

London Care Limited

# London Care (East London)

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

London Care (East London) is a domiciliary care agency providing personal care. The service provides support to people living in their own home. At the time of our inspection there were 280 people using the service.

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

#### Right Support

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. The provider was responsive to people's needs, care plans were personalised and outlined detailed support for staff to be confident in delivering safe care. People were able to make a complaint and were confident this would be addressed. People told us they had care plans and were involved in decisions about their care and support.

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.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

#### Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People were supported by staff who were well trained and supported in their role. People told us that care workers were good at their jobs. People and relatives told us the managers were good and the

service was well run. Checks about the quality of care were carried out on a regular basis. This meant that any concerns could be dealt with in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 05 May 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

The inspection was prompted by a review of the information we had about the service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 (East London)

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 2 inspectors and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

London Care (East London) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. 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.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 15 people using the service and 11 relatives. We spoke with 11 care staff, 1 field supervisor, 1 care coordinator and the registered manager. We reviewed 20 people's care records including risk assessments and 10 staff files in relation to recruitment. We also reviewed a range of management records including staff training, supervision, medicines, audits and complaints.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider had enough staff deployed to meet people's needs. Staff were recruited safely.
- People and relatives told us, "They [staff] turn up on time and know their stuff." Another person said, "They don't come on time all the time, but they do stay the whole time and don't rush." Other comments included, "They come mostly on time and mum's care is not rushed" and "Weekends go a bit crazy. You can never tell what times they will turn up." We spoke to the registered manager about this, and they told us there is a "late alert" built into the system so the office can call the person and update them. The registered manager told us that anyone with high needs such as time critical medicine were prioritised, this might mean for example calling upon family members to offer assistance until the care worker arrived.
- The provider had in place a call monitoring system. Data we reviewed showed that some calls were shorter than the allocated time and in some cases, staff were booked in 2 places at once. The registered manager told us that it would be impossible to have 1 staff booked into 2 places at one time as the system would not allow this. The registered manager also stated that if family members say to staff, they can go early this could explain calls being cut short. The registered manager said they keep a record of any late or short calls as it shows up on their system, and these would be investigated and concerns would be addressed.
- Staff files reviewed showed the provider carried out background checks on staff, including obtaining employment references and criminal records checks. This helped ensure suitable people were recruited to work with people.

### Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to help protect people from harm.
- People told us they felt safe. One person said, "I feel very safe with [staff] because she's very aware my mobility isn't very good and makes sure my walker is next to me." Another person said, "They just look after me, they stay for the whole time and don't hurry me."
- Service records reviewed showed that safeguarding concerns were recorded, investigated and actions taken were needed.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This helped to ensure people were protected from the risk of harm.

### Assessing risk, safety monitoring and management

- The provider had assessed risks of harm to people. People had individual risk assessments in place covering health conditions such as heart disease, diabetes, falls, environment, moving and handling and mobility. Risks management plans contained enough detail for staff to follow and identified risk were mitigated.

- Staff knew people well and understood how to keep people safe from harm when providing care. One staff member said, "I make sure there are no hazards in people's homes, make sure nothing is in the way they could trip on."

#### Using medicines safely

- Medicines were managed safely.
- Records reviewed showed people were supported with their medicines appropriately.
- Staff had training in administering medicines and training records reviewed confirmed this. Staff were able to tell us how medicines should be administered safely.
- Staff had their competency checked on a regular basis. This meant that people would be supported by competent staff.
- Monthly medicines audit checks were carried out; this meant any concerns could be picked up without delay and addressed.

#### Preventing and controlling infection

- The provider had a system in place to help prevent the spread of infections.
- People told us staff observed infection control measures. One person said, "They always wear a uniform and have a mask on. They put gloves on and sometimes a plastic apron." Another person said, "They wear an apron, face mask and gloves."
- Staff had training in infection and control measures, training records reviewed confirmed this.
- The provider had an infection prevention and control policy in place to guide staff on preventing the spread of infections. Staff told us they had read and understood the policy.

#### Learning lessons when things go wrong

- The provider had a system in place to learn lessons from anything that went wrong in the service. Service records reviewed showed that incidents/accidents, complaints, and safeguarding alerts were recorded, and actions taken showed learning had taken place.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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's care plans were personalised and recorded people's preferences and likes/dislikes. For example, one plan stated, "I like my breakfast around 9.30am, I dislike food like brussels sprouts." Another care plan stated, "I like to have a cup of tea with a little milk and no sugar with my meals."
- The staff we spoke with knew people well and how to support them. Staff told us, "I read people's care plans before I start supporting them and will refer back to the care plans. We have their personal care information on our work phones. Person centred care is about knowing how they would like their care delivered, like having one sugar in their tea."
- People preferences about how their care was to be delivered such as about the gender of staff they wanted to care for them, were identified and appropriate staff were available to support people.
- Care records had outlined people's outcomes, for example in one care plan it stated the outcome was for the person to "stay healthy by eating and drinking well, choosing the food I like, and to be able to mobilise safely to enable me to be as independent as possible as I choose."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed at the initial visit by the provider. The people we spoke with told us that staff communicated well with them.
- Care records reviewed contained details on how best to communicate with people. For example in one care plan it stated, "Care workers can support me by speaking loudly and clearly whilst facing me." Another plan stated, "Please repeat things back to me to check my understanding." This meant that staff could support people in a personal way to meet their 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 to maintain contact with family/friends and to take part in activities if they would like to.
- The provider offered to take people out for appointments or into the community if this was part of their care package arrangement. Not everyone who used the agency services had this arrangement.

- People and their relatives told us they were able to ask the agency to provide support to attend appointments or go out for a walk or shopping. One person said, 'My carer takes me out shopping. I use dial a ride or a taxi and she come with me. I can choose what to do, shopping or go to my local leisure centre. I trust her completely when we are out. A relative told us, "The carers take Mum shopping. She can go anywhere she likes. She calls a cab, and they go in the cab with her."
- Most arrangements for people were around medical appointments or shopping. However, if people wanted to do other activities the registered manager told us they could arrange this upon request.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. We saw records of complaints made by people and relatives. These had been appropriately logged and outcomes recorded. Complaints procedure information was given to people when they first started to use the agency.
- People and relatives told us they knew how to make a complaint. However, there were some mixed reviews on communication with the office, particularly at weekends. One person said, "There is a complaints policy in the information I have been given. I would call the office if I had a concern about anything and they would put me through to the correct person. I haven't had any need to make a complaint." Another person said, "The quality of care is ok. The only thing it's lacking on is communication. 50% of the times I phone the agency they say they're going to phone me back and they don't."
- We spoke with the registered manager about this, and they informed us they would investigate these issues raised from people and their relatives.

#### End of life care and support

- The provider had a system in place to support people who were at the end of their life. At the time of the inspection one person was in receipt of end-of-life care. The provider was working with the palliative care team to ensure they received the right support. Care plans included some end-of-life care planning where these conversations had taken place.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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 promoted an open and honest culture within the service. Staff told us they could approach the registered manager at any time, and they would listen to their issues. One staff said, "We are invited to meetings to give our views and we can give our views to the management at any time." Staff told us they felt supported by the management team and were not afraid to speak up about concerns or mistakes made.
- The registered manager understood their responsibility under the duty of candour. They told us, "The duty of candour is being transparent and honest, to give a plan of actions to fix what happened, continue monitoring and apologise to the person or relative."

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

- Managers and staff were clear about their roles and responsibilities.
- The registered manager was clear about when to send in statutory notifications to CQC and kept the local authority up to date on any issues of concern.
- The provider had a clear system in place for monitoring the quality of care for example checks were carried out on medicines, care plans, the environment, staff files and peoples care notes. Spot checks were carried out by supervisors and feedback was provided to care workers. This meant people were supported by competent staff and any changes or concerns could be picked up and addressed without delay.
- The provider had a process in place to ensure they could make improvements to the service following feedback.

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

- The provider had a process in place to involve people and staff in the running of the service.
- People and relatives told us they received calls from the provider to check how things were going. One person said, "I have been sent a questionnaire, but they also phone me up to discuss if I am happy with my care. The company makes sure the carers are doing a good job, I have witnessed carers being observed working by a superior. The company can't improve, they do everything well. I am happy with everything they do." A relative said, "I have been sent a questionnaire so I could give feedback about the service. I have witnessed spot checks being carried out on staff supporting Mum. I don't feel the company have to improve

anything; I am more than happy with the service that is provided. I am very pleased with London Care."

- The provider promoted community engagement for people and in house events for staff. For example, supporting people to attend lunch clubs to reduce the risk of isolation and other key events such as charity events and Christmas events. Staff were invited to themed coffee mornings. For example the theme could be about safeguarding or dignity amongst other subjects. A newsletter was sent out so people could be kept up to date with what was going on in the borough.
- The registered manager attended other forums such as the provider forum where different issues were discussed, and other registered managers could share their experiences. This helped build up a network for support.

#### Working in partnership with others

- The provider worked with other organisations including the local authority and health care professionals. They had established good links within their local community which would benefit people using the service.
- The registered manager told us they had recently become involved in a new recruitment initiative working with the local authority to tackle the lack of staff in the care sector. The registered manager had been very proactive in this area as this had been a concern since the pandemic. As a result of this they had recruited 13 new staff with an emphasis on weekend working.