

London Care Limited

London Care (Toldene Court)

Inspection report

Toldene Court
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Date of inspection visit:
07 February 2019

Date of publication:
13 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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:

- ☐ The service is an extra care service. This service provides care and support to people living in one 'extra care' scheme, so that they can live as independently as possible. The scheme had 50 flats and 29 people were using the service at the time of our inspection.
- ☐ The service supports older people who require assistance with personal care.

People's experience of using this service:

- ☐ People received a good standard of care, although medicines management required improvement.
 - ☐ The service met the characteristics for a rating of "good" in all the key questions besides 'safe' which we rated "requires improvement" due to medicines management processes which were not in line with best practice.
 - ☐ People liked the staff who supported them and their care met their needs. People were involved in their care and were supported to maintain their independence so they could continue to live at London Care (Toldene) as long as possible.
 - ☐ People received care from staff who were well supported with induction, training and ongoing supervision.
 - ☐ The service had a clear hierarchy with competent leadership and management. People and staff had confidence in the manager. The manager and staff understood their roles and responsibilities.
- Our overall rating for the service after this inspection was "good".
- ☐ More information is in our full report.

Rating at last inspection:

- ☐ This was our first inspection of the service since it registered with us in May 2018.

Why we inspected:

- ☐ All services are inspected within one year of registering with us. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- ☐ We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for in line with our inspection schedule or in response to concerns.

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 as medicines management required improvement.

Details are in our findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our findings below.

Good 

Is the service caring?

The service was caring.

Details are in our findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good 

London Care (Toldene Court)

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed 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. Their area of expertise was as a family carer of older people and people with dementia.

Service and service type:

- This service provides care and support to people living in one 'extra care setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.
- The service is required to have a registered manager. 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. At the time of our inspection two managers were registered with us. One of the registered managers was on planned long-term leave and the other recently transferred to another scheme in the organisation. A new manager had been in post for three weeks prior to our inspection who planned to register with us.

Notice of inspection:

- Our inspection was announced.
- We gave the service 48 hours' notice of the inspection visit because staff were often out of the service or

providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with nine people who used the service and one relative.
- We spoke with the new manager, the registered manager who had transferred to another scheme in the organisation, the area manager, the regional manager and three care workers.
- We reviewed four people's care records and medicines records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

Medicines management required improvement. Besides medicines management, people were safe and protected from avoidable harm. Legal requirements were met.

- ☐ People told us staff supported them safely with medicines. One person told us, "They don't give me my tablets but always check that I have taken them and write that in their book." However, we found some improvements were required.
- ☐ Medicines administration records (MAR) showed several times where medication had not been recorded for one person in the week of our inspection. The provider was unaware of this. The provider checked MARs monthly. This meant mistakes may have gone unnoticed for several weeks and people may have come to harm as a result.. The provider told us they were implementing a system to identify and investigate errors more promptly to improve people's safely.
- ☐ We confirmed medicines stored in blister packs had been administered to the person for whom we identified errors of recording on the MAR. However, for medicines held in their original packaging we were unable to confirm the person received them as prescribed. The provider did not have a system to monitor the stocks of medicines held in their original packaging. This was because staff did not always record quantities of medicines carried over each month. This meant the provider was not always able to check medicines stocks against administration records to ensure people received their medicines as prescribed. The provider told us they would review their systems to improve this.
- ☐ For one person we identified staff were not following the prescribers' instructions to give a person their medicine 30 to 60 minutes before food. Staff had also not ensured these instructions were printed on the MAR in line with best practice. In addition, staff had recorded the quantity of medicine required incorrectly, although the correct dose had been administered. The provider told us they would make improvements immediately.

We recommend the provider follow best practice guidance to improve medicines management.

- ☐ Staff received regular training in the safe management of medicines and the provider assessed their competency each year with additional training and assessment if they made a medicines error. Staff were booked to attend a workshop to help them understand the consequences of medicines errors.
- ☐ Risk assessments were completed for the safe management of people's medicines.
- ☐ The provider was implementing a new medicines' ordering system to increase people's independence in this area as far as possible.

Assessing risk, safety monitoring and management:

- ☐ Risks to people were well managed by staff although records required improvement. Some people required support to reposition to reduce the risk of pressure ulcers. Staff were aware of their responsibilities in relation to this and told us they always turned people when required. However, records to evidence this were poor so the provider could not be sure people were always repositioned according to their risk

assessments.

- ☐ The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely. Assessments covered risks relating to physical or mental health conditions, medicines management and receiving personal care.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:

- ☐ People told us they felt the personal care they received was safe and were comfortable with the staff who supported them. One person told us, "There's nobody that I worry about or wouldn't want to come and help me."
- ☐ All staff received safeguarding training during their induction with refresher training. Staff understood their responsibilities to safeguarding people from abuse and staff were encouraged to report any concerns.
- ☐ The provider reported allegations of abuse to the local authority safeguarding team and CQC and took action to reduce reoccurrence.
- ☐ The provider recorded and investigated accidents and incidents. Systems were in place to learn from any accidents and incidents to reduce the risk of them happening again.

Staffing and recruitment:

- ☐ There were enough staff to meet people's needs safely. One person told us, "There are enough carers for what I want." A second person said, "It's very unusual for them to be late." Staff agreed staffing levels were suitable and told us they had enough time to carry out their roles and did not have to rush. The provider and staff told us all shifts could be covered by the staff team.
- ☐ Staff provided each person with care hours as agreed with the local authority who funded the care. We observed staff spent all their time supporting individuals, usually in their own flats. The provider was applying for additional funding for a 'floating support' to support people in communal areas and lead on activities.
- ☐ People were supported by staff who the provider checked were suitable. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining a full employment history with references, obtaining a criminal records check, proof of qualifications, identification and address and a health declaration.

Preventing and controlling infection:

- ☐ Staff received training in infection control and followed safe infection control practices such as using personal protective equipment (PPE) and disposing of clinical waste safely. Staff also received training in food hygiene to help them reduce the risk of food borne infections.
- ☐ A separate company was responsible for cleaning in communal areas and some people's flats. However, the provider raised concerns with the relevant organisation on people's behalf if necessary.

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

People's outcomes were good, and their feedback confirmed this.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives:

- ☐ The provider assessed people's needs before they began receiving care from the service. These assessments covered their backgrounds, health conditions and what they wanted to achieve from their care. Professional reports such as those from social services were also considered.
- ☐ The provider recently reassessed all people using the service to ensure their care plans continued to meet their needs. The provider requested social services reassess people's agreed care packages and hours when people required a higher level of support.
- ☐ Most people made their own arrangements to see healthcare professionals involved in their care. However, the provider supported people to see healthcare professionals when they were unable to do this independently. One person told us, "I had to pull my cord when I was unwell and they came quickly. You can rely that someone will come and help you."
- ☐ Staff received training to help them understand people's health conditions such as diabetes and Parkinson's disease.

Staff skills, knowledge and experience:

- ☐ People were supported by staff who had the necessary knowledge, skills and experience for their roles through regular training in relevant topics such as infection control, first aid, medicines management and fire safety. New staff completed a comprehensive induction in line with national standards and shadowed staff to learn the role.
- ☐ People were cared for by staff who had regular supervision to discuss any issues and ensure they understood their role. Some supervisions were themed, covering topics such as safeguarding. Senior staff observed staff carrying out their roles to check they remained competent. Annual appraisals were scheduled for all staff.
- ☐ Staff told us training was effective and they were well supervised.

Supporting people to eat and drink:

- ☐ Most people received pre-cooked meals of their choice delivered by an external company and ate independently. A minority of people required staff support to eat their meals. We observed staff supporting one person to eat and saw this was done appropriately.
- ☐ Any professional guidance in relation to people's eating and drinking was recorded in their care plans and followed by staff.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- ☐ Staff received training in the MCA and our discussions showed they understood their responsibilities in relation to this.
- ☐ The provider told us people had capacity to consent to their care so no MCA assessments were required.
- ☐ People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. For example, one person at risk of falling from bed was supported with their bed at the lowest level with a crash mat which was less restrictive than bed rails.

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

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported:

- ☐ People liked the staff who supported them. Comments from people included, "It's a good set up here and they are friendly and helpful", "They are cheerful and kind" and "I have a great care worker. I wouldn't ask for more from him." We observed staff interacting with people in a kind, caring manner. For example, we observed staff kindly helping a person brush their hair when it came out of place.
- ☐ Many staff were new and people told us they were developing good relationships with them. Our discussions with staff showed they understood people's backgrounds and their needs. New staff read people's care plans and spent time shadowing experienced staff to get to know more about them and the care they required.

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

- ☐ Staff supported people to make decisions about their care. For example, we observed staff giving a person choices about their food while supporting them to eat. People's overall wishes about the care they received were recorded in their care plans for staff to follow.

Respecting and promoting people's privacy, dignity and independence:

- ☐ People received dignified care and staff respected their privacy. Staff understood the importance of ensuring people's doors were locked while they carried out personal care. We observed staff knocked on people's flat doors and waited for permission to enter.
- ☐ Staff received training in confidentiality and we observed they took care not to disclose confidential information about people where they could be overheard.
- ☐ People were supported to maintain their independence so they could live in the extra care service as long as possible. One person told us, "They let me do as much as I can." A second person said, "They know that I like to do as much as I can for myself and they listened when I said I wasn't ready for their help with showering." Staff gave us examples of how they helped people be as independent as possible, such as involving them when providing personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery of care.

Personalised care responsive to people's needs:

- ☐ People received care in line with their care plans which reflected how they preferred to receive their care. One person told us, "They asked me about the time for my call and wrote down what I wanted." People's care plans were detailed, accurate and reliable for staff to follow and all had recently been reviewed by the provider.
- ☐ People's needs and preferences were set out in their care plans, including those related to protected equality characteristics such as age and disability.
- ☐ People were frustrated at the lack of communal activities as these had been provided by the previous provider. However, the provider told us they were not responsible for communal activities as people's individual care packages did not include funding for this. The provider applied for funding so communal activities could be provided. The provider also arranged for external organisations to provide some communal activities at the scheme.
- ☐ Some people chose to eat in the communal dining area and the provider encouraged this to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- ☐ The provider had suitable systems to investigate and respond to complaints and we saw clear records were kept of issues and the action taken. Most of the complaints and concerns people told us about related to the food, premises or equipment which were outside the provider's control. However, the provider raised concerns with the relevant organisations on people's behalf.

The provision of accessible information:

- ☐ All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- ☐ We saw the provider was adhering to the Accessible Information Standard principles. The provider recorded details of any communication impairments and people's preferred methods of communicating.

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

Despite a change of management the service was well-led. Leaders and the culture they created promoted good quality, person-centred care.

The strategy to achieving high quality care; the governance framework:

- ☐ The provider, staff and people using the service all told us the service faced many challenges when the new provider took over and the quality of service was affected. However, all were in agreement the quality of service had improved considerably recently. One person told us, "Things in general have got better as it was awful when they first took over."
- ☐ The provider had a system of audits and trackers in place to check they met the standards required of care service. The provider also had a comprehensive action plan in place highlighting where they planned to make improvements, such as continuing to increase staff numbers.

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

- ☐ People had confidence in management. A new manager began their role for three weeks before our inspection who had experience managing a similar service within the organisation. Our discussions showed they had a good understanding of their role and responsibilities, as did staff. The manager was in the process of registering with us.
- ☐ The new manager was already well regarded and people told us they were making positive changes. One relative told us, "The service has improved since the new manager arrived and I have high hopes that she will sort out some of our urgent issues." A person told us, "The new manager has been making changes and the staff seem happier."
- ☐ Staff also spoke positively of the manager and told us they were very supportive and approachable.
- ☐ The service had a clear hierarchy. The manager was closely supported by senior managers who spent time at the service each week and a team leader who, although new in the role, had experience from working in a similar service in the organisation.

Engaging and involving people using the service, the public and staff:

- ☐ The provider had not been able to hold regular tenants' meetings because the communal lounge had been closed for several months for repair work. However, the provider told us tenants meetings were scheduled as the lounge recently reopened. Tenants' meetings showed the provider used this as an opportunity to gather people's views as part of improving the service.
- ☐ The provider held regular staff meetings and staff told us they felt the provider engaged and communicated well with them.
- ☐ The provider had a system for staff to recognise each other's achievements by writing a message of thanks on a notice board in the office.

Working in partnership with others

- ☐ The local authority was closely monitoring the service due to concerns regarding medicines records and documentation including care plans. The provider responded well to feedback and suggestions to improve the service.
- ☐ The service communicated with external health and social care professionals to ensure people received the care they needed when this was the provider's responsibility.