London Care Limited

London Care (Basildon)

Inspection report

1st Floor, Pembroke House
11 Northlands Pavement, Pitsea
Basildon
Essex
SS13 3DU

Tel: 01268585800
Website: www.londoncare.co.uk

Date of inspection visit:
26 October 2017
06 November 2017

Date of publication:
04 January 2018

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

At the last inspection in May and June 2015, the service was rated as Good. At this inspection we found the service remained Good.

London Care (Basildon) provides a domiciliary care service for people living in their own homes in the Basildon and surrounding areas. It provides a service to older and younger adults. The inspection took place from 26 October to 6 November 2017 and was announced. This was to ensure that someone would be at the office to meet with us. At the time of our inspection 120 people were receiving personal care and support from the service.

There was a registered manager in post at the service. 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.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments included, "The service is absolutely fine and the staff are brilliant," and, "I am quite happy with them and have no problems whatsoever," and, "I think they are friendly, they get on with their job, I am very grateful I have very good staff," and, "I have been with them for 12 years so they must be doing something right."

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to keep people safe. Risk assessments had been completed so that staff knew how to keep people and themselves safe.

There were sufficient staff with the right knowledge and skills to meet people's needs. Staff had been recruited safely. Staff had the competence and skills to administer medicines safely and as prescribed and there was a system in place to protect people from the risks of infection. The provider recorded, reviewed and investigated incidents and accidents and took the necessary action.

People's needs were holistically assessed and support delivered in line with current guidelines. Staff were provided with training and supervision in order for them to carry out their role effectively. People's health needs were met as staff liaised well with health and social care professionals. People were supported to be able to have their meals as and when they wanted them which met their nutritional needs.

People consented to their care arrangements and people's capacity to make day to day decisions was assessed and recorded. People's end of life wishes were taken into account and care provided accordingly.

People told us that staff were caring and kind and were respectful of them and their property. The service was responsive to people's needs and wishes as they listened and involved them in their care. Positive

relationships had been maintained. The service was meeting the Accessible Information Standard by ensuring people's sensory and communication needs were met.

There was an effective complaints procedure in place and people and their relatives knew who to contact if they needed to. The provider regularly assessed and monitored the quality of the service provided. Feedback from people, their relatives and staff was encouraged with regular telephone contact and reviews and these were used to make improvements to the service.

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 remained Good.

Good

Is the service effective?

The service remained Good.

Good

Is the service caring?

The service remained Good.

Good

Is the service responsive?

The service remained Good.

Good

Is the service well-led?

The service remained Good.

Good

London Care (Basildon)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to plan what areas to focus our attention on for the inspection.

The inspection commenced on 26 and 27 October 2017 with telephone calls to people who used the service. The visit to the offices took place on 6 November 2017 with follow up telephone calls to staff on 8 November 2017. The provider was given notice of our intention to visit because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and two experts by experience who contacted people and relatives by telephone on our behalf to seek their views of the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both of the experts by experience had experience of using domiciliary care services.

We spoke with 16 people who used the service and 11 relatives and friends. We also spoke with the registered manager, field care supervisor, regional director and three care staff. We had received survey responses from 15 people who used the service and their relatives and 10 responses from staff. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People and their relatives told us they felt safe when care staff visited them. Comments from people included, "Yes I feel safe and I don't feel in danger when with them," and, "It is the way they are, they really look after me," and, "I have one favourite staff member who is excellent, but I do feel safe with them all. I would speak to the manager if not." Family members said, "Yes my [relative] is safe as they are trust worthy and considerate," and, "They are very careful with [relative] when they get them out of bed in the morning."

At this inspection we found staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff and the registered manager gave us examples of where they had identified possible harm to people and how they had followed the correct procedures for reporting their concerns.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how those risks would be managed. Examples included plans to manage risks associated with falls, personal care, allergies to certain foods, malnutrition, poor skin integrity and medicines.

Risks within the internal and external environment and the use of equipment such as a hoist or a wheelchair was discussed with the person and recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw that staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes.

Sufficient staff were available to provide the level of care needed. People told us staff generally arrived on time and had enough time to spend with them. The number of missed and late calls were very low as the staff had sufficient time to get from one person to another and to spend the right amount of time with them. Any calls to the office from people saying that their staff member was late were recorded and monitored. Some people told us that staff had been known to be late on occasions but very rarely was a call missed. One person said, "Sometimes they are late or early, it isn't often and they can be held up at previous calls," and, "They never rush about and the times vary, sometimes they leave a bit early but other times they stay longer so it works itself out."

Staff told us, "The time allowed for each visit is okay," and, "I am able to complete all of the tasks required in the time I have with people." They told us the rotas worked well and there was consistency of staff with a mix of experience and skills.

We saw that most of the necessary information was in place for the safe recruitment of staff. However, there were some gaps in the employment history of three people. We asked the registered manager to deal with this. Within 24 hours, they had confirmed that this had been done, and had checked the recruitment records of all employees to make sure they were complete and had been safely recruited.

The provider had a clear medicine policy and procedure in place which was up to date. People who were assisted with their medicines told us they got them on time and as prescribed. They also felt confident in the competence of the staff to administer them. One person said, "They give me my tablets in the morning, never a problem." One family member told us, "I leave the medicine in a cup and the care worker watches [relative] take it and yes it's at the right time."

People's care plans contained clear information about the level of assistance needed to take their medicines. Staff kept a record of medicines, including creams, people had prescribed for them and we saw that these had been completed correctly. Staff told us they had received medicine training and were observed supporting people by their supervisor to ensure they were putting the training into practice. We saw that the service was proactive in liaising with people, their families and with professionals about the correct dose, ordering, disposal and administration of their medicines.

People told us that the staff used hygienic practices when in their home. They wore gloves and aprons appropriately and were aware of the risk of cross infection. Staff had received training in food safety and infection control in order to effectively carry out their role and responsibilities.

There were systems in place to record, review and investigate safety concerns and these were reported through the appropriate internal and external channels such as social services or the GP and to their regional director. Lessons were learnt and actions added to the provider's improvement plan. They had made safeguarding alerts to the relevant authorities and we saw that they had undertaken internal investigations with outcomes and actions.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff who they knew well and who knew them. Comments included, "The staff are excellent, very professional and friendly," and, "We work as a team, they are well trained and they know me well," and, "It is nice to see them, they brighten up my day."

People's needs were holistically assessed and met. Systems were in place to ensure that care was effective and the provider ensured the registered manager was kept up to date with current legislation and good practice.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction process which included the Care Certificate (the new vocational qualification in social care) and shadowing experienced staff and there was an on-going training programme for all staff on meeting people's specific needs. Training was provided in a range of subjects relevant to the care worker role and in a variety of formats, including on-line, classroom based and observations and assessments of their practice were undertaken.

People told us that the staff were well trained, as one person told us, "They are on the ball, because they quickly identify when [name] isn't stable on their legs and recognise when they are in some discomfort." The registered manager had a record of all the training staff had completed and when any refreshers were due. This helped to ensure the training programme was planned in advance and staff kept their skills up to date.

Staff told us they had regular supervision and annual appraisals where their work and personal development were discussed. They received support and guidance about their work and discussed their training and development needs. We saw that staff were respected within this process and their views listened to. Staff said they were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager and their seniors were very accessible and always made time to discuss issues with them. One staff member said, "I can go to any of them and know that I will get an answer."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. We saw evidence in the daily notes of the food and drink people had and, if their food was monitored, the amount was also recorded. Staff offered people choice of what to have to eat and left drinks for them during the day to encourage them to have plenty of fluids. One person said, "I have ready meals and I choose what I fancy."

Records showed the service had supported people to discuss changes in their condition with relevant health professionals, such as the district nursing service or GP. Referrals were also made on people's behalf such as requesting equipment in a timely way to enable them to maintain their independence. Staff recorded observations where needed to enable health staff to monitor long term health conditions such as diabetes and plan treatment needed for example, on-going support with pressure ulcer care. One relative told us, "[Name] is at risk with their skin but they [staff] are very good, they let me know if they are concerned."

Information was shared across the organisation and amongst professionals in order for people to get the care they need. One professional told us, "They [London Care] respond immediately to any issues raised, investigating and feeding back. They have also been flexible in their approach, for example, they piloted a hospital discharge service and went over and above the contract in order to support us."

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. Care plans contained details about the support people needed to make decisions. Examples included information about how people communicated and the way staff could offer choices to people.

When people lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. We saw that people and their families had been involved in their care arrangements and had signed consent to their care. If they were unable to, we saw that a person had a Lasting Power of Attorney (LPA) in place who had signed their agreement. It had been recorded if people could give consent on a day to day basis for such tasks as personal care tasks as well as if they took their own medicines. This gave staff clear instructions about people's right to make their own decisions and wishes and also told them what people liked and disliked when they could not make decisions for themselves.

Good

Is the service caring?

Our findings

People and their families were very complimentary about the quality of the staff. One person told us, "They are like a member of the family now, they are very respectful." Another said, "Oh they are absolutely caring, the staff are very good. One family member said, "I know they are very patient and kind, just from the way they are, [name] says they are lovely." Another said, "They are all very obliging and helpful, very kind people."

People were listened to and involved in their care arrangements. We saw that people's views and choices were recorded in their care plan and staff had taken time in the assessments and risks assessments to record people's individual wishes and choices which were written in a caring and sensitive way.

Good relationships had developed between people, their relatives and staff who visited them. Staff communicated well and in a respectful way. People said they were always spoken to in a friendly, polite and respectful way. One person said, "Yes they always say 'Morning, how are we today,' in a cheerful tone and we have a good laugh and joke. People told us that staff chatted with them whilst helping them with daily tasks and often stayed for a while to chat after. This was illustrated by people themselves. "We get on very well, very much so, nothing is too much trouble," and, "The staff are fantastic," and, "We have a good relationship with all of them, they are very caring people," and, "They all chat all the time and communicate well with us."

People told us they were encouraged and supported to be as independent as possible. We saw in the records what care and support was required, what people could do for themselves and what they wanted control over. Family members reflected that staff, "Did encourage [name] to do things for themselves," and, "They always ask [name] if they want to try to wash and dress themselves, so they have a choice." People also told us, "They mostly let me do what I can do, I don't like it when people take over, my regular staff know how I like things doing and let me do what I can," and, "They help me out of bed which is the difficult bit, see I'm washed and dressed, they do everything I ask them to do so I can stay in my home, "and, "They ask me if I want them to do it and I say no I can do it on my own, they don't insist on doing it."

Staff knew the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this. "I always wait until [name] asks me then I start, I never assume or rush them as people have to do things in their own way," and, "Always be aware of how vulnerable people are when undressed, and usually cold, so get on with care quickly."

People and their families told us, "They always treat [name] with the utmost respect but stay friendly at the same time," and, "When they help me with personal care they always respect my dignity, which puts me at my ease," and, "They are all very respectful, to both of us. If they have time, they sit and chat for a while to [name] which they really like."

Information we saw written about people in the care plans, the reviews of their care and the daily notes was written in a respectful manner which valued the person as an individual and reflected the care which was

being provided.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff had enough time to meet their needs and met them in a very responsive way. They had a weekly rota of the staff and times so they would know who was visiting them that week and if there were any planned changes.

People knew who to contact if they were concerned about their call time, or if any changes were needed. One person said, "Recently we needed to go to a funeral and they came an hour earlier so that we could go."

Staff told us the registered manager and senior staff discussed people's needs with them regularly, with prompt communication when people's needs changed. Staff said the service responded quickly to ensure people were receiving the right care. This included arranging additional calls when people were unwell or calls which were 'time critical' for example, when they needed their medicine at specific times during the day.

Each person had a detailed care plan of their assessed needs which was written in a person centred way, comprehensive, well organised and up to date. People's gender, ethnicity, cultural and religious needs were recorded. People's preference for a male or female staff member to provide their care was recorded and respected. People's sexual orientation was not recorded in the care plans we saw. The regional director told us that it was not company policy to ask people about this information although, if it was recorded on the referral from social services or the health authority, they would record it on the computer system where other secure information was recorded.

People were aware of their care plan and said they and their relatives were involved in the development of it. One person said, "We talk to the staff and let them know what we want help with." Another said, "Yes we are both involved and if we feel things need changing, we would mention it."

Changes were made in consultation with people and their representatives. Most people told us they had been reviewed in the past six months or as their needs had changed. Staff told us that the senior staff would let them know any changes to people's care by a telephone call and they would update the information once at the person's home.

The service was meeting the Accessible Information Standard by ensuring people's sensory and communication needs were met. We saw that people had information in their preferred format such as in pictures/symbols and in large print so that they were fully informed of what the service offered and provided.

People's records were accurate, complete up to date and easy to read. They were stored securely and available to relevant people. People had a copy of their care arrangements in their own home too.

People received care and support at the end of their life. Staff worked closely with the palliative care team and other health professionals to meet people's needs at this time. We were told by the regional director

that a new procedure to enhance people's experience of receiving end of life care was being implemented and we saw information relating to this. This included a specific end of life care plan which would identify key important factors and focus on ways in which the service could respond to their needs in a timely and sensitive way.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. People said they had no complaints about the service they received, however some said they had made a complaint in the past and it had been dealt with well. One person said, "I did make a complaint and we requested that one staff member did not return and they took them off the rota."

The service had dealt with six complaints during the year. A record was kept of any complaints received, and complainants were provided with a formal response, setting out what action the service would take. The provider had apologised to people where they did not receive the service expected. The registered manager worked with the regional director to assess whether there were any trends they could identify or actions that would improve the service for everyone. Any actions from these incidents were included in the service's overall development plan.

Good

Is the service well-led?

Our findings

People thought the service was well managed. One person said, "I would say it has a good manager, it seems to run smoothly." Another said, "I think it is well managed because we have used them for a few years, we have hiccups but someone will always take the call on board and find out what's happening." A relative said, "They are always there for you if there is a problem, so I would say it is well run."

The service had a registered manager in post and three field care supervisors who were supported by a regional director and administrative staff. There was a clear leadership structure and staff told us the registered manager and senior staff gave them good support and direction. The registered manager had clear values about the way care and support should be provided and was motivated and caring. They promoted a positive, open and inclusive culture which was centred on people who used the service and staff. The majority of people we spoke with knew who managed the service by name and were happy to speak to them or the staff in the office should they need to.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff valued the people they supported and were motivated to provide people with a high quality service. They told us, "I feel well supported and [the manager] is really accessible and friendly," and, "They [the manager] really believe in the service and that's why this is a good place to work."

The service held staff meetings and recorded the notes so that there was a record for staff who could not attend and they were given a copy. However, we noted that staff did not always attend and therefore could feel isolated and distant from the life of the service which one staff member told us, "We could meet a bit more often to share our work, but this doesn't happen a lot.".

The registered manager told us that the office was now open seven days a week. This had made a positive difference and ensured that the service increased its flexibility and access to staff and people who used the service.

There was a clear governance structure in place where risks and regulatory requirements were effectively managed. A robust data management system ensured people's information was secure and kept confidential but staff had access to it when needed.

The quality assurance process focused on the way care was being provided. The registered manager undertook monthly audits of care plans and medicine management, spot checks to ensure staff were working in agreed ways, and reviews of people's care including feedback about the quality of their service they received.

People who used the service, relatives and professionals involved in people's care were asked to complete three monthly surveys about their experiences. Any information of concerns or suggestions were used to improve the service. The majority of people we spoke with said they would recommend the service to others. One said, "I like the staff, I like the way they work and I like that they come at regular times." A relative

said, "I like that they are reliable, the staff are caring and competent and I have no worries when I'm out."

The management systems included reviews of incidents, accidents and compliments to ensure action was taken to prevent a recurrence or to share good practice with staff. The registered manager was aware of their responsibility to submit notifications to CQC of events which involved any impact on people who used the service. Notifications had been submitted in a timely way.