimately respect their decision. I would then inform the office."

People were supported to have access to sufficient amounts of food and drink that met their preferences and nutritional needs. One person told us, "They [staff] get my breakfast. They always ask me what I want. They are pretty good cooks." Another person said, "They [staff] give me options for my meals and they prepare my food really well and then clean up properly afterwards." One staff told us, "If it's documented in their [people's] care plans, then we will support them with cooking or make them something to eat." Another staff said, "I have people that I help microwave meals and make sandwiches for. Sometimes I'll make them something to have for later in the day." Care plans detailed what support people required with meals.

## Is the service caring?

### Our findings

People received care and support from staff that were caring, compassionate and treated them with respect. One person told us, "They [staff] make my life worthwhile. Without them I could not cope." Another person said, "I am really pleased with my carer. She is very kind and extremely thorough in everything she does. I like seeing her every day." A relative said, "I can hear [relative] and the carer having a laugh and a chat, they have a great time. They [staff] all know what they have to do and they are a decent bunch of carers." Another relative said, "The regular carer is a fantastic lifesaver. She goes above and beyond what she needs to do. Her heart is in the care business and she is a natural carer."

People had their confidentiality maintained and respected. Staff were aware of the importance of the need for confidentiality. One relative told us, "The carer always keeps things confidential." One staff told us, "You share information with people who are permitted to know that information." People were encouraged to sign an information consent form that enabled the service to confidentially share information with other health care professionals to ensure their needs were met. Records were kept securely in lockable cabinets in a locked office with only those with authorisation having access.

People were encouraged to make decisions about the care and support they received. One person told us, "New carers always ask me what I want them to do." Another person said, "[Carer] always asks me what I want for breakfast and what I want to wear after I have had my shower." A relative said, "Staff always help [relative] to make decisions, sometimes [relative] struggles to make decisions but the staff are helpful." Staff were aware of the importance of encouraging people to make decisions about their care. One staff member told us, "You can show people items, like clothing or food, and ask them what they want if they are struggling to make a decision. By seeing it, this can help them come to a decision."

People were encouraged to maintain their independence whilst having their privacy and dignity maintained. Staff were aware of the importance of supporting people to remain independent and the positive impact this can have on their self-esteem. One person told us, "My carer supports me in the shower, but turns his/her back to give me some privacy. There is no embarrassment between us." Another person said, "My carer leaves me to shower myself as much as I can, but he/she is always nearby just in case I need a hand. He/she really is marvellous, there's no messing about." A third person said, "The carers encourage me to be more independent. They [carers] now do less for me because I can do more for myself. I know I have got fitter and stronger over the last 12 months with their help." A relative told us, "My relative is very proud and independent, so the carers make sure that they give [relative] the level of support that respects his/her dignity and desire to be autonomous as far as possible."

People were given information in a manner they understood. Care plans detailed people's preferences on how they want to be spoken to and if they required additional support around information sharing. One care plan we looked at stated, 'Please speak to me loudly so that I can hear you'. Another care plan stated, 'Please give me some time to respond'. One person told us, "They [staff] explain what they are doing, I always know. Sometimes they need to say things more than once so I understand and hear them."

## Is the service responsive?

### Our findings

People received care and support that was person centred and reflected their preferences. One person told us, "They [carers] know me really well. They know my likes and dislikes. I am really well looked after." Another person said, "They [carers] meet my needs, they have everything off to a fine art."

People's care plans were comprehensive and detailed people's preferences, health needs, medical needs, life history and care requirements. One person told us, "The staff listened very carefully to my needs and adjusted my care plan to make sure I gained an extra two hours for cleaning duties to be done. I am very satisfied with this outcome." A relative said, "Last month the supervisor did a review with us, he/she came to our home and listened very carefully to our needs. We are very pleased with the support that we receive." People and relatives said they had a detailed care plan organised when their support started with the service and that this had been reviewed. Care plans were regularly reviewed by a senior staff member, who carried out a review with the person and their relative where possible. This meant that care plans reflected people's changing needs. One staff member told us, "If I notice someone's needs have changed, then I inform the office of those changes and they send someone out immediately to carry out a new assessment. It's all done very quickly." Care plans contained risk assessments and direct support plans which gave staff guidance on how best to support people safely.

Prior to receiving care and support from the service, care packages carried out by the local authority were sent to the service. The registered manager then assessed the person's care requirements, to ascertain if they could meet people's needs safely. We looked at people's care plans which contained their care package and found support was arranged in line with people's needs, preferences and wishes. Where people's needs increased, documentation evidenced this information was shared with the local authority requesting revision of their care package. One staff member told us, "If someone's needs change and we find we need another staff member to support us during visits, the office will speak with the funding authority to review their care package. We also found where people's care needs had decreased, this was also acted on."

People were encouraged to make choices about their care. One person told us, "The carers respond to my needs. They [staff] offer me choices about what they do for me and then they carry it out." Another person said, "They [staff] listen to what I want and they get on with it." A relative said, "Yes, I hear staff offering [relative] choices." One staff member told us, "We offer people choices, sometimes you need to show them the items, for example, clothing or food to help them make a choice on what it is they want." Another staff told us, "Ask the person what they want, explain the options to them first and be patient."

People were encouraged to participate in activities where agreed in their care package. One person told us, "I have poor mobility so I don't really go out." Another person told us, "The staff go out on my behalf, they go to Sainsbury's when I need food." One staff told us, "I support someone to go shopping once a week." Another staff said, "I don't take anyone out but if they asked me to I would make sure it was ok and take them."

People were protected against the risk of social isolation. One person told us, "I enjoy seeing my carer."

He/she makes sure I'm ok and we have a chat about all sorts of things. He/she keeps me company." A staff member told us, "If I was concerned that someone was becoming isolated I would let their relative and the office know. I would tell someone. Some people like their own company and you need to know if that's why they are alone or if their lonely." Staff demonstrated an understanding of social isolation and how this may manifest in people's presentation. Staff were able to state the correct procedure in reporting their concerns and supporting people who were at risk of social isolation.

We received mixed feedback regarding weekend care and support. Two people we spoke with described their disappointment at the weekend care provided. For example, one person told us, "The staff have a poor attitude at the weekend, but they are excellent during the week." Another person told us, "I have had to cancel [relatives] weekend visit, as the carer's are not always familiar." However we also received positive comments regarding weekend staff. One person said, "They [staff] come on time every morning and do what I ask of them." Another person said, "The weekend staff are nice, they come when they should and I am content." A third person told us, "The weekend staff are good."

People were familiar with the process of raising concerns and complaints. One person told us, "Nothing is going wrong at all. If there was I'd be straight onto the office. But I have never had to do this." Another person said, "I have my care plan here and there's a phone number there to speak to someone in the office if I'm not happy about something." A relative told us, "I complained to the office and they responded immediately by taking [carer] off our rota." Staff were aware of the correct procedure in reporting people's complaints on their behalf, by contacting their senior staff immediately. Where possible staff would attempt to address the complaint in the first instance, however knew all complaints were to be documented. We looked at the complaints file held by the service which showed the service had a robust system in place. Complaints were logged and details of action taken and when were documented. Records showed complaints were fully investigated and action taken to resolve the complaint with positive outcomes wherever possible.

## Is the service well-led?

### Our findings

People who knew the registered manager spoke highly of her. However not everyone knew who the registered manager was, this did not appear to have a negative impact on the care and support people received. One person told us, "I don't know who the register manager is only my carers." Another person said, "No, I'm sorry I don't know who that is [registered manager], but I do have a contact in the office I speak to." A relative told us, "I don't know who the manager is, but I can call the office and speak to her if I need to or wanted to." One staff member told us, "[Registered manager], always asks us how we are doing and if we need anything."

The registered manager told us she operated an open door policy, where people, their relatives and staff could meet with her to discuss any aspect of the service. One staff told us, "I speak with the office manager if I need something but I know I can approach the [registered manager]." Another staff said, "I find [registered manager] approachable. I often go to the office manager first if needed." Throughout the three day inspection we observed both office based and field staff speaking with the registered manager seeking advice and guidance.

The service carried out regular audits of the service to drive improvement. Audits related to safe medicines management, care plans and risk assessments and staff training. Records showed audits were reviewed by senior staff to ensure a consistent response to all issues identified and where action had been taken.

The service carried out quality assurance checks on the service to gather feedback on the service provision. One person told us, "The supervisors do on-the-spot checks. They watch [unannounced] how the carers go about their tasks to ensure that required standards are being maintained." Another person said, "I've had a review carried out over the telephone, I was listened to carefully and had to raise no issue of concern." A third person said, "I've had one review carried out over the telephone. I was listened to carefully and had no need to raise any issues of concern." We looked at care plans and found people received on-going checks from office staff regarding the care they received. Information was then documented and where areas of concern were raised, action taken to reach a positive outcome.

The registered manager actively encouraged partnership working with other health care professionals to positively impact the delivery of care. A health care professional told us, "Following the last CQC inspection of London Care South London, the agency has invested human and material resources into making necessary improvements, and has worked transparently and in partnership with us to effect improvement. This has been borne out by evidential monitoring visits to the agency (both announced and unannounced) to verify the agency's reported improvements to us at regular intervals. As of July 2016 in the Council's judgement, London Care South London had achieved compliance with quality standards and taken action to effectively improve performance in areas of weakness highlighted by the CQC following its inspection of the service."

