

London Homecare Ltd

# London Homecare Ltd

## 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

This service is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to adults in their own homes. 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 our inspection, the service provided personal care to nine people, primarily older people.

### People's experience of using this service

Risks were identified and were assessed to ensure people received safe care. Medicines were being managed safely. Pre-employment checks had been carried out to ensure staff were suitable to support people. People and relatives told us people felt safe when receiving support from staff and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Systems were in place to prevent and minimise the spread of infections when supporting people. Systems were in place to learn from lessons following accident and incidents.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. 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 received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement. Feedback was sought from people and staff and this was used to make improvements to the service.

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 previous rating for this service was requires improvement (published 27 May 2020) and there were multiple breaches of regulation. We issued a warning notice for a breach of Regulation 17 (Good Governance). There were also requirement notices issued for Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

We carried out a targeted inspection on 22 September 2020 (published 15 October 2020) to check if the service was compliant with the warning notice we served for Regulation 17 (Good Governance). We found the service was compliant with the warning notice.

Why we inspected

This was a planned inspection based on the rating of the last 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.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# London Homecare Ltd

## 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager who was a director of the provider organisation. 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.

#### Notice of inspection

We announced the inspection 24 hours prior to the inspection. This was because we wanted to make sure someone would be available to support us with the inspection.

#### What we did before the inspection

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 reviewed the information we already held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell

us about by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments and four staff files, which included supervision and training records. We looked at other documents such as daily notes and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found such as policies. We spoke with two people, four relatives and two staff.

# Is the service safe?

## Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last comprehensive inspection on 7 February 2020, the provider had failed to implement robust risk assessments to ensure people were supported in a safe way and medicines were not being managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection on 22 September 2020. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

We found improvements had been sustained at this inspection.

- Risks had been identified and risk assessments were in place to ensure people received safe care.
- Risk assessments included control measures to minimise risks. Examples included assessments on how to support people safely to minimise the risk of falls and skin complications. These assessments included what action staff should take to ensure people were safe. A person told us, "They [staff member] helps me. Anything I require they help me with. I try to things for myself but with my condition things could go wrong and I feel my carer could handle it."
- Risk assessments had also been completed on people's health conditions, which included looking out for the signs and symptoms of stroke, heart disease and what action to take. A person told us when we asked if staff knew about their health condition and how to support them, "Yes, that was specified in the care plan with the owner (registered manager), and I instructed them in what I want, and they sent my carer who knows exactly what I require." A relative commented, "Yes, [person] has advanced dementia, it isn't easy, but they can handle it, they are calm and reassure [person] and they are very thorough. I am pleased with them."

### Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records (MARs) showed that medicines were administered as prescribed. A relative told us, "Yes, they always remember it (medicines) and give it on time."
- Medicines prescribed on a 'when required' basis were administered when required and protocols were in place to ensure this was administered safely.
- Staff had been trained in medicines management and spot checks were carried out regularly to check their competency with medicines. A staff member told us, "I support people with medicines, I have been trained on it and confident in managing it."

### Staffing and recruitment

At our last inspection on 7 February 2020, the provider had failed to ensure robust recruitment procedures were being followed to ensure people received safe care from suitable staff. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection on 22 September 2020. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

We found improvements had been sustained at this inspection.

- Records showed pre-employment checks, such as criminal record checks and obtaining proof of staff's identity had been carried out. References had been requested and received. This ensured staff were suitable to provide safe care to people.
- Systems were in place to minimise risks of late or missed calls. Staff were sent rotas in advance and were given time to travel between appointments to ensure missed and late calls were minimised. A staff member told us, "We are given enough time to travel. No, there has been no missed visits." A person told us, "Yes, they come on time."
- The service used a digital call monitoring system to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and were there for the duration of the call. A person told us, "[Staff member] is punctual. If they are going to be late, they contact me before to let me know and it is rare, they are late. They are the best carers I have ever had, I am pleased and delighted." A relative commented, "Yes, they are prompt."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- There had been no incidents or accidents since our last inspection. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "Yes (feels safe), [staff member] is professional and does exactly what I ask them to do. They are mature and knows what they are doing." A relative commented, "They are kind and caring with [person] and know what [person] wants."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to safeguard people from harm. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Risk assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on people that may be at risk. A person told us, "Yes, masks and when they do my bath, they wear aprons and masks and when they wash the dishes." A relative commented, "Yes, they wear gloves, masks and, aprons and always wash their hands."
- Staff confirmed they had access to PPE such as gloves and aprons. Information in care plans included that staff should wear PPE and sanitise their hands. A staff member told us, "I have been trained on infection control and we have enough PPE."



# 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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant that people's outcomes were consistently good.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection on 7 February 2020 the provider had failed to ensure the principles of the Mental Capacity Act 2005 were being followed to ensure people's legal rights were protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection on 22 September 2020. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

We found improvements had been sustained at this inspection.

- Staff were aware of the principles of the MCA and had received training in this area. Staff told us that they always requested people's consent before doing any tasks. A staff member commented, "For people, I always ask for consent before doing anything."
- Records showed that people's consent had been sought prior to receiving care from the service.
- The registered manager was aware of the procedures to follow should an MCA assessment be required. An MCA policy was in place.

Staff support: induction, training, skills and experience

At our last inspection on 7 February 2020, we made a recommendation for staff to receive regular supervision to ensure they were supported. At this inspection, we found improvements had been made.

- Regular supervisions and appraisals had been carried out. Staff told us they felt supported. A staff member said, "[Registered manager] is very strict but spot on. They are very supportive."
- Staff had been trained and supported to perform their roles effectively. A relative told us, "They have good understanding of the people they care for and they know how to deal with [person]."

- Staff had completed essential training and refresher courses to perform their roles effectively. Individual training matrix was in place, which ensured the registered manager had oversight of training and when refreshers were due. A staff member told us, "I got induction and training, it was very helpful."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and choices.
- Pre-care assessments had been carried out to ensure the service was able to provide person-centred support to people.
- Regular reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People were included as part of these reviews and decisions to ensure they received the care they wanted. A relative told us, "Yes, the manager comes over to discuss the plan with my [relative], they are hot on the trail." This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported with meals and given choices.
- Care plans included information on supporting people with meals. A staff member commented, "Yes, we offer them choices and we have two different types of meals out so person can choose."
- Care plans included if people required support with their meals and included their preferences with meals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed and staff knew what to do if people were not well.
- Oral healthcare plans were in place and included information on how to support people in this area.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A relative told us, "[Person] is quite robust but when [person] had pains in elbow, they [staff] were very caring they looked at it and gave painkillers and checked on [person]." Another relative commented, "They ask how [person] is, and they tell me if they think [person] is not right."

# 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.

At the last comprehensive inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection, we found people were not being involved on decisions about their care. During this inspection, records showed that people or relatives were involved in decisions about the care people would receive. People had signed their care plans and reviews to show they agreed with the support being provided to them. A person told us, when asked if they were involved in decisions about their care, "Yes, they did. That has been done. The manager of the company came down, they established what I needed, and they sent my carer, who does exactly what I need." A relative commented, "Yes, we discuss any issues. On the whole it runs very well, and the manager comes quite often, and we have discussions with them."
- Staff told us they always encouraged people to make decisions for themselves while being supported such as with dressing, mealtimes and personal care. A staff member told us, "As a carer, I have to let [people] know what I will be doing and what they want. I always include them in decisions."

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. A person told us, "[Staff member] fits the bill. They are a compassionate person." A relative told us, "They are kind and caring, they always acknowledge [person]. [Person] gets upset when washed, and they give [person] words of comfort and reassurance."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

Respecting and promoting people's privacy, dignity and independence

- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I will make sure windows and doors are closed and when giving personal care, make sure to ensure privacy." A relative told us, "Yes, when they are providing personal care, they are in the room on their own. You can hear them talking gently as [person] has dementia and can get distressed."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people to make meals or helping them to choose and dress themselves. A person told us, "I try to be independent but if anything happened my carer would bend over backwards to help me." A relative commented, "They encourage [person] as far as they can."

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

### 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.

During our last inspection on 7 February 2020, we made a recommendation for the service to follow best practise guidance on AIS as communication plans did not include information on how to communicate with people effectively. During this inspection, we found improvements had been made.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively.

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

- People received personalised support, which was in accordance with their preferences and choices. A person told us, "I decided what I wanted, and [staff member] does it." A relative commented, "Yes, [person] is incontinent and this is checked. [Person] is well dressed and as [person] doesn't move around, they make sure [person] is warm, slippers are on and the TV is on for [person]."
- Care plans were person-centred and included information on how to support people such as with personal care. People were involved with planning their care and this was reviewed regularly to ensure people received personalised support.
- Staff told us they found the care plans helpful. A staff member told us, "They are very helpful on how to support people."

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

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

### End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was

in place and staff had been trained on end of life care. The registered manager told us they ensured a policy was in place and staff had been trained in this area so they were prepared should they support people in this area.

# 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 the last comprehensive inspection, this key question was rated as Inadequate. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection on 7 February 2020, we found service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we served a warning notice with a deadline for compliance. We then carried out a targeted inspection on 22 September 2020 to check if the service was compliant with the warning notice. We found enough improvements had been made and the provider was no longer in breach of regulation 17.

We found the improvements had been sustained at this inspection.

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

- Systems were in place for quality assurance of the service. Audits were being carried out on care plans, risk assessments, medicine and staff files. The registered manager told us the audits helped the service to identify any shortfalls and take prompt action. We found improvements that had been made from our targeted inspection had been sustained.
- The improvements made since our comprehensive inspection ensured people received person-centred care, which achieved good outcomes. Care plans were person centred and people and relatives told us people received personalised care and were happy with the support they received. A relative told us, "Brilliant, the carers and the team are brilliant, with [persons] best interests at heart, they look after [person] well. The manager is good, helpful, kind, supportive and very patient. They visit quite a lot as part of the team we call the lovely ladies."

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

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information and seek feedback from staff. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of spot checks, the management team also obtained feedback from people about the service and staff.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

- The registered manager told us they obtained feedback from people about the service through surveys. Records confirmed this and the results of the surveys were positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times. .
- Staff told us the service was well led and they enjoyed working for the service. A staff member told us, "I like working for them, I have been working as a carer for a very long time."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns, and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent out to people, relatives and staff to gather their feedback. The results were analysed to identify best practices and areas for improvement. This meant that there were systems in place for continuous improvement and improving care.

Working in partnership with others

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.