London Care Limited

London Care (Fellows Court)

Inspection report

Fellows Court
34 Moreland Road
Croydon
Surrey
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Tel: 02086545216
Website:

Date of inspection visit: 16 and 19 October
Date of publication: 08/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This was an unannounced inspection and took place on 16 and 19 October 2015.

Fellows Court provides a supported living service for people living in one block of flats. It is located in the Croydon area.

The service had 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 and associated Regulations about how the service is run.

The service was registered with a new provider on 13 August 2015. This is the first inspection with the new provider in place.

Some people and their relatives said they were happy with the service provided at Fellows Court, whilst others expressed concerns about the support received. The

Summary of findings

main areas of concern raised were regarding the numbers of staff available to meet people's needs, particularly as the level of their needs was increasing and they were becoming more dependent. People told us they were happy with the way staff carried out their duties although they were stretched to give support in a timely way. People said they felt safe using the service. During our visit there was a welcoming, friendly atmosphere and people came and went doing activities and interacting positively with staff and each other.

We checked the medication records for five people using the service and found gaps in the recording of medication administered to them. The sample of other records we looked at varied in the level and quality of information recorded, particularly regarding people's care plans, assessments and risk assessments. This was due to the provider currently introducing new systems, re-assessing people's needs, the previous provider removing information on termination of the service and the local authority commissioning team forwarding some assessments and care plans that did not accurately reflect people's needs. This made it difficult for the provider to identify the number of staff required to meet people's needs and for staff to carry out their tasks as effectively as possible.

People said and staff told us that they were encouraged to discuss their health needs with staff and had access to GPs and other community based health professionals, as required. People were supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. They said they were very happy with the choice and quality of meals provided.

People knew who most of the staff that supported them were and the staff knew them, their likes and dislikes. Some new staff had been employed that people were becoming more familiar with. During our visit people said they were provided with information about the change of provider and their options. People told us that staff had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed them as individuals. This was reflected in the staff care practices we saw. Staff had received training from the previous provider and a training induction programme was being prepared by the new provider for current and new staff. People said staff and the manager were approachable and accessible to them although sometimes they had to wait. Staff said they had previously liked working at the home and had received good training, although they were uncertain if this would continue in the future as the new provider was currently in consultation with them.

The quality of the service provided was consistently monitored and assessed. The errors in recording of medication and missing information regarding people's care plans, assessments and numbers of staff had been identified by the new provider's systems.

The provider's website had not been updated with current details.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicine administered not being accurately recorded and there being an insufficient number of staff to meet people's needs. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

People's medicine administered was not properly recorded. This meant it was unclear if they had received them or not. Medicine was regularly audited, safely stored and disposed of.

There was not enough staff to meet people's needs in a timely way, although there was evidence that the service was making efforts to focus its practice on the individual and their care needs.

People told us that they felt safe and were not mistreated by staff in any way. There were effective safeguarding procedures that staff used, and understood. People received a service that took into account risks to them and staff when it was being delivered.

The provider had a robust recruitment procedure. The service had policies and procedures in place to minimise the risk of abuse. Staff knew the different types and signs of abuse and who they would report their concerns to.

Is the service effective?

Good

The service was effective.

People's support needs were being re-assessed and agreed with them. Staff had received training from the previous provider and a new training was being introduced.

People's food and fluid intake and diets were monitored by staff and people had access to community based health services.

Staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were understood by staff.

Summary of findings

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

People chose the manner and timing of when they received care, although this was not always delivered on time. The care plans and assessment information that the new provider had reviewed identified the care and support people needed and daily notes confirmed if this had taken place.

The service had a complaints procedure and system and people said that any concerns raised were discussed and addressed.

Is the service well-led?

Good

The service was well-led.

The management culture was positive although staff had concerns over their future within the new organisation. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

London Care (Fellows Court)

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 checked 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 was an unannounced inspection and took place on 16 and 19 October 2015.

The inspection was carried out by one inspector.

During the visit, we spoke with six people who use the service, five relatives and four care staff. There were 26 people using the service.

Before the inspection, we checked registration information, notifications made to us by the provider, safeguarding and whistle-blowing alerts raised regarding people using the service and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the building and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for five people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs.

This is a breach of Regulation 18, 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

People and their relatives told us that they felt there was insufficient staff to meet people's care and support needs in an acceptable time. One person said, "Thank god the carers (staff) are so very nice and they do make me feel safe, but they are so busy. I have to have eye drops four times per day, I told three staff this morning but it is now nearly lunch time and I still haven't had them." We saw the person during lunch and they confirmed that the eye drops had been administered. Another person told us, "The carers (staff) do their work very well and I don't want to make a fuss, but I pressed the button (call alarm system) and nobody came." A relative said, "Sometimes it is hard to find staff who are not too busy to come and people have to wait." Our observations in the communal dining area showed us that staff were trying very hard to meet people's needs and delivered support in a caring way, although this was not always when they needed it, as there were not enough staff at all times. One person in a wheelchair was waiting to be escorted back to their room. A staff member explained that they would be with them as soon as possible, but that they had to take someone else first and would come back after that or would send another colleague if they saw one. Another person using the service heard this and said they would sit and chat with the person until staff came back. One person told us that being kept waiting was not unusual.

One person told us that the staffing was better at weekends, although the staff levels remained the same. This was because the more time consuming tasks, such as bathing had been completed during the week. A relative told us that the staffing seemed a lot lower at weekends. They said, "Fellows Court is supposed to be a place for independent living with extra care. In reality as long as you can look after yourself it is lovely, I would even go as far as saying 4* hotel rating, if you need any help in managing day to day life this is the wrong place to be. This residence has 40 flats (some are double so cannot confirm how many residents) but some of the residents are bed bound, need a hoist, are diabetic, incontinent, not mobile and of course all are elderly, average age 70-90." Relatives and staff told us there are a proportion of people using the service with varying degrees of dementia and this has meant longer time is required to meet their needs, which is not proportionate to the staff levels and time they have to meet needs or reflected in their care packages.

The provider was reviewing the staffing levels during the week and at weekends. Currently one group of staff worked mainly during the week and another at weekends although this was not mutually exclusive. This meant communication within the staff team was not always clear.

Accurate records of medicine administered were not kept.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the medicine records for five people using the service and found that the records were incomplete with gaps in the recording of whether medicine had been taken, with no explanation. The impact for people using the service is that they might not receive their medicine or receive it more than once. The medicine administered records were regularly audited, had picked up the recording gaps and the registered manager told us the errors would be addressed by further training. Medicine was properly stored and disposed of, as required. Staff were trained to administer medicine and this training was to be included in the new provider's induction training programme. One person queried the training of staff regarding giving medicine as they thought a staff member was not following the correct procedure. The person said, "I don't know if staff understand the purpose of the blister pack system. They added that they normally get their medication on time." A relative said, "I understand they (staff) are not nursing staff but I would say 95% of the residents rely on getting the correct medication and it being administered to them."

Staff understood what constituted abuse and the course of action to follow if they met with it. They had received induction and refresher training regarding abuse from the previous provider and had access to policies and procedures regarding abuse. The new provider was introducing induction training for existing and new staff. The staff responses to questions about what they would do if they encountered abuse told us that they knew how to act to protect people from abuse and harm in a safe way.

Requires improvement

Is the service safe?

Staff were aware of how to raise a safeguarding alert and the circumstances under which this should happen. They had received appropriate training. There was no current safeguarding activity relating to the new provider, but a number of safeguarding alerts being investigated by the local authority in relation to the previous provider. One of these related to incidents that occurred in January 2015. There were policies and procedures in place to enable safeguarding alerts to be appropriately reported, investigated and recorded. People who use the service had access to information about keeping safe and staff advised and supported them accordingly. Staff told us they had received training in assessing people to take acceptable risks.

The registered manager told us the provider had a centralised recruitment process. The staff recruitment procedure was comprehensive and recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. A sample of staff records showed that the recruitment procedure was followed. Staff received a handbook that contained disciplinary policies and procedures.

People's care plans that had been updated by the new provider, contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. There were risk assessments for the aspects of people's lives that were relevant to the care and support that was provided. The provider's risk assessment process required that they were reviewed regularly and adjusted when people's needs and interests changed. This was included in the overall process of reviewing care packages that the new provider had begun. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. Staff said they were able to evaluate and compare risks to people due to their knowledge of each individual and prioritise accordingly.

The staff told us they shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept. Staff told us they knew people using the service very well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove any discomfort people experienced.

Good

Is the service effective?

Our findings

People we spoke with said that they made their own decisions about the care and support they received and when it was provided. They told us the care and support provided by staff was what they needed, although not always delivered on time. One person said, "It's a lovely place here." Another person told us, "I like living here." A relative said, "Generally everything seems to be ok at the moment, but I will be keeping an eye on the new providers to see how it goes."

Staff said that they had received training from the previous provider that included induction and annual mandatory training. The manager confirmed that staff had been booked on induction training with the new provider and been informed of the dates. Training included safeguarding, infection control, Manual handling, first aid, food hygiene, equality and diversity and dementia. Bi-monthly staff meetings included situations that may identify further training needs. Supervision sessions were also used to identify any gaps in required training.

People's care plans that had been reviewed by the new provider, contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight charts were kept if required and staff monitored the type of meals and how much people ate to encourage a healthy diet. There was also information regarding the type of support people required at meal times. Staff said any nutritional concerns were raised and discussed with the person and their GP if necessary. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People were also encouraged to have annual health checks and the provider liaised closely with community based health care services. The records demonstrated that referrals were made to relevant health services as required.

People had access to a restaurant on site and their tenancy agreements enabled them to have meals there. There was a variety of meals available to choose from and we saw people being supported by staff to make their choices, as required and time permitted. One person told us, "The food is beautiful, it really is. Today I didn't fancy sausages or fish and told them I wanted a salad. They gave me a choice of salads. There is a vegetarian lady and she always gets the right meal." We saw people being prompted and supported to eat their lunch. This was hurried at the beginning of lunch due to the number of people waiting to be served and one person with dementia sat for a period of time without touching their meal. When a staff member noticed this, they engaged the person in conversation and encouraged them to eat, which they did. As less people required lunch meaningful interaction with staff increased proportionally as staff had more time and decreased when people needed support to return to their flats. Meals were monitored to ensure they were provided at the correct temperature and people's preferred portion sizes.

Staff were aware of and had received training in the Mental Capacity Act 2005 and the 'Best Interests' decision making process, when people were unable to make decisions themselves. The registered manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

People's consent to treatment was monitored regularly by the service and recorded in the care plans that the new provider had reviewed. Staff continually checked that people were happy with what they were doing and meals they had chosen throughout lunch. There were advocacy services available through the local authority and people were made aware of them. An advocacy service represents people and speaks on their behalf.

Good

Is the service caring?

Our findings

People told us that staff always treated them with dignity, respect and compassion. This was reflected in the staff care practices we saw. People were treated in the same caring way and given equal attention despite staff being limited by the time available to them. Staff listened to what people had to say in a patient, friendly manner and valued their opinions. People told us that staff provided support in a friendly, caring and appropriate way that they liked. One person said, "I enjoy my life, if you can't have a laugh life's not worth bothering with." Another person told us, "Everyone here (staff) is good to me." Another person said, "I'm well looked after (staff)." A further person told us, "The carers (staff) do their work very well." A relative said, "No problem with staff at all, they are fine and it is nice to see consistent faces for (person using the service)." People's body language was also positive throughout our visit that indicated they were happy with the way staff supported them and delivered care.

The service was focussed on care for the individual and we saw staff put into practice training to promote a person centred approach. During our visit staff demonstrated skill, patience and knew people, their needs and preferences very well. People's needs were met, although not always in a timely way and they were encouraged to make decisions for themselves. Staff spoke with people at a pace that made it easy for them to understand and for people to make themselves understood. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. Sometimes this meant that other people had to wait to be supported. Staff asked what people wanted to do, where they wanted to go and who with. One person was in a wheelchair and waiting to be supported back to their flat. The staff member bent down to eye contact level with them and explained in a gentle voice that they were taking the brake off and moving the wheelchair so that the person understood what was happening and was not distressed by a sudden unexplained movement.

People and their relatives told us that they were able to discuss the content of their care plans and those reviewed by the new provider had been signed by people or their representatives where practicable.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. A relative told us, "You cannot get into the building unless you have a key fob because nobody ever answers the intercom after 5pm or at the weekend." Another relative said, "I visit a lot and have never had any problem gaining access." It was not possible to determine the accessibility to the building as the inspection was announced and therefore the provider was aware we were visiting.

Staff had received training from the previous provider about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. People's right to dignity, privacy and respect was included in the induction training that the new provider was to provide for staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was also to be included in induction and on going training and contained in the staff handbook.

Requires improvement

Is the service responsive?

Our findings

People and relatives said that they were enabled to contribute to decisions about the care and support provided. The registered manager's re-assessment of people's care plans and the packages of care they received showed that they were responsive to people's needs, although it would take time for the process to be completed. This process was further complicated by the previous provider removing information from people's care files meaning that, in some instances the registered manager had to rely on assessment information and care plans provided by the local authority, staff knowledge of people and relatives input. One person said, "I don't recall anyone coming in from the council to review my care, not since the early day's years ago." A relative said, "We had a case review last year, but not this year and need to be informed of any changes." The local authority assessments varied in the level and quality of information recorded. One assessment recorded that a person required support from one member of staff with personal care and breakfast, food preparation and to make a hot drink at night and supervise and prepare for bed. The re-assessed care package by the registered manager identified that the person required support from two staff, for hoisting whilst getting out of a wheelchair and that the person could not stand for any period of time. They also had meals in the restaurant. The re-assessment had been signed and dated by a relative. Another assessment said the care and support was provided by an external agency. On review the new provider found this agency did not provide support to anybody at Fellows Court. A further assessment described the care to be delivered as all aspects of personal care, hygiene, washing and dressing. It was not stated when or how this should take place. The impact on people using the service was reduced as the staff team in place were experienced, knew people's needs and worked hard to meet them.

Staff were aware of what people's needs and wishes were and tried to meet them whenever possible. People said their needs were met in a way that they enjoyed, were comfortable with and in a homely manner. Throughout our visit people were encouraged to give their views, opinions and make choices by staff. People were enabled by staff to decide things for themselves and listened to, although prompt action was not always taken and needs met in a timely way. One person told us, "Staff try hard and do their best. You will always have people who find fault with anything." We saw that staff prioritised support to most urgent need and the appropriateness of the support given was reflected in the mainly positive responses of people using the service. If people displayed discomfort or pain during our visit, resolving this was the priority.

The provider's procedures and updated records showed that people were asked for their views, encouraged to attend meetings and that annual quality assurance surveys would be sent out to get people and their relatives opinions at the appropriate time. There were minuted meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the performance of the service positively or negatively. People were aware of the complaints procedure and how to use it. One person told us, "If I had any complaints, I would be the first person to do so." A relative told us, "I have had numerous issues with the care provided and have expressed my concerns on many occasions with the manager. I have always said to the manager I want to give you the opportunity to put things right but I am afraid there are no more chances, I have to be a voice for my (relative) and for every resident there." The relative stated that a number of the concerns they had raised pertained to the previous provider, but that they were worried this might not improve under the new one. The provider had a system for logging, recording and investigating complaints. There was a whistle-blowing procedure that staff had access to. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns.

The registered manager explained the procedure prior to people moving to the service. Before people moved in the local authority would provide assessment information and care plans to the service, which also carried out its own pre-admission assessments. Placement agreements were based upon the service's ability to meet the needs of the individual, safety of other people staying at the service and the support that could be provided. Information from any previous placements was also requested if available. People and their relatives were consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before

Requires improvement

Is the service responsive?

deciding if they wanted to live at the service. Staff told us about the importance of recognising the views of people using the service as well as relatives so that care and support could be focussed on the individual.

People were provided with written information about the service and organisation in the form of a leaflet and guide. When asked about how much consultation and information they had received prior to the new provider taking over the service the response was mixed. One person told us, "Nobody talked to me about the new service." Another person said, "I was well informed about the changes in advance."

Although the service provided was independent living support there is a high expectation that activities were provided at Fellows Court by people and their relatives.

Activities were provided and we saw two people discussing if they were going to attend an upcoming 'Elvis' concert' and another person asking a staff member if they could remember if the person had purchased a raffle ticket. A relative commented, "There are not enough activities and people vegetate in front of the television." Visiting services from the local community where available such as a hairdresser, chiropodist and optician. A staff member said, "One of the main problems is that people and their relatives have an expectation that we provide a care home rather than supported living service. Therefore things such as the call alarms are constantly going off with people wanting cups of tea as they do not understand that we are not primarily here to provide that sort of service, if it is not included in the care plan."

Good

Is the service well-led?

Our findings

People told us that they were happy to speak with the registered manager and staff and discuss any concerns they may have. One person said, "The management team now spend more time with people." During our visit, we found that the home had an open culture with staff listening to people's views and acting upon them as soon as possible.

The organisation's vision and values were clearly set out. Staff we spoke with were concerned about their position regarding the new provider, what their job duties and responsibilities entailed and were waiting to see how the changes would affect them. One staff member said, "We need better support from senior management within the organisation." Staff confirmed they had been involved in a consultation process, this was ending on 26 October 2015 when their positions would be clarified and they would be receiving induction training from the new provider. A staff member said, "As far as I'm concerned, I work for the people here rather than the organisation."

Staff told us the support they received from the manager was good. A staff member said, "The new manager is easy to get on with and hands on." Staff had regular two monthly minuted staff meetings and three consultation meetings had also taken place in the previous two months. The new provider took over two months ago and it is planned that regular quarterly staff supervision and annual appraisals will be put in place.

There was a policy and procedure to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was performing well. This enabled required improvements to be made. The audit system had picked up the gaps in recording of medicine administered. Areas of particular good practice were also recognised by the provider.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, risk assessments, infection control, the building, equipment and medicine. There were also shift handovers that included information of importance regarding people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12, 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs. Regulation 18, 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Staffing