

London Care Limited

London Care Abbotswood

Inspection report

Abbotswood
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

London Care Abbotswood provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or owned and is the occupant's own home.

Not everyone who lived at London Care Abbotswood received personal care. 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. There were 32 people receiving care and support at the time of this inspection.

People's experience of using this service and what we found

People and their relatives spoke positively about the service and the caring nature of the staff. A relative said, "I think they are amazing, absolutely amazing. I can't stress how wonderful it is. A lot of them go beyond their duty." A paramedic practitioner who worked closely with the service shared, "I have only ever witnessed good care being given and a very positive approach to care by the carers, with great interaction between them and the residents."

People felt safe with the staff who supported them. Risks to people had been identified and assessed and were managed safely by staff. Staff supported people to take their medicines or reminded them when they were due. As a result of the Covid-19 pandemic, staff had received additional training in infection prevention and control. The provider had clear systems to reduce the risk and spread of infection and we observed some of these in practice.

People considered the service was well-organised. The registered manager provided a visible presence and was available to people if they wished to discuss their care. People were encouraged in their involvement and development of the service and their feedback was valued. Quality assurance systems were in place to measure and monitor the standard of the service and drive improvement. Areas of concern identified at our previous inspection had been addressed.

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 (22 May 2020) and there were two breaches of regulation. The provider 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 received concerns in relation to the management of medicines, people's care needs, safeguarding and

confidentiality. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

London Care Abbotswood

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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. 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 a short period notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We carried out a monitoring call with the registered manager. We sought feedback from the local authority and professionals who work with the service. We spoke with two relatives about their experience of the care provided. We spoke with a shift leader and care worker about their experiences of working at the service.

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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We reviewed feedback provided by people in their reviews. We spoke with the registered manager and regional manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke one person about their experience of the care provided. We spoke with one recently recruited care worker about their experiences of joining the team.

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 now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and knew how to report any concerns.
- Safeguarding concerns we reviewed had been identified and reported appropriately.
- People had details of how to contact staff 24 hours a day. People and staff told us they felt confident to approach the registered manager and senior team in case of any concerns.
- Arrangements had been made to ensure staff had access to people's homes in a safe and secure way, for example, through a coded key safe.
- There were systems in place to safeguard people's finances. These included a financial record which was checked regularly to ensure the amounts and receipts tallied.

Assessing risk, safety monitoring and management

- At our last inspection we identified that risks were not always appropriately identified and planned for. At this inspection we saw risks to people's safety had been identified and assessed. There was clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom.
- Risks to people, including with moving and handling, nutrition or specific health needs were reviewed by staff when changes occurred. Risk assessments and risk management were reviewed quarterly by the provider's quality team.
- Where people and staff were at an increased risk from Covid-19 this had been considered. For example, it was planned that some staff would not be allocated to work with people suspected or confirmed as Covid-19 cases.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staffing and recruitment

- There were enough staff to meet people's needs and provide timely support. Feedback from people confirmed their calls were largely on time and they were normally informed if staff were running late. The registered manager was able to support with calls if required.
- Staff were given their rotas well in advance and their calls to people on each shift were clearly planned. One staff member said, "You know what you are doing weeks in advance."
- The provider had actively recruited new staff during the pandemic in a drive to eliminate the need for agency staff. New staff spoke positively about their induction training and the support they received.
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories

had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Using medicines safely

- People received their medicines safely. Guidance on the medicines people needed and how they should be ordered, delivered and administered was clearly documented in their care plans.
- Audits carried out by the service had identified some gaps in Medication Administration Records (MAR). As a result, MAR charts were audited in the middle and at the end of the month. A staff member told us, "I feel like medication has improved over the last year. We all work closely together, any errors we pick up quickly. It is all notified through the office."
- There was guidance for staff on where topical creams should be applied. This included body maps. We noted a small number of gaps in the MAR charts in relation to topical creams. In each case staff had documented in the daily notes whether or not the cream had been administered.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had completed additional training and supervision in infection control as a result of the pandemic. We observed staff and visitors to the service wearing masks and staff told us Personal Protective Equipment (PPE) was readily available. Where staff wore visors we saw they had written their names on the headband to make it easier for people to recognise them.
- To reduce the risk of spreading infection, the registered manager had tried to reduce the number of people each staff member supported. When using the lift, staff assisted the person into the lift and then used the stairs to meet them on the next floor.
- Staff were tested for Covid-19 weekly. Any new admissions to the service were supported to isolate in their homes for 14 days.
- The provider's infection prevention and control policy had been updated in light of the pandemic and included contingency plans in the event of an outbreak.

Learning lessons when things go wrong

- There was a culture of lessons being learned if things went wrong.
- Following the last inspection and rating of requires improvement, staff had worked to put in place necessary changes and to improve the service. The concerns from the last inspection had been addressed.
- Where concerns were identified through audits, an action plan was put in place. For example, the number of missing signatures on the MAR charts had reduced through increasing the frequency of audits and providing additional training to some staff to support their practice.

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 now 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

At our last inspection, the provider had not ensured the systems and processes to assess, monitor and improve the quality and safety of the services provided were sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements and was no longer in breach of regulation 17.

At our last inspection, the provider had not notified the Care Quality Commission of all notifiable incidents. This was a breach of the Regulation 18 Registration Regulations 2009.

The provider had made improvements and was no longer in breach of regulation 18 of the registration regulations.

- There was an effective system of audits to assess and monitor the delivery of care to people. Care records provided clear detail on people's care needs and how they wished to be supported. People had been involved in planning and reviewing their care. Staff had received appropriate training and were provided with additional information and training to help them support people with specific health conditions.
- Staff practice was monitored via a system of spot checks and competency checks. Any issues were addressed and staff were invited to participate in additional training.
- The registered manager had a detailed action plan which brought together improvements highlighted through audits, feedback or reviews. Progress was reviewed regularly with a representative of the provider. The provider also had a quality team who had oversight of the service and carried out periodic inspections.
- People, relatives and staff spoke positively about the registered manager. One staff member described them as "approachable" and "extremely supportive".

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

- At our last inspection, there were concerns over confidentiality and professional boundaries between staff

and people. At this inspection we found staff morale had improved greatly and people told us they felt confident staff maintained confidentiality. A relative told us, "You don't find somebody coming and talking, they are professional." Staff received training in confidentiality and access to information as part of their induction.

- Relatives and staff spoke of a family feel to the service. One relative said, "She loves all the carers there and they love her." A staff member told us, "It's a lovely place to work, lovely environment. Our residents are lovely." It was clear from the way staff spoke of people and from the detail about people in their care records that staff took time to get to know people and to understand their needs and wishes.
- Staff provided emotional support to people. 'Well-being' hours were funded by the local authority and used to good effect. Staff would spend one to one time with people and support them with hobbies and interests. A relative said, "Certainly this year she has had visits just to see everything is alright and see how she is. She does think of them as part of her family." The registered manager told us, "We have met their needs, particularly when they felt low and when their mental health was declining. We have done it whether funded or not, we just put it in immediately." Staff had wrapped Christmas presents for people and there was an option to have a home delivery of Christmas dinner for people and their visitors.

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 had a clear understanding of their responsibilities under duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. She told us, "We must be transparent, I'm not here to hide anything."
- Staff knew how to raise concerns under the provider's whistleblowing policy.

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

- People felt confident to raise any issues with staff. There were also regular reviews in which people were asked for their feedback on the care and service received. People were very satisfied with the service. Where issues had been raised these were addressed. In one case a person said their call was always late. It transpired the call was on time but the scheduled time was too late for the person's toileting needs. The call was immediately moved to an earlier time. A relative said, "If ever there is anything above and beyond they've always been very willing and helpful."
- Care plans detailed how people communicated and the tasks they could manage independently. For example we read, 'I am able to rise from my chair. It may take me a few attempts, but I will do it'. A relative told us, "Mum is very much involved in planning care and they do listen to her."
- Staff felt valued and were confident to share any issues or suggestions with the registered manager. There was a system of staff supervision and regular staff meetings where views and ideas could be discussed.

Continuous learning and improving care

- The registered manager attended weekly manager meetings run by the provider. This was an opportunity to learn about best practice and to share updates and ideas.
- Since our last inspection the staff training offer had been enhanced. Staff had received training in specific health needs. Guidance was also included in people's care plans and displayed in the staff room. We saw one staff member had requested further training in end of life care and that this was being arranged.

Working in partnership with others

- The registered manager worked proactively with commissioners at the local authority and with the scheme manager (responsible for the premises).

- Staff were proactive in seeking out new equipment when people's need changed, or if they felt it would make things easier for them. For example, staff had arranged for an occupational therapist to visit and review the moving and handling equipment and methods they used with one person. A relative told us, "She has a hospital bed and she was finding the mattress really uncomfortable so the carers reported back and (registered manager) sorted it out with the district nurses. It is outstanding the care for her. They support her decision to stay there."
- People were supported to attend healthcare appointments. Where there were concerns about a person's health the appropriate professionals had been contacted. A paramedic practitioner told us, "A number of my patients in Abbotswood have complex care needs and they appear very well cared for. Carers and their leaders are quick to call us for help and advice when needed and follow said advice carefully."