

London Homecare Ltd

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Inspection report

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Tel: 07383932949

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Havering. CQC only inspects where people receive personal care. The service provided personal care to adults in their own homes. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, the service provided personal care to six people.

People's experience of using this service

The provider was failing to ensure the service was meeting regulations. Audits had not been carried out on medicines to ensure medicines were being managed safely. Sufficient risk assessments were not in place to ensure people received safe care at all times. Pre-employment checks had not been carried out to ensure staff were safe to support people.

Regular supervisions had not been carried out to ensure staff were supported to carry out their roles. We made a recommendation in this area.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There was no system in place to evidence that people had been involved in the decisions about the support they received. People's communication abilities had not been included in their care plans. We made a recommendation in this area.

Robust pre-assessments systems were not in place to ensure people received support in a person-centred way. Quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people always received safe care.

People told us they were safe when supported by staff. People told us staff were punctual and systems were in place to monitor time keeping. Systems were in place for infection control and to learn from lessons following incidents.

Staff had been trained in key areas to perform their role effectively. People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

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

Rating at last inspection

This service was registered with us on 11 February 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service started to provide the regulated activity of personal care. The service registered with the CQC on 11 February 2019 and started to provide the regulated activity of personal care on September 2019.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to risk assessments, pre-employment checks, need for consent and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will discuss with the provider prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

London Homecare Ltd

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.

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 registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager would be in the office to support with the inspection.

The inspection activity started on 7 February 2020 and ended on 7 February 2020. We visited the office location on 7 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about the service. This included details of its registration. We also contacted professionals involved with the service. We used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at daily notes and range of policies. We spoke with three people and three staff.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments had not been completed for people that had identified risks. For example, risk assessments had not been completed in relation to people's health conditions such as with breathing problems, kidney infections and lymphoma.
- Some people were at risk of skin complications. However, risk assessments were not consistent. We found some people at risk of skin complications had a risk assessment and one person did not. This meant there was an increased risk of the person developing skin complications because there was no guidance in place for staff to prevent it.
- One person had cerebral palsy. However, assessments had not been included on how this affected the person and the risks that may be involved with this condition. Some staff we spoke to were not aware of cerebral palsy and the risks that may be associated with this condition.
- Failure to complete risk assessments meant that there was a risk people may not receive safe care and therefore may be placed at risk of avoidable harm.

We found no evidence people had been harmed. However, the above concerns meant that risks to people had not been assessed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received their medicines in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We fed this back to the registered manager who told us that they would ensure the shortfalls found with risk assessments were put in place immediately. Risk assessments had been completed for people at risk of falls along with internal and environmental risk assessments.

Using medicines safely

- Medicines were not being managed safely.
- Medicine Administration Records (MAR) showed that people received their medicine as prescribed. However, at the time of the inspection for one person, records for December 2019 showed that they took a controlled drug medicine to prevent seizures and a medicine to prevent angina. However, the January 2020 MAR charts showed these medicines had not been administered as this was not recorded. The registered manager told us this was a record keeping error as staff had administered the medicines as these came in blister packs. After the inspection, we were informed the medicines had been recorded and the MAR chart had been found in the persons home and was sent to us as evidence, which showed the person had received their medicine as prescribed.

- Medicines records had been hand written. However, this had not been checked by another staff member to ensure the information written was correct, to ensure staff had administered medicines according to the prescriber's instructions. This meant that there was a risk people may not receive their medicine as prescribed.
- Systems were not in place to carry out audits. Audits had not been carried out to ensure any shortfalls with medicines can be identified and prompt action taken to ensure medicines were being managed safely.
- Staff had been trained in medicine management and had received a competency assessment.
- People told us they received their medicines on time. A person told us, "Yes, they give all the medicines."

Staffing and recruitment

- Pre-employment checks had not been carried out in full to ensure staff were suitable to support people safely.
- For two staff, we found references had not been sought to ensure they were of good character. For one staff, one reference had been sought and for another staff no references were received to confirm their suitability. Records showed that staff employment was conditional on receiving satisfactory references. However, the registered manager confirmed that the staff members had been out to support people without having references in place. This meant that the service placed people at risk of harm because they had not checked staff were suitable to support people safely.
- For another staff member, their criminal record checks showed past convictions. However, a risk assessment had not been completed to ensure the staff member supported people safely. The registered manager told us control measures were in place as spot checks were carried out regularly and the staff only supported with double handed calls. A risk assessment was completed at the time of the inspection.

The above concerns meant that the service placed people at risk of harm without checking if staff were fit and proper persons to support people safely and have robust measures in place to ensure people received safe care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "I have travel time so I am not late. [Registered manager] always give travel time."
- People told us staff were punctual. A person told us, "As well as they can, they come on time but bear in mind they have quite a lot of people they need to see."
- The service had a digital monitoring system that allowed the service to have oversight of time of visits and duration of visits. The registered manager told us the system would minimise the risk of missed visits and late calls.

Systems and processes to safeguard people from the risk of abuse

- Adequate systems were in place to ensure people were safeguarded from abuse.
- Staff were aware of how to identify abuse and who to report to internally.
- People told us they were safe when staff supported them. A person told us, "Yes, I feel safe. With the ones I have at the moment, they look after me very well."

Learning lessons when things go wrong

- There had been no incidents or accidents since the service registered with CQC. The registered manager told us the process they would follow should this occur, and that incidents or accidents would always be analysed to learn lessons and minimise risk of reoccurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.
- People confirmed that staff used PPE when supporting people with personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Assessments had not been completed to determine if people had capacity using the MCA principles. The registered manager told us one person may not have capacity but a mental capacity assessment had not been carried out to determine capacity and if a best interest decision was required to be made on the person's behalf. A lasting power of attorney was in place for one person the service supported.
- The service had not sought consent from people prior to delivering care and support from them to ensure they agreed with the support they would receive. The registered manager told us that people had signed the terms and conditions of the business to evidence consent. However, the term and conditions did not include the proposed care and treatment people would receive and was not personalised to people's care and support needs to ensure they consent to the care they would receive.

The above concerns meant there was a failure to seek consent and carry out a mental capacity assessment, which demonstrated that people's legal rights were not being adhered to. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff had received training on the MCA. People told us that staff asked for consent before providing support. A staff member told us, "We definitely ask for consent we will say we will give you a bath and if they don't want it, we will respect it. We cannot force them."

Staff support: induction, training, skills and experience

- Staff had completed an induction and mandatory training to perform their roles effectively. Induction involved shadowing experienced care staff and reviewing care plans. A staff member told us, "I got training.

We got training on medication, how to fill in the MAR chart and looking at care plans and what to do and moving and handling. It was helpful." A person told us, "(Staff) are well trained."

- Regular supervisions had not been carried out in accordance with the provider's supervision policy. The registered manager told us new staff should get weekly supervisions. However, we found some staff, recruited in November and December 2019, had not had any formal supervisions. The registered manager told us they received spot checks, which was part of their supervisions. However, there was no records that the findings of the spot checks were discussed with staff.

We recommend the service follows best practise guidance on supporting staff with supervisions.

- Staff told us they felt supported. A staff member told us, "[The registered manager] is lovely. She always communicates. She does support me.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Effective systems were not in place to ensure people's support needs were captured at the assessment stage to ensure the service could deliver effective person-centred support.
- There was no records in place that evidenced people's support needs and risks to determine if the service can deliver support to people effectively. The registered manager told us people's support needs were hand written on a notebook and there was not a procedure they followed to ensure all aspects of support needs and risks associated with the support was captured.
- This meant that people's needs and risks were not being assessed comprehensively to achieve effective outcomes for their care.
- The management team told us this would be made more robust and any change in circumstances would be recorded at the assessment stage and in care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included if people required support with meals or drinks.
- The registered manager told us most people required support with meals. Peoples preferences with food were recorded on their care plans along with the support they required during meal times.
- People were given choices with meals. A staff member told us, "I normally give choices, I get two options and let them choose." A person told us, "They try and encourage me to eat breakfast. They help me in the evening to prepare a meal."

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Records showed that the service worked with health professionals when required to enable people to be in the best possible health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- There were no records that evidenced people or relatives were involved in decisions about people's care. Care plans had not been signed by people or relatives to evidence people or relatives were involved in developing care package. The registered manager told us that people were involved, however this had not been recorded. They said they would ensure this was done going forward.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "I involve them [people] with decisions such as with dressing and their food." A person told us, "I can make my own decisions. They [staff] always ask if it is ok to start getting me dressed."

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring. A person told us, "They (staff) are friendly."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "With personal care like showering, I will make sure doors and windows are closed. I wouldn't do what they do not want me to."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People told us that staff encouraged them to be independent. A person told us, "Absolutely yeah. For example, I had a conversation with [person] if he can do something. I try not to help so [person] can do things for themselves so is not dependent on me."

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people's ability to communicate was not recorded in their care plans, to help ensure their communication needs were met. The registered manager told us that for some people extra attention was required to communicate with them effectively. However, this level of information had not been included on their care plan. The registered manager was not aware of what the AIS was and therefore may not know ways to communicate with people effectively, especially if people had significant impairment with communications.
- This meant there was a risk people with communication difficulties may not receive personalised support as staff may not know how to communicate with them effectively.

We recommend the service follows best practice guidance on the AIS.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans included the time people would be supported and summarised the support they required. A person told us, "They are always happy and cheerful. They make sure I am properly showered." A staff member told us, "Care plan is helpful, it gives you directions."
- There was a daily log sheet, which recorded information about the support staff provided to people.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service registered with the Care Quality Commission.
- A complaints policy was in place. People were aware of how to make complaints and staff were able to tell us how to manage complaints.

End of Life Care:

- The service did not support people with end of life care. An end of life policy was in place and staff had been trained in end of life care should the service support people at the end of their life.

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.

This was the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was lack of robust audit systems in place to identify shortfalls we found and take prompt action to ensure people received safe high-quality care. Systems were not in place to ensure audits were carried out on medicine management, staff files and risk assessments. This was required to ensure high quality care was being delivered at all times and there was a culture of continuous improvement.
- We found widespread shortfalls in relation to a number of areas such as with risk assessments, medicines management and communication plans. There were shortfalls identified with supervisions and the service was not working in line with the Mental Capacity Act 2005. The service did not ensure robust pre-employment checks were carried out to ensure staff were of good character and were able to support people safely.
- Records were not always kept up to date. Risk assessments had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times. We also found shortfalls on people's MAR as one person's medicine records did not include all the medicines that had been administered.

The above issues show the service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager checked staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance.
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People told us they liked the service and it was well-led. A person told us, "[Registered manager] is a good manager. I am happy with them." Another person told us, "[Registered manager] is a lovely lady. She is a very good manager, she keeps them all under control."

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 provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I like working for London Homecare. [Registered manager] are quiet, caring and hands on."
- The registered manager informed that risk assessments would be made robust and communicated to staff to ensure they were aware of risks and how to provide safe person-centred care at all times.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- As part of spot checks the management team also obtained feedback from people about the service and staff.
- The registered manager told us as they had been supporting people for less than a year. Surveys had not been sent out but they planned to send out surveys to obtain people's feedback on the service shortly.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best possible health.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1)(3).</p> |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p> |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust pre-employment checks had not been carried out to ensure staff were of good character.</p> <p>Regulation 19(1).</p> |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p> |

The enforcement action we took:

Warning Notice