

London Care Limited

London Care-Crayford

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

London Care-Crayford is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection, 270 people were using the service.

Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

People benefitted from an improved service. However, some staff were not provided with enough time to travel between calls at evenings and weekends. We have made a recommendation about the deployment of staff.

People were kept safe from avoidable harm and were cared for by staff who were well-trained and understood how to protect them from abuse. Staff were knowledgeable about safeguarding vulnerable people and knew how to raise any concerns.

Risks to people's safety had been assessed and documented and staff understood their roles keeping people safe.

People received support with their medicines, from staff who were appropriately trained and assessed as competent in this area.

People were overwhelmingly positive about the care they received from a regular staff team who knew people well. Staff supported people in a caring and dignified way, and promoted people's independence.

Staff understood their responsibilities for good record-keeping and used the provider's electronic record keeping system, which managers monitored in real-time, reducing the risk of errors.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 January 2020) and there were multiple breaches of regulation. The provider had completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 29 May 2019. Breaches of legal

requirements were found and a Warning Notice was served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the inspection to show what they would do and by when to improve their complaints handling, the effective deployment of staff, and the governance of the service.

We carried out an announced targeted inspection of this service on 05 December 2019 to check whether the Warning Notice we had served at the last inspection had been met. We found that the service was still in breach of that regulation.

We undertook this focused inspection to check they had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care-Crayford on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

London Care-Crayford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the management team would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we held about the service. This included notifications of significant incidents reported to us and the previous inspection report. We sought feedback from local commissioners. The provider was not asked to complete a provider information return prior to this inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the regional manager and the quality lead. We spoke with 34 people who used the service and their relatives. We spoke with 21 care workers. We reviewed a range of records, including 10 people's care records and medicines records. We looked at five staff files and various records

relating to the running of the service, including safeguarding and quality assurance records. We reviewed the electronic call monitoring records for the service over a six-week period.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection the provider had failed to deploy staff effectively to ensure people were supported safely at the time it was planned for. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, we have made a recommendation about the deployment of staff.

- Some staff were not provided with enough time to travel between calls, particularly at evenings and weekends. For example, some visits had been scheduled with only five minutes travel time in-between. Electronic call monitoring records indicated staff needed more time to make these journeys. One staff member told us, "Sometimes I have only five minutes between calls and it's just not practical because of the traffic."

We recommend the provider reviews their policies further in relation to the deployment of staff and take action to update their practice accordingly.

- People were supported by staff who were familiar with their needs and who knew how to keep them safe. One person told us, "...if there are new ones (staff), they are introduced to me".
- The provider operated safe recruitment practices, which included obtaining appropriate references, Disclosure and Barring Service (DBS) checks and a full employment history for new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to safeguard people from the risk of abuse.
- Staff knew how to spot signs of abuse and how to report any concerns. They had received training in this area and were knowledgeable about the ways in which the people they visited might be vulnerable to abuse.
- When safeguarding alerts were raised, these were followed up appropriately and detailed records were kept. The provider kept a log of these, which they regularly audited and analysed to ensure there were no concerning trends or patterns.

Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm. Risks to people had been identified and action taken to prevent harm. These were reviewed regularly, and staff had access to this information at the point of care.

- People told us they felt safe and comfortable in the care of staff. Staff provided examples of practical things they did to keep people safe, such as ensuring there weren't any trip hazards when supporting people to walk. People and their relatives told us, "When [the staff member] is supporting me having a bath, they always test the water to make sure it is not too hot" and "We feel safe with the carers and get on really well with them."
- Equipment had been regularly serviced and dates kept for the next service.

Using medicines safely

- Medicines were managed safely. The support people required with their medicines was clearly documented and updated as necessary. Each person's assessment included an up-to-date list of their medicines. One relative told us, "They (staff) help [Name of person] with medicines and that is all correctly monitored."
- There was clear guidance for staff for administering medicines prescribed 'as required' and for homely remedies.
- Staff had received training in the safe administration of medicines and their competency in this area had been assessed.
- Through electronic monitoring, medicines errors, such as missed doses, were identified in real time and followed up with staff and records kept of actions taken.

Preventing and controlling infection

- People were protected from the spread of infection. Staff had received appropriate training and knew when and how to use personal protective equipment (PPE), such as masks, gloves and aprons. People told us, "The carers always tidy up and I feel confident they do the job well." and "Yes they (staff) wear masks all the time, and wash their hands when they come in and wear gloves and aprons" and "I feel safe with the staff, they all wear a mask when they come in and wash their hands."
- The provider had further developed their policies and procedures to prevent the spread of COVID-19. One person told us, "The office has sent me a letter about COVID-19, which was useful, and the carers wear face masks as I was told they should do."

Learning lessons when things go wrong

- There was a culture of learning from mistakes and near-misses. The registered manager reviewed accidents and incidents and learning was shared at staff meetings and supervisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Improving care quality in response to complaints or concerns

At our last inspection we found that the provider had failed to follow their complaints policy and was not able to demonstrate that all complaints received were handled effectively. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- There had been an improvement in how complaints and concerns were managed. The registered manager addressed complaints in line with the provider's policy and procedures and we received positive feedback about this.
- People and their relatives knew how to make complaints. They were provided with information about the provider's complaints procedure when they began using the service. Feedback we received included, "I have never had any concerns so I have never had to make any complaints" and "I have not had to complain about anything but I feel confident that they would sort it if needed."
- Where people had cause to raise concerns, they were happy with how these had been responded to. One person told us, "I have made complaints to management who recognised my complaints and have tried to rectify the problems."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found people were at risk of unsafe care and support because records were not accurate, complete, readable and consistent. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- People benefitted from improved, clear and consistent care plans, which were held on the provider electronic system.
- There was a culture of learning from past mistakes and of driving continuous improvement. This was supported by a programme of audits and quality assurance checks, carried out by the provider's area management team. The provider had developed a detailed action plan. One person told us, "I am very confident that the agency is doing their best as there has been a lot of improvement lately."
- The provider had ensured staff training remain up to date, despite the challenges posed by COVID-19, at the time of the inspection. For example, they had facilitated a socially distanced induction for new staff, and existing staff had completed refresher training remotely. Staff told us, "[The provider is] really helpful and lets you know about the latest COVID-19 guidance and training."

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

- The registered manager was clear about their responsibilities to notify CQC of certain incidents.
- The provider regularly audited records of complaints, safeguarding investigations and quality concerns.
- The service's rating was clearly displayed in the office and on the website.

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

- People and their relatives spoke highly of the service they received and described the positive outcomes they had experienced. For example, people spoke about the support they had received to maintain their independence. Comments included, "The carers are brilliant, so kind and helpful. I am happy with all of them... They encourage me to do as much as I can independently"; "When I am in the washroom they stand by and let me do as much as I can independently."; "[Name] can't do a lot, but is encouraged to do the little things..." and "[Name] does as much as possible, which makes them feel more positive about things."

- We received excellent feedback from people about the kind nature of the carers. Comments included, "I find the staff all caring and feel that they do a good job for me." ; "My carer is very kind and caring and very trustworthy. She spends a lot of time chatting with me and [Name] as she looks after us both..."; "I feel it is a good company as some carers are really brilliant and we would be lost without them, as they often do over and above what they are employed to do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought people's views about the running of the service. One relative told us, "The manager is very good and calls to check up that it's all going well, I would say it's well-managed and we have no complaints at all."
- Staff benefitted from the support of their supervisor and opportunities for regular supervision and appraisal. They were engaged in the improvements being made to the service.
- The provider worked closely with many health care professionals and local services. We found examples of this in people's care plans. Staff we spoke with had worked in partnership with a range of health and social care professionals, such as district nurses and physiotherapists.