

London Care Limited

London Care (Raynes Park)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults and younger adults with disabilities.

Not everyone using London Care (Raynes Park) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service supported around 350 people at the time of our inspection.

At our last comprehensive inspection on 4 and 5 August 2016 we found four breaches of legal requirements in relation to staffing, safe care, person-centred care and good governance. The provider wrote to us with their action plan on 27 September 2016 and told us they would resolve these issues by 30 November 2016 although some actions would be ongoing.

We conducted a focused inspection on 10 March 2017 to check the provider's actions to improve the key questions 'Safe', 'Responsive' and 'Well-led' to at least good. At the focused inspection, we found that although the provider had made some improvements, they were still in breach of the regulations in relation to safe care, person-centred care and good governance.

At this inspection of 25 July 2018 we found that the provider continued to be in breach of the regulations in relation to safe care. Medicines were still not managed safely in that medicines administration was not always accurately recorded and people's care files did not reflect any risks associated with the medicines they were prescribed. You can see the action we have told the provider to take with regard to these breaches at the back of the full version of this report.

We have also made recommendations. The first is in relation to the personalisation of people's care plans, these required review to ensure the tasks people were able to undertake independently were reflected. The second is in relation to communication of the management structure so that people and their relatives are clear on who the manager is.

Some areas of the service required improvements. Staff training, supervision and appraisal required updating to ensure staff were compliant with the provider's requirements. Complaints had not been responded to in a timely manner, however the new manager had taken ownership of these issues.

Management at the service had recently changed and they were able to show us a robust action plan that had identified these areas that required development. We were satisfied with the improvement plan that the provider had in place.

At the time of inspection the manager had applied for their registration with the CQC. 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.

People and their relatives told us they felt that the care delivered by the service was provided by staff that knew how to keep them safe. There were robust safeguarding procedures in place to ensure that staff were able to report any concerns, and that these were appropriately investigated. Recruitment processes ensured that staff were vetted to ensure they were safe to work with people. Staff took necessary measures to prevent the spread of infection when supporting people.

People were supported with meals of their choosing, prepared to their liking. When support from other healthcare professionals was required the service supported this. People's capacity was recorded in line with guidance, to ensure people were enabled to make decisions.

People felt well cared for and that staff were considerate of their needs. Where people had any cultural or religious beliefs these were supported. People's privacy and dignity was respected when being supported by staff.

Relatives and people were involved in the planning of care to ensure that it met people's needs, including regular reviews. The provider was in the process of reviewing the care of all individuals using the service. The provider had measures in place to support people using the service who required support with end of life care.

The manager was new to the service, and was focusing on governance systems to improve the quality of the service. Staff spoke positively of the support they received from the new management team. The service sought feedback from people through telephone monitoring and surveys.

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 as safe as it could be.
Medicines records were not always accurate in reflecting when people's medicines were administered, nor did care plans reflect the medicines people were prescribed.
Recruitment processes were robust in ensuring staff were safe to work with people. Safeguarding protocols were in place to help protect people from the risk of abuse. Effective infection control measures were in place.

Requires Improvement ●

Is the service effective?

The service was not as effective as it could be.
Staff training, supervision, appraisal and spot checks required updating to ensure that all staff had completed this.
People were supported to access healthcare professionals, and maintain a balanced diet.

Requires Improvement ●

Is the service caring?

The service was caring.
People were supported by staff that were caring and compassionate.
People's privacy and dignity was respected.

Good ●

Is the service responsive?

The service was not as responsive as it could be.
Whilst people felt their independence was promoted, records did not clearly reflect what people were able to do for themselves.
Complaints had not always been managed in a timely manner, however the new manager had made improvements in response times.
End of life support was available should people require this.

Requires Improvement ●

Is the service well-led?

The service was not as well-led as it could be.
The new manager had implemented an action plan to improve governance systems across the service, however time was required to embed these practises.
People and their relative's views were sought through telephone monitoring and surveys.

Requires Improvement ●

London Care (Raynes Park)

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 25 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager would be in.

This inspection was conducted by two inspectors. There were two experts-by-experience making calls to people that use the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about this service, including any safeguarding alerts, inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During the inspection we spoke with the manager, the operations manager, four members of staff, one team leader, a recruitment officer and the compliance administrator. Two experts-by-experience made contact with 15 people using the service, and six relatives.

We looked at six people's care files, people's home care report books, staff files and the provider's quality assurance documents.

Is the service safe?

Our findings

At our last comprehensive inspection on 4 and 5 August 2016 we found a breach of the regulation in relation to safe care. Medicines were not always managed safely, because appropriate information about people's medicines was not included in people's files. There were gaps in records and insufficient information about medicines to be taken only when required. Risk assessments were not personalised enough for the provider to be sure they were assessing, managing and mitigating risks arising from individual needs such as people's health conditions and that they were meeting people's individual needs. At our focused inspection of 10 March 2017 we found medicines were still not managed safely. Risks were not assessed and managed appropriately.

At this inspection the provider had failed to make the required improvements to ensure people's medicines were managed safely. People's care plans still did not include sufficient information about medicines they were prescribed, including the reasons for taking them and any potential side effects.

Appropriate medicines records were still not included in people's files. People's care files reflected the level of support people needed with medicines, however medicines were recorded in the medicines administration record (MAR) in the 'home report book'; there was no list of medicines kept in people's care plans. Therefore, it was not clear what people's medicines were for, or any potential side effects.

One person's care file referred to the use of one medicine, however records showed that this medicine had been omitted from their MAR. A field care supervisor told us the person was no longer prescribed the medicine, however their care plan had not been updated to reflect this. The same person's records showed that required application of 'PRN' (as required) creams, however there was no guidance to reflect how and when this should be administered.

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

We found that completed medicines records were clear on how people should be supported with their medicines, and MARs provided clear instruction on how people's medicines should be administered. People felt they were appropriately supported with their medicines telling us, "Yes, they are in a blister pack" and "If I am a bit tired, the carer will bring it [tablets] into the room for me. Yes, [I get my tablets] on time."

Some people told us they did not always feel that care workers attended their calls on time, and felt that staff did not always have enough time between visits. Comments included, "Occasionally late and sometimes they'll call and sometimes, not", "The carers are OK but the office needs to improve the planning of the rotas", "She's [family member] patient with the carers but they are always in a rush. They're rushing to do things in the time they have", "Yeah, they have improved but they could improve on running late and informing the client."

The provider had recently moved to an electronic system to monitor staff attendance at calls. Records

showed that monitoring and communication in relation to any lateness had improved since the implementation of this system. People that we spoke with also commented on the improvements to communication in relation to the lateness of calls. One person said, "We'd give them a 9 out of 10 especially now they're all logging in on the phones. We would like to know about covers during the holidays – if they could let us know who's coming. I get anxious about not knowing" We will check on the provider's monitoring of call attendance at our next inspection, as time was needed to embed the new monitoring system.

People and their relatives felt that they were kept safe by the service, and that staff treated them well. A relative said, "Yes. I can pick out three people who are exceptional, and appreciate [my family member's] disabilities." Another person told us, "Yes they do. They are very pleasant, they give me privacy and treat me very well."

We found that improvements had been made to risk assessments. The provider had ensured that condition specific guidance sheets were available in people's home to guide staff on how best to support people with any specific conditions.

People's care files contained risk assessments that assessed key areas, and recorded steps in place to mitigate risk to people. Records showed each person had risk assessments covering falls, skin integrity and the environment. Guidance was in place citing measures to be taken to help reduce risks to people.

Staff that we spoke with were clear on the steps to take to safeguard people, and how to report any suspected abuse. Staff were able to tell us of the different types of abuse, and that they had attended the provider's training. A staff member said, "I would report it straight away if I noticed anyone at risk of abuse. I would make records, tell the council and CQC."

People were protected from the spread of infection, and told us staff wore personal protective equipment (PPE) when supporting them. One person said, "Yes. Wear gloves then wash their hands. They are very good. I can't fault the carers." A staff member said, "I wash my hands, everything is clean. For example, clothes and bedding."

Checks had been undertaken to ensure that staff were safe to work with people. The provider had recently conducted an audit of staff files to ensure that recruitment checks were up to date and complete. Staff were subject to disclosure and barring checks (DBS) prior to the commencement of employment, and records showed the provider renewed these every five years in line with best practice. Files included application forms, proof of identity, and two references.

Is the service effective?

Our findings

The provider had recently conducted an audit of staff records, which had identified multiple gaps in staff training, supervision, appraisal and spot checks. Staff were required to undertake training in areas such as moving and handling, medicines, safeguarding of vulnerable adults, infection, food hygiene, first aid, health and safety, dementia and mental capacity. Additional condition specific training was also undertaken where required in areas such as stroke and diabetes.

The provider had implemented a new 'fitness to practice passport', which had been sent to all staff. The new method included learning booklets, direct observation and competency assessments. People that we spoke with thought that staff were trained to meet their needs telling us, "Yes they do[know how to support me]. Because they know exactly what they are doing" and "Yes seems very well trained."

A six week deadline had been set with the provider's Quality Team to ensure all staff were up to date with the provider's requirements. The manager also told us that supervision was scheduled to take place every 12 weeks, and that these were being booked to ensure that staff were up to date. We were satisfied that management were taking appropriate action to remedy these issues, and will check on the provider's progress at their next inspection.

People were supported to access meals of their choice and felt they were appropriately prepared by staff. One person said, "They do my meals three times a day and give me lunch. Water beside me. Yes I choose them[my meals]." Records reflected people's likes and dislikes in relation to their meal preferences and clarified any support they required with eating. Where one person's record noted their preference for breakfast we saw this had been accommodated as reflected in their daily notes.

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.

We checked whether the service was working within the principles of the MCA. Staff were aware of the need to support people in making decisions about their care and how they wished to be supported. People's care records reflected whether they were able to make decisions in relation to their care.

People told us they received support to access healthcare professionals when required. One person said when asked, "Yes. I had to get the doctor in and was treated here." Another told us, "By and large. Yes." People's records included details of their GP surgeries and any other important healthcare professionals involved in their care.

Is the service caring?

Our findings

People felt well cared for by the staff that supported them. One person told us, "She [staff] always asks me how I am and how did my weekend go if it's a Monday." Another said, "They're all very pleasant and they're all from different nationalities."

A relative said, "Yes they [staff] are kind and caring. They talk and laugh together and she's so patient with him." Another told us, "Yes she has got one who sings to her in the morning."

People felt their privacy and dignity were respected by staff when supporting them with personal care. One person told us, "She [staff member] makes sure I'm covered up after my shower and recently she shut the bathroom door while I was in it when she had to answer the front door." Another commented, "Yes. I would tell them off if they didn't. When they come in they make sure the curtains are tight shut. Respect? Well they are always the same. If the shower is too hot or cold they turn it down. They are really good." A relative said, "Yes, they are and yes they do [treat her with dignity and respect]. There are lots of people in and out of the house and I think that [family member] is happy with the carers."

People told us that they were supported to be independent with tasks that they were able to carry out. One person told us, "She'll [staff member] do what I need her to do and she'll let me do the bits of dressing that I can do." Another told us, "Yes I really think he does when he gets off the stair lift he says come on take some steps towards me." A relative said, "Some [staff] do. I don't know if all of them do all of the time. When coming down in the chair lift, they encourage him to open the belt himself. Small things."

People also provided us with examples of when they were supported with any religious or cultural needs. Comments included, "I like to go to church on Sundays, so she's [staff member] very good and flexible about that...by coming earlier" and "Church on Sunday. They always try to get here in time for my husband to have breakfast." People's care files reflected that they had been asked about their preferences in relation to any diversity needs, and these were considered in the planning of people's care.

Is the service responsive?

Our findings

At our last comprehensive inspection on 4 and 5 August 2016 we found a breach of the regulations in relation to person-centred care. At our focused inspection of 10 March 2017 we found care plans were still not sufficiently personalised to ensure that people's care was meeting their individual needs. Care plans did still not contain information in relation to people's specific conditions, nor did they always reflect people's preferences about how they wished to be supported.

At this inspection of 25 July 2018 we found that care plans had improved to reflect how people liked to be cared for. For example, one person's care plan specified where they preferred their evening meal to be placed so that it was accessible to them. However, care plans we looked at were lacking in the personalisation of how people should be supported to be as independent as possible. People's care plans were primarily task focused and did not always detail people's choices.

We recommend that the provider improve how care plans reflect people's independence by ensuring the tasks that people are able to do for themselves are reflected.

The provider was in the process of reviewing and updating the care plans for each person using the service. Therefore, we will review their progress at our next inspection.

Most of the people and their relatives told us that they had been involved in care plan implementation and review. Comments included, "Yes. They came to review me the first time. They look at the book and see if there is anything new to do. Manager comes to review", "Yes. They review periodically" and "It's [the care plan] got all the times and dates and their supervisor comes round every 6 months."

Complaints were not always responded to in a timely manner, in line with the provider's policy. We reviewed the provider's complaints records and found multiple complaints, primarily in relation to lateness and missed calls that had not been responded to. The new manager had responded to, and investigated all complaints once they commenced their role in May 2018, however some complaints dated back to January 2017 and these had not been investigated until June 2018. We were assured that the new manager would be vigilant in the management of complaints, and we will therefore review the provider's compliance with this at our next inspection.

At the time of inspection the service was not supporting any individuals with their end of life care needs. The provider had an end of life care specific risk assessment in place should the need arise. This covered areas such as any potential risks associated with the delivery of end of life care, people's wishes in relation to care, after death wishes and any cultural or religious decisions.

Is the service well-led?

Our findings

At our last comprehensive inspection on 4 and 5 August 2016 we found a breach of the regulations in relation to good governance. Systems to assess the quality of the service were not always effective.

At our focused inspection of 10 March 2017, the registered manager told us they were taking action to address all of the issues we found at our comprehensive inspection. Although the provider continued to use appropriate systems to identify shortfalls in the quality of the service, the measures they took to rectify these were still not effective. We did not find significant improvements from our last inspection in terms of safe care or person-centred care.

At this inspection of 25 July 2018 we found that the quality assurance systems still required improvement. Although the provider continued to use appropriate systems to identify shortfalls in the quality of the service, the measures they took to rectify these were still not effective. We did not find significant improvements from our last inspection in terms of safe care or person-centred care.

We were unable to view copies of people's home care report books that had been audited, and were therefore unable to review how robust the provider's local audit systems were. We were able to review the provider's annual audit, most recently conducted in October 2017. Improvement actions identified included the recording and storage of people's care files, team meetings, management of complaints and staff training and supervision.

The above points notwithstanding, the new manager of the service was able to show us a robust action plan that identified shortfalls across the service. Areas highlighted for improvement included medicines management, staffing and care planning. We were satisfied that the actions the provider had identified to improve quality assurance systems were in place, and needed time to be embedded. We will check on the provider's progress with this at our next inspection.

People were not always clear on who the manager was, with one person telling us, "They have changed hands so often I don't know who the manager is." One person did tell us, "I haven't met the manager but I feel they are very good." We recommend that management take appropriate steps to ensure people and their relatives are aware of the management structure of the service.

Staff spoke positively of the new manager. Comments included, "He is a good manager. All the time I have support when I call, they [office staff] are working with us", "The manager is brilliant" and "I have confidence he will address this [issue raised]."

Improvements had been made to ensure that staff were able to attend regular team meetings, records showed that a schedule had been implemented to ensure staff had the opportunity to attend team meetings regularly. Where staff were unable to attend, records showed that the minutes were sent to them so that they were kept informed of any developments.

People and their relative's views were sought through telephone monitoring and surveys. One person told us, "I will say that they have definitely improved." We reviewed the results from the last survey conducted in July 2017, and saw that they were primarily positive. Where improvements were required an analysis had been conducted and the provider had identified an action plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's medicines were not always managed safely. Care records did not reflect people's medicines, the reason for taking them and any potential side effects. Medicines administration records were not always fully completed to show when people received their medicines.</p> <p>Regulation 12 (1) and (2)(g)</p>