London Quality Care Services Ltd

London Quality Care Services

Inspection report

Unit 3, Sandow Commercial Estate
Hayes
Middlesex
UB3 4QH

Tel: 02085738838
Website: www.londonqualitycareservices.co.uk

Date of inspection visit:
03 May 2017

Date of publication:
01 June 2017

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

We undertook an announced inspection of London Quality Care Services on 03 May 2017. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

London Quality Care Services provides a range of services to people in their own homes including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection seven people were receiving personal care in their homes. All the people using the service were paying for their own care.

The service was registered with the Care Quality Commission on 12 February 2016 and had not been inspected before.

There was a manager in post who had made an application to be registered. 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.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the care workers were aware of these and knew to report any concerns. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people was positive. People said they had regular care workers visiting which enabled them to build a rapport and get to know them.

People's needs were assessed by the provider prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care.
People we spoke with said that they were happy with the level of care they were receiving from the service.

The manager was aware of their responsibilities in line with the requirements of the
Mental Capacity Act (MCA) 2005 and told us that all staff had received training in this. People had consented to their care and support and had their capacity assessed prior to receiving a service from London Quality Care Services. Nobody was being deprived of their liberty unlawfully at the time of our inspection.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines. However, at the time of our inspection, none of the people who used the service were being supported with their medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People and staff told us that the manager was approachable and supportive and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

The risks to people's safety and wellbeing were assessed and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these and knew to report any concerns.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines. However, at the time of our inspection, none of the people who used the service were being supported with their medicines.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support. Nobody was being deprived of their liberty unlawfully.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people was positive about both the staff and the

provider.

People and relatives said the staff were kind, caring and respectful. Most people received care from regular staff and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy and procedure in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service obtained regular feedback from people. This provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the provider had made an application to be the registered manager for the service.

People and their relatives found the manager to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

London Quality Care Services

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 inspection took place on 03 May 2017 and was announced.

The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for a family member who used domiciliary care services.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service.

During the inspection we looked at the care records of four people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the provider who was also managing the service, the HR manager, a care coordinator and a support worker.

Following the inspection, we spoke with three people who used the service to obtain their views about the service. We also emailed four care staff and received feedback from three.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who visited their home. Their comments included, "Yes, she is very good and I feel safe", "I get looked after really well. I am in good hands" and "Yes I would say I am [safe]. The girl that comes around really looks after me." People said that the staff were punctual and stayed the agreed length of time. One person told us, "I don't remember them ever being late."

We were told that staff were always on time but in the event of a staff member running late, people using the service would be notified and the staff would stay longer to make the time up. The care coordinator told us, "Staff do not miss calls or are late. We make sure staff are allocated to people in their area."

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager, CQC or the local authority's safeguarding team. Their comments included, "The first thing I would do is report abuse to the manager straight away. If nothing else had changed the next step would be reporting it to social services and the police" and "If I had any concerns, I would tell the manager or call the adult protection. We have all the details." The manager told us they would liaise with the local authority's safeguarding team and would notify the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents if required. However they had not needed to do this.

The service kept a log of accidents and incidents that occurred. We saw that these were rare, however when they happened, there was evidence that appropriate action had been taken to minimise the risk of reoccurrence. Records showed that the manager carried out the necessary investigations and recorded their recommendations. These were used to review and update people's care plans to ensure that staff were able to meet their needs in a safe way. This included where a person had sustained an injury following a fall. We saw that the person's care plan had been reviewed and updated appropriately and included instructions to staff to mitigate the risk of reoccurrence.

The provider employed enough staff to meet people's needs.There were contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. Staff told us they were providing care to people on a regular basis and had built a good rapport with them. One staff member told us, "I have the same person all the time. It's lovely."

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. Staff told us they knew people well and would know if they were unwell. However, all the people who used the service lived with their families who dealt with all medical matters.

The staff had received training in the administration of medicines and there was a policy and procedures in place. However, at the time of our inspection, all the people who used the service were managing their own medicines. The manager told us that although none of their clients needed assistance at present, they were prepared to step in whenever assistance was needed, or if a new person was assessed as needing support with their medicines. The manager showed us medicines administration record (MAR) charts already completed for people in case they were no longer able to manage their medicines.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and there were measures in place to minimise identified risks and keep people as safe as possible. This included providing additional support during the night for a person whose health condition required this from time to time. We did see however that where a person had been identified at risk of falling, the instructions to staff lacked detail. We discussed this with the manager who told us that they would update this straight away and would ensure that staff were clear about the level of support this person required.

Good

Is the service effective?

Our findings

People spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. The comments included, "Yes, she is really good", "Yes, I think so. I don't get told what their training is but she is always able to do anything I ask her" and "I have not had any problems so I presume so."

Care workers told us they were able to approach the senior staff to discuss people's needs anytime they wanted. One staff member told us, "We always talk to each other. We share ideas." Most of the people who used the service had been receiving care and support for less than a year, and their needs had not changed since their initial assessment. However the manager told us that they would organise for reviews to be undertaken yearly or more often if changes in people's conditions were identified.

People's nutritional needs were assessed and recorded in their care plans. These included their dietary requirements, likes and dislikes and allergy status. Most people required minimal support at mealtimes such as serving up already prepared food of their choice. People lived with their families and did not require staff to cook for them. However the manager told us that staff were sufficiently trained and would be able to cook for people if this was required.

People were cared for by staff who were appropriately trained and supported. New staff undertook training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Newly recruited staff undertook an induction based on the needs of the people they would be supporting. The induction period included an introduction to the service's policies and procedures, and training the provider identified as mandatory. This included safeguarding, health and safety, dementia awareness, person centred care, end of life care and medicines administration. Care workers were assessed throughout their induction and were signed off as competent before attending to people's care needs. One newly recruited staff told us, "The manager explained everything to me. I had a good induction and felt prepared and confident" and another said, "Yes I did have a good induction. I do get training which helps me with my day to day duties and also helps update my skills and knowledge."

People we spoke with all thought that staff were properly trained. The manager had 'train the trainer' qualifications in safeguarding vulnerable adults, health and safety, equality and diversity, medicines administration and dementia awareness, and was able to deliver in house training to staff. They also employed the services of two external trainers. The care coordinator told us that training was regular and thorough and said, "I also get all the training, like everybody else."
Records of staff training showed that they had received regular training and also received yearly refresher courses. We saw a training matrix which was showed that training was monitored and kept up to date. This indicated that people received care from staff who were sufficiently trained to meet their needs.

Staff told us they were supported through one to one supervision meetings. One staff told us, "I have not

been here that long but I already have had a supervision" and another said, "Yes I get monthly supervisions." The manager carried out unannounced spot checks for all staff. These checks included punctuality, appearance, respect, ability to carry out care and support and knowledge and skills. Each section was rated and any concerns were recorded and any identified concerns were discussed formally with the care worker. The manager told us that they would be undertaking staff's first yearly appraisals soon where they would be given the opportunity to reflect on their performance and to identify any training needs.

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's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. People told us that their consent was sought before any care was carried out. Where people lacked capacity, consent was obtained in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this.

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. We checked whether the service was working within the principles of the MCA. The manager told us that all but one of the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty unlawfully. The registered manager was aware of the legal requirements relating to this and had taken appropriate action to make sure that any restrictions were in the person's best interest and were authorised through the Court of Protection. Records we viewed confirmed this.

People told us that staff gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided.

Good

Is the service caring?

Our findings

People were complimentary about the service and the care they received. All the people we spoke with said they had regular staff and had built a good rapport with them. People said the staff were kind, caring and respectful. Some people's comments included, "Yes I am very happy", "Just the little things like always being understanding even when I am not well", [Staff member] does everything I need. And she is always smiling", "Everyone speaks to me with respect and is kind", "Yes I would say that she is [caring]", "I think it's a hard job and she does it really well, without complaining" and "Wonderful. She does everything I ask her to do."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs. People we spoke with confirmed this. People told us they were involved in discussions about their care and support, and had signed to give consent for their support.

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. We saw one care record where a person had requested a staff member who spoke the same language as themselves and were receiving this service. The registered manager told us that where possible, based on people's preferences or needs, the most suitable staff were allocated.

The service kept a record of letters and compliments received from people and relatives and some of these were displayed on a notice board. One comment said, 'Thank you so much for helping me when my [relative] had a fall'.

We saw a board in the office displaying information about safeguarding, dignity and equality, and quotes included, 'Dignity should be at the heart of everything we do' and 'True equality is about treating people differently in order to treat them the same'.The provider displayed a list of people's birthdays indicating when birthday cards had been sent to people.

People's end of life wishes were discussed and advanced care plans were in place. These included what people wanted to happen when they reached the end of their lives. For example, we saw that one person's wishes included 'Allow local Sheikh to come and give me emotional support on my faith and I also want my beloved.' However, the format of these documents were designed for a care home and included sentences such as, 'Wherever possible, the care home will continue to provide care' and a link to the Alzheimer's society's website. This same document was also used for a young person who was living with a learning disability. We discussed this with the manager who told us that the documents had been put in place by a previous manager and would address this immediately. We were shown by the end of the day that appropriate changes had been made to all the care plans.

Good

Is the service responsive?

Our findings

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered at the initial care assessments and were based on people's identified needs, the support needed from the staff and the expected outcomes. Care plans contained a document called 'All about me'. This included personal information such as family and friends, life history, important life events, values, beliefs and faith, interests and favourite places and usual routine.

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care.
Support plans were person specific and took into consideration people's choices and what they were able to do for themselves. They contained information about the person's background, life history, communication needs, routines, personal care needs, mental health needs and anything specific to the person such as their religion, ethnicity and cultural needs. Staff we spoke with told us they encouraged people to do things for themselves if they were able to. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs.

We saw that detailed support plans were in place where a specific need had been identified. For example we saw that where a person had displayed behaviours that challenged, a comprehensive support plan had been put in place. This included details of the behaviours of concern, triggers, stages of behaviour and clear guidelines for staff to follow.

People confirmed that the care and support they received helped them maintain their independence. One person told us, "Yes, I have everything I need" and another said, "Yes, [staff member] helps me have a normal life."

There were processes in place for people and relatives to feedback their views of the service. The provider undertook telephone quality monitoring calls.These calls included questions about the quality of the staff and management, and if people had any concerns regarding the service. The manager told us that as the service was still fairly new, they had not yet sent out quality surveys to people and their relatives, however, they showed us that the questionnaires were ready to be sent. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual.

We saw that an electronic system was in use for the planning and management of visits. This enabled senior staff to organise the staff rota and scheduling of visits to meet people's requirements. A senior staff member told us that once someone had got to know a person they tried to ensure that the rota was designed to match the staff to the person as far as possible. People we spoke with told us their needs were met by the staff who supported them. Their comments included, "I have the same carer unless she is on holiday or off sick. Not that often", "I have the same two carers who come round at different times" and "I have trouble

with English so it is hard for me to understand. My carer speaks to me in [language]. She is good."

The service had a complaints policy and procedures in place. These were supplied to all people using the service. People we spoke with told us they were happy with the service and never had to make a complaint. Their comments included, "Never. Why would I?" and "I guess I would ring the office and talk to someone there. Never needed to."

Good

Is the service well-led?

Our findings

People thought the service was well-led. Their comments included, "Yes, I talk to them about things I need and they try to help. Sometimes I have to go to the hospital and they will arrange a different time to come around. They are good and flexible", "Everything is good" and "Yes I do [think it is well-led]. This service has really helped me."

The provider had effective monitoring processes in place. The manager carried out regular audits of the service. These included the rostering of staff, safeguarding, recruitment and care plans.

The manager and senior staff were involved in audits taking place in people's homes. They included spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out quality monitoring visits to people who used the service to check if they were happy with the service and if the care workers were being punctual.

The service was founded in February 2016 and the provider had employed a registered manager who had left after 10 months. At the time of our inspection, the provider was also running the service and had applied to be registered with the Care Quality Commission. The management team consisted of the manager, and HR manager and a care coordinator. The manager told us that they worked well together and encouraged an open and transparent environment. Staff we spoke with told us that the manager was approachable and supportive and they felt encouraged to develop within their role.

Care workers spoke positively about the management team. Their comments included, "From the time I started I have been very supported by the staff and manager. I'm very pleased with this organisation. I have no concerns or issues", "I find my manager to be supportive and approachable. I have a lot of confidence to tell my concerns without fear", "The manager is okay. He will listen. We always talk to each other and share ideas", "We are a good team. We work together", "Communication is good" and "The manager is reliable. Whatever opinion he has, he gives."

Staff told us there were regular staff meetings and management meetings organised at the service, and we saw evidence of these. Items discussed included staffing, issues concerning people who used the service, training and recruitment and planning for the future.

The manager told us they were hoping to grow the service to provide care for up to 50 people. They were keen to grow slowly to ensure that the foundations for the business were robust. For example, they had recruited and carried out all checks for an additional 10 staff who would be ready to start work as soon as new people were receiving a service.

The manager told us they attended provider forums and other care events whenever they could and kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC). They said, "I feel that I get enough support from other colleagues, managers and consultants. I even call the local authority to ask advice."