

London Care Limited

London Care (Shepperton)

Inspection report

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12 April 2016

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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

The inspection took place on 12 April 2016 and was announced. We gave the provider 48 hours' notice because they offer a domiciliary care service and we wanted to make sure someone would be available.

The last inspection of the service was on 19 May 2014 when we found there were no breaches of Regulations.

London Care – Shepperton is a domiciliary care agency providing personal care and support to people who live in their own homes within Northwest Surrey. The majority of people using the service were over the age of 65 years, although some younger adults also received care. At the time of our inspection there were 109 people using the service. London Care Limited is part of a larger national organisation, City and County Healthcare Group, providing personal care to adults in their own homes, extra care schemes and other care services.

There was a registered manager in post. 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.

Some of the things people said about London Care – Shepperton were, "They do a very good job", "They are excellent, nothing I can say to improve things, they do a wonderful job", "They have helped me in more ways than you can imagine" and "I have been getting stronger since they started helping me, you get a buzz when things keep getting better and it's down to them."

There were procedures which were designed to keep people safe and protect them from abuse.

The risks to people's wellbeing and safety had been assessed and the staff had information about how to keep people safe.

People received the medicines they had been prescribed in a safe way.

There were procedures to be followed in event of an emergency and the staff were aware of these.

There were enough staff to meet people's needs and keep them safe. The staff had been recruited in a suitable way.

People told us they had been consulted about their care and had agreed to this.

People were cared for by staff who were appropriately trained and supported.

People had the support they needed to meet their nutritional needs.

People were given the support they needed to stay healthy. People were cared for by kind, considerate and polite staff. They had good relationships with the staff and the staff understood the need to respect people.

People's privacy and dignity was respected.

People were supported to stay independent in areas they wished and were able. People's care needs had been assessed, recorded and were being met.

People felt confident raising concerns with the agency and told us complaints were investigated and acted upon.

The manager was appropriately qualified and people felt able to speak with them and senior staff about the service.

People were consulted about their own care and the staff were also consulted about the agency.

There were a range of audits and checks to make sure the service met people's needs.

Records were well maintained, accurate and up to date.

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.

There were procedures which were designed to keep people safe and protect them from abuse.

The risks to people's wellbeing and safety had been assessed and the staff had information about how to keep people safe.

People received the medicines they had been prescribed in a safe way.

There were procedures to be followed in event of an emergency and the staff were aware of these.

There were enough staff to meet people's needs and keep them safe. The staff had been recruited in a suitable way.

Is the service effective?

Good ●

The service was effective.

People told us they had been consulted about their care and had agreed to this.

People were cared for by staff who were appropriately trained and supported.

People had the support they needed to meet their nutritional needs.

People were given the support they needed to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind, considerate and polite staff. They had good relationships with the staff and the staff understood the need to respect people.

People's privacy and dignity was respected.

People were supported to stay independent in areas they wished and were able.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed, recorded and were being met.

People felt confident raising concerns with the agency and told us complaints were investigated and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The manager was appropriately qualified and people felt able to speak with them and senior staff about the service.

People were consulted about their own care and the staff were also consulted about the agency.

There were a range of audits and checks to make sure the service met people's needs.

Records were well maintained, accurate and up to date.

London Care (Shepperton)

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 inspection took place on 12 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection visit was conducted by one inspector. Before the visit we contacted people who used the service and their relatives by telephone. Some of these phone calls were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had person experience of caring for a family member who used care services.

Before the inspection visit we looked at all the information we held about the provider, including notifications of significant events, accidents and incidents. During the inspection visit we met the registered manager, regional manager and staff who worked in the agency offices. We spoke with 11 people who used the service and 14 relatives and next of kin of other people. We had email feedback from six care workers employed by the agency. We looked at records which included, the care plans for four people who used the service, the records of recruitment, training and support for seven members of staff, records of complaints and other records the provider used to monitor and manage the service. Following the inspection we spoke with a representative of the local authority commissioning group.

Is the service safe?

Our findings

People told us they felt safe with the agency. Some of the things they said were, "We feel absolutely safe", "I feel safe, I always have the same carer – I have no complaints", "I have never had to complain I feel safe with them" and "I would contact the agency if I did not feel safe, but I do, the carers look after me."

The staff demonstrated a good understanding of safeguarding vulnerable adults. They had all received training in this and also told us this was discussed at team and individual meetings with their manager. The staff told us that they needed to help make sure people were kept safe, treated fairly and were not abused. One member of staff told us, "Our service users are always at risk and can be very vulnerable at times so our job for the safeguarding side would be to always make sure they are safe; by making sure doors are locked in their house, all switches turned off that don't need to be on and always making sure anyone with a keysafe knows their house keys are out of reach of anyone unknown to them (strangers)." The staff knew what to do if they had concerns about someone's safety or felt they were being abused. They told us they would report concerns to their manager or the local safeguarding authority.

The agency had a suitable procedure for safeguarding adults. This included reference to the local authority procedures. The manager and staff had acted appropriately when safeguarding concerns had been identified and had made referrals to the local authority where they felt people's safety was at risk. They had worked with the local safeguarding authority to investigate concerns and to help keep people safe.

The risks to people's safety and wellbeing had been assessed and recorded. The senior staff carrying out initial assessments had recorded risks and detailed how people could be supported to keep safe. We saw examples of risk assessments which included the risks of falling, using equipment, those associated with their physical and mental health and risks associated with their environment. There was evidence that the staff had responded to and identified additional risks when they were caring for people. Where someone's needs had changed, or a new risk was identified, the senior staff visited the person again to carry out further assessments. There was information about different healthcare professionals in each person's care plan and the manager told us the agency contacted appropriate professionals, such as an occupational therapist, if the staff had identified a specific need for new equipment because someone was at risk.

People received their medicines as prescribed in a safe way. One person told us they had not been happy with the way they were supported with medicines in the past. However other people who needed support to take their medicines told us they were happy with this and the care workers made sure they had the right medicines. One person said, "They watch me take my medicine three times a day and I am happy." Another person said, "The carers make sure I have taken my pills, they remind me."

The agency had an appropriate procedure for administering medicines. All staff received training regarding safe handling of medicines. Information about individual medicine needs was recorded in care plans and risk assessments. There were medicine administration sheets for people who needed the staff to prompt or administer medicines. The staff recorded administration details on these. The senior staff checked these

records each month. We saw evidence that action had been taken when discrepancies had been identified. The records of medicine administration we saw were accurate and complete. The manager carried out medicine audits regularly. The agency had recently introduced a new system where each branch had dedicated medicine lead staff who were responsible for checking people received their medicines safely, training and assessing the staff competency at administering medicines.

There were procedures for the staff to follow in event of an emergency. The agency had risk rated people who used the service, taking into account their vulnerability and needs, for example by considering whether they lived at home and their medicines needs. The emergency procedures ensured that people considered at high risk would be prioritised in event of difficulties for the staff travelling between people, for example adverse weather conditions.

There were enough staff to meet people's needs and keep them safe. The manager told us they assigned staff to work in specific localities so, for most of the time; they did not have a lot of travel time between the different people they visited. Most of the staff told us there was enough time to travel between visits. Some of the staff said that in the past this had been a problem, but they had informed the office staff and they had adjusted the times of visits to make it easier to travel between these. Some staff felt that traffic delays still impacted on their travel time making it hard to visit people on time as planned. One member of staff said, "I feel as though we have enough time between each call as London Care try their best to put you within a close area of your calls. I feel as though the time for each service user is enough time for what they require."

People told us the care workers arrived on time and stayed for the agreed length of time, attending to all the required tasks. Most people told us they were contacted and informed if the care worker was running late, although some people told us they were not always informed. People told us they generally had the same regular care workers.

The agency had appropriate procedures for recruiting staff. The staff were invited for an interview and written tests at the agency offices. Checks on their suitability were carried out. These included references from previous employers and personal references, criminal record checks, checks on their identification and eligibility to work in the United Kingdom. The staff files that we looked at contained evidence of these checks.

The staff told us they had attended the agency offices for an interview before they were offered a job at the service. They said that the agency had requested verification of their identity, reference checks and they had completed on line criminal record checks.

Is the service effective?

Our findings

People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Decisions had been made by the person or 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. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

We saw that people had signed consent to their care and treatment from the agency. Where people were unable to sign there was a record of their verbal agreement or their needs had been discussed with their representative who had signed their agreement.

The staff demonstrated a good understanding of the MCA. One member of staff told us, "The MCA is there to make sure service users have the capacity to understand the risks and consequences of certain actions." Another member of staff said, "The Mental Capacity Act of 2005 means some services users might not be capable of making certain decisions for themselves so our job is to help them with decision without making them feel worthless."

People were cared for by staff who were appropriately trained and supported. The staff told us they had a week of class room based training when they were first employed. They then spent time shadowing experienced care workers. They told us they were given booklets about their role and the agency's policies and procedures. One member of staff told us, "I feel as though I have all the information I need for both the service user and the company." The manager told us that all staff undertook at least three sessions shadowing the visiting officer or other senior staff caring for people before they were able to work in their own. We saw records the senior staff had completed to assess staff competency as part of this induction.

Records of staff training showed that they had received training in areas the provider considered mandatory, such as health and safety, safe moving and handling, infection control, safeguarding, the Mental Capacity Act 2005, medicines management, nutrition and hydration, skin care and continence.

The staff said that they had received additional training from the agency during their time employed there. They said that some of this training was updates and refresher courses on the things they had already learnt. They told us they had enough training and they felt confident about the things they had learnt. The agency offices had a well-equipped training room, which included equipment used for moving people safely so they could practice and be assessed using this. There were also posters and information booklets available about different subjects, such as safeguarding and risks. We saw evidence that staff had undertaken regular

training updates and had their knowledge assessed as part of this training. The agency provided additional workbooks on subjects such as diabetes, Parkinson's disease and other healthcare conditions, to help improve staff knowledge and understanding.

The staff told us they had the support they needed from the managers and office staff. Some of them told us they visited the office regularly to pick up supplies of protective equipment (for example gloves and aprons) and they were able to speak with managers and senior staff at any time. They told us they felt well supported through informal support and also had regular formal meetings with managers. The staff told us the senior staff visited people who used the service to observe how they cared for them. The staff told us they had regular appraisals of their work. One member of staff said, "I always leave the office happier and more proud of myself than when I went in."

The staff were invited to team meetings every three months. The agency included themed discussions as part of these meetings to discuss specific procedures and topics. For example, they had planned discussions about dementia and health and safety. The agency also provided themed supervision sessions for the staff where managers discussed certain topics and assessed individual staff competency and knowledge. We saw evidence that staff had regular individual meetings with a manager to discuss their work and annual appraisals. There were also recorded checks made by senior staff observing how the staff performed in the work place. The staff were not told about these checks in advance and the senior staff assessed whether they arrived on time, carried out all their required duties, how they treated the person they were caring for and their competency at different tasks. Some checks had identified areas where improvements were needed, for example some staff had not washed their hands or used gloves. The concerns had been recorded and the senior staff had spoken with the member of staff about these. The member of staff had also been required to attend additional training in this area to make sure they understood why this was important.

Some of the things the staff told us they enjoyed about the work were, "I have dealt with a lot of difficult and different situations and this has helped me acquire new skills", "I like meeting new people and communicating with them", "I Just love meeting all the different people with their own set of stories, and enjoy being there for them" and "I enjoy being able to make the service users feel as though they still have a lot to look forward to each day and I like that London Care office are very helpful when the help is needed."

People had the support they needed to meet their nutritional needs. People told us they were happy with the support they received at mealtimes. The relative of one person said, "They just heat food up or make some toast but if the carers did not come in (my relative) would forget to eat." People's nutritional needs had been assessed and recorded in care plans. Where people were at nutritional risk there was clear information about this for the staff.

People were given the support they needed to stay healthy. Information about people's health needs and conditions were recorded in their care plans. The staff were provided with additional general information about common health conditions. The contact details for healthcare professionals were recorded in care plans. The manager told us that care workers acted on changes in healthcare needs. For example, they told the person's next of kin and the office staff so arrangements could be made for the person to see a doctor. We saw that the staff had noted changes to people's health within daily care notes and had taken appropriate action.

Is the service caring?

Our findings

People told us the staff who cared for them were kind, considerate and had good relationships with people. A few people felt that some care workers were better than others, telling us that care workers who replaced their regular staff when they were on leave were not as attentive and sometimes appeared, "busy."

Some of the comments from people about the care workers were, "Nothing is too much trouble", "They helped us celebrate a special anniversary with cake and lovely food", "They are very caring", "I am very fortunate and feel cared about and yes they are very respectful. They are always happy and willing to help", "Yes my wee girls are caring and respectful at all times", "Initially I felt helpless, but they have helped me through everything and I am improving", "They are kind and caring. I have the same carer most of the time. They are lovely always cheerful" and "Let me tell you. They are caring, friendly and helpful. I wouldn't want to lose them."

People told us the staff respected their choices. One relative told us, "Recently there was a time (my relative) was in a real mess, the care worker cleaned him up and was so kind, they told me it was all just part of her job." Another person told us, "They are pretty good and respect my choices." One recently bereaved relative of a person who had been cared for by the agency said, "The service was brilliant to the whole family, overall the care has been marvellous and second to none."

The staff told us the majority of the time they cared for the same people. They said they were given the same regular work and they enjoyed this continuity. The staff said there were some variations when they cared for people whose regular care workers were on leave.

People's dignity and privacy was respected. The staff were able to tell us about dignity and respect and why this was important. One member of staff said, "Dignity and respect are when you apply care in a way that doesn't discriminate or invade service users' privacy. When I shower a gentleman I go to, I close the door even though it's only his wife in the other room, This is to keep the gentleman's privacy." Another member of staff said, "One example of this would be when washing a service user you would always make sure everyone is out of the room and you would help wash the service user as they require whilst making sure other areas of the body are covered to give the service user their dignity." Some of the staff told us about the training they had received around dignity and respect. People's religious and cultural needs were recorded in their care plans.

People were supported to maintain their independence and do things for themselves where they were able. The care plans included information for staff on how to support people with this, and the skills people had and wanted to keep.

The manager told us the agency worked with people who were isolated. They said that they held regular coffee mornings in the branch for people to visit, meet staff and find out information about local services. They also told us about examples of when they had met or spoken with families of people who lived a long way away to discuss different options for the person, including moving to a residential home, use of day

centres and contact with local befriending groups.

Is the service responsive?

Our findings

People's needs were met by the agency. They told us that their care needs were considered and met. They said that they had been involved in planning their own care and they were happy with the support they received. People said they had a copy of their care plan and they told us this was updated by the agency. One relative told us, "The care plan is updated every year and any alterations are discussed." One person said, "They do talk to me about the care plan and add time where needed." Another person informed us, "They went through the care plan initially to make sure it said what I wanted and they have amended it annually."

Some people told us the care workers helped them with their shopping. They said they were happy with this support and the care workers listened to them and purchased the things they had asked for.

Senior staff visited people and met with them and their relatives to discuss their needs before the service started. They recorded this assessment and created a care plan which people, or their representatives, read and signed. The care plans were detailed and included key information about people's preferences and how they liked to be cared for. Care plans included information on people's likes and dislikes, religious needs, personal background and needs including skin care, personal care, health, nutritional needs, medicines and emotional needs. The care plans gave instructions for staff to follow so they knew exactly how the person wished to be cared for and their individual needs. The agency telephoned people within two weeks of the service beginning to review whether their needs were being met or if any changes to their care were needed. The office staff contacted them again every three months and met to review and update the care plan annually, or more often if needed.

The staff recorded the care they had provided each day. Records of this were detailed and showed that they had followed the care plans and responded to people's preferences and wishes during each visit. The senior staff checked these records. They showed us an example where a discrepancy about the accuracy of a record had been identified. They had arranged a meeting with the member of staff to discuss this and decide what action was needed.

People told us they knew how to make a complaint and felt that complaints would be responded to appropriately. Many people we spoke with told us they had never had a reason to complain. However people who had complained felt that the agency had taken their concerns seriously and taken action. One person said, "I made a complaint and they sent new care workers." Another person told us, "If there is a problem we can ring, when I made a complaint they did not send that carer again." Another person said, "We have had one hitch, but it was fine, they dealt with it."

The provider had an appropriate complaints procedure. Complaints which had been received had been investigated and we saw evidence of this. We saw information about the complaint investigation and feedback to the complainant. There was also detail of the action taken to reduce the risk of events reoccurring. For example, staff had been required to attend additional training and meet with managers to discuss their work.

Is the service well-led?

Our findings

People told us they felt the service was well-led. They said that they had good communication with the office staff and could raise concerns with the agency. Some of the things people told us about the agency were, "They are reliable and will always turn up", "You can call them 24 seven", "The service I get is good, nothing really could be improved and I rely on them", "I am very happy, they brighten (my relative) up when they come and I cannot think of anything which could be improved", "Overall it is a good service, they are a great help to me", "We are grateful for the time they spend with us", "They are like old friends" and "I am well looked after, it is a good service."

The staff told us they liked the way the agency was managed and felt that improvements were not really needed. Although one member of staff told us they did not always get a reply when they contacted the office by email with a query or a comment and they would like managers to acknowledge these. One member of staff told us, "I feel as though the agency is doing the best they can." Another member of staff said, "London Care is a great company to work for as I worked for a care company before who didn't treat me well at all so it is a breath of fresh air working for London Care."

The professional who we spoke with told us they did not receive many complaints about the agency and care was generally delivered on time and was of a good quality.

The registered manager had worked for the agency for two and a half years. They had previous experience working for other domiciliary care agencies and also in residential homes. The manager had a relevant management in care qualification. The staff told us they liked the manager and found her approachable. Some of the things the staff said were, "I can speak to the manager at any time and she listens to what I have to say", "They have an open door policy, if I have any concerns I am able to speak to them when I feel I need to" and "I felt as though if I had any issues I would be able to speak to my manager when needed." The manager told us that she and the visiting officer (senior member of staff) carried out some care visits and worked alongside care workers. She had a good knowledge of the people who the agency cared for and she told us that senior staff helped out with emergency cover and support.

The agency was well organised and there were clear, accurate and up to date records. Information was accessible and the staff working in the office had a good knowledge of each person and their needs.

London Care Limited was part of a larger national organisation, City and County Healthcare Group, providing personal care to adults in their own homes, extra care schemes and other care services. The manager and regional manager told us they had benefited from shared good practice guidance and updated procedures being part of this larger group of care providers. The manager told us they were well supported by senior managers.

The manager and regional manager carried out monthly audits of the service. They recorded information about different areas of the service and any actions for improvement which they had identified. This information was shared with the provider's senior managers. We saw a monthly audit for March 2016 which

included information about the number of people using the service, the staff employed, training achievements, the number of safeguarding alerts and complaints, information on new and lost care packages, recruitment, the timing of visits and staff supervision, training and support.

The regional manager told us they visited the branch at least once a month to meet with the manager and office staff and to make audit checks.

The agency reviewed all accidents, incidents, complaints and safeguarding alerts each month. In addition to reviewing any of these which had occurred in the branch, the manager was given information about company-wide incidents and the action that had been taken as a result of these. The provider shared case studies to show what the impact of certain incidents had been, how these could have been prevented and learning from these. The regional manager told us this was a useful exercise as it helped all branches to learn from these incidents.

The agency had a record of compliments and thank you cards they had received from people who used the service and their representatives. Where specific staff were mentioned in these, this information was shared with these staff. The minutes of team meetings also included the manager thanking the staff for their work and specific pieces of good practice. Care workers who had undertaken outstanding work were identified and praised for this.

The agency telephoned and visited people who used the service for their feedback about their experience. We saw evidence of regular and recent contact with everyone. The manager monitored the frequency of this contact. The records of contact with people we looked at showed that people were happy with the service. They were asked about the care workers who visited them, the time of calls, whether their privacy and dignity was respected, whether their needs were met, if they were supported to maintain independence and about their contact with the office. People had given positive feedback, often complimenting the staff who cared for them. Some of their comments included, "All care workers are fantastic", "We are happy when we know who is coming" and "I am very happy." Where people had identified a concern in the past, for example, care workers not arriving on time, we saw that this had been addressed and the agency had checked back with the person that they were satisfied with changes made.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.