

London Care Limited

London Care (Ensham House)

Inspection report

Franciscan Road
London
SW17 8HE

Date of inspection visit:
17 August 2021
18 August 2021

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30 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

London Care [Ensham House] provides personal care and support to people living in an extra care housing scheme. This consists of 45 individual flats within a staffed building with some communal areas. At the time of our inspection there were 36 people using the service. A separate organisation manages the building. Not everyone who used the service 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.

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

The service provided was not always safe for people to use and staff to work in as suitable numbers of staff were sometimes not available to meet people's needs. People said that most staff did their best to meet their care needs but this was hampered, as there were not enough of them. Sometimes they did not receive support at the agreed time, or their time was cut short as other people's needs also had to be met. During weekends responsibility for leading the staff team was given to one team leader and senior staff. Whilst being experienced the team leader and senior staff had not undertaken leadership and staff management courses appropriate to their responsibilities. Risks to people were assessed, monitored and reviewed. Some people expressed the opinion that their needs had not been accurately assessed and could not be met, by the service. This had been made worse by the COVID-19 pandemic. People had their needs assessed, reviewed and received person-centred care, from available staff. The service reported, investigated and recorded accidents and incidents and safeguarding concerns. Trained staff safely administered medicine to people. The health care professional did not always feel the service was safely run, due to staff shortages.

The service was not always well-led. Quality assurance systems (QA) and audits identified visit issues, in up to date records, although action taken to remedy the situation was not successful. The culture of the service was open and honest with the registered manager acknowledging that there were issues with recruiting staff. There was a clearly defined vision and values that staff understood and followed, in a kind, sympathetic and caring way. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report concerns, in a timely fashion. Although complaints were recorded and investigated, people told us that when they raised concerns changes were not always made to improve their care and support. The service had well-established working partnerships with health care professionals, although the healthcare professional expressed concerns that the service was not always well-led. Due to the COVID-19 pandemic, lockdown and self-isolation, the registered manager and staff said it had been difficult promoting people's participation and reducing social isolation. This had continued due to a lack of staff. Records including people's daily logs and care plans were up to date, as well as staff information. Registration requirements were met.

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

Rating at last inspection

The last rating for this service was Good (published 4 July 2018).

Why we inspected

This inspection was prompted in part due to ongoing concerns received that there weren't enough staff available to meet people's needs, ineffective management including audits not always identifying issues in relation to late visits, medicine record keeping, lack of feedback from people and their relatives and action taken from it, people's care and safety not being appropriate to their needs and that action taken was not always clear. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused inspections to follow up on previous breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about staffing numbers and audit management.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to good governance and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

London Care (Ensham House)

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 two inspectors.

Service and service type

London Care [Ensham House] is an 'extra care' scheme. 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. At the time of the inspection the service was providing personal care for 29 people.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that 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 sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager and quality assurance director. We spoke with eight people and contacted eight relatives, 12 staff and one health care professional, to gather their experience of views about the care provided. We reviewed a range of records. They included staff rotas, recruitment, training and supervision, people's care and medicine records, risk assessments, care plans and reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included training information, and audits. We received the information which was used as part of our inspection.

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 Good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- The provider's staffing and recruitment was not always safe.
- The service did not always have enough staff to keep people safe regarding calls being made on time and flexibly meeting their care needs. Frequently people did not receive the care and support they required, when they needed it and their allotted visit times were shortened so staff could meet other people's needs. We were told that what should have been double up calls for people with high risk needs had been performed by single members of staff, due to staff shortages or people had to wait whilst other staff became available. The care system was operating on a highest needs and risks basis, rather than providing properly planned care. This was demonstrated by what people, their relatives and staff told us, staff rotas and the way they were managed.
- A letter sent out to people using the service and their relatives on the 17th August 2021 stated due to low staffing levels a red, amber and green (RAG) risk system may be implemented regarding calls and visits. This meant people who had critical needs would be prioritised, and calls may be late with primary needs such as breakfast and medicines attended to and return later to support with personal care.
- One person told us, "Don't know which carers are coming and what time. Sometimes late, sometimes early. They are short staffed, especially at weekends and it has been like this for months. I don't get the service I need." Another person said, "Not enough staff, many a time they [Staff] have said to me we are short. They do not always turn up when they are supposed to. They come at 8.15 when it is supposed to be 9.30. This is supposed to be independent living, it's not. I'm now getting lunch when they can fit me in, only get 15 minutes (for a call)." A further person commented, "Not enough staff, sometimes just in and out. They have to run and it's not their fault. It's been like this for months."
- A relative told us, "I do know that they are understaffed, I am aware of this. They lose staff and are getting more staff; they are trying to recruit more. It does impact on my relative and my relative does tell me this." Another relative said, "I think in all honesty they go through phases, there have been times when clearly they haven't had enough staff and times when it hasn't been that bad. When there is less staff running around when there are still the same amount of people, yes, my relative's care has been impacted by short staffing. There are quite a few issues there with staff turnover and staff not knowing people well." Other relatives thought there were suitable staffing levels.
- Many staff told us there weren't enough staff to meet people's needs, when they were required. One member of staff told us, "It's a struggle to do everything, particularly hoisting." Another staff member said, "We are short staffed, sometimes six on a shift instead of nine." A further staff member commented, "I love my job and have been here for a long time, but sometimes we are down to five on a shift and I don't want to short people on their care. It's worst on weekends. This is not safe for us or people."
- On the weekends responsibility for leading the staff team was given to two team leaders. Unfortunately,

there was only one in post and this meant other senior staff also had to undertake these responsibilities. Whilst being very experienced the team leader and senior staff had not undertaken leadership and staff management courses appropriate to the responsibilities they were given.

We found no evidence that people had been harmed however, due to the lack of staff, people were placed at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff recruitment procedure records demonstrated that the procedure was followed. The initial recruitment was done by the organisation's central department who shortlisted and passed on details to the registered manager for interview. The interview process identified prospective staff skills, experience and knowledge using scenario based, questions. Before staff were employed references were taken up and Disclosure and Barring service (DBS) security checks carried out. There was a three-to-six-month probationary period with a review.
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. New staff undergoing induction were required to complete a workbook based on skills, knowledge and behaviours. They were also provided with information books that included scenario situations to enhance their knowledge. The staff files we inspected had a checklist that the different recruitment and training components had been completed. Staff told us, "The training is very good."

Learning lessons when things go wrong

- Lessons were not always learnt when things went wrong.
- The organisation had a system that analysed and reviewed information such as complaints, accidents and incidents to identify themes and any necessary action to take, including calls being late and not of the full duration. People we spoke with said that calls often took place late or early and staff did not stay the full duration due to pressure to complete calls. People told us this was through no fault of the staff, but due to insufficient staff numbers. One person said, "Call times are very hit and miss." Another person told us, "Don't know when they will turn up. Most staff are really nice, kind and approachable." A staff member said, "Low morale is making people [staff] leave."

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. People and their relatives thought the service kept people safe. One relative said, "I think as best as the service can, they are doing their best for my relative. They are fond of my relative and some staff go out of their way." Another relative said, "So far, I haven't really had a cause to complain. I think if she had more regular staff that would be beneficial, instead of lots of different people."
- Staff received training that enabled them to identify abuse and the action they should take if required. They knew how to raise a safeguarding alert and when to do so. There was no current safeguarding activity. The policies and procedures regarding safeguarding and prevention and protection of people from abuse were available to staff.
- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- The health and safety information and training provided for staff included general responsibilities and safety in people's flats.

Assessing risk, safety monitoring and management

- People were enabled to take acceptable risks and enjoy their lives safely by regularly reviewed and

updated risk assessments, when people's care needs changed. The risk assessments included relevant aspects of people's health, activities and daily living. Staff knew people's routines, preferences and identified situations where people may be at risk and where possible acted to minimise those risks. Although reviews took place, people using the service and staff expressed concerns that some people had been inappropriately placed. One staff member said, "It's like a nursing home, people need to be re-assessed." Another staff member told us, "Night-time can be a problem, as we don't have enough staff. There are two people with dementia who try to leave the building and there are too many people for us to look after." One relative told us, "I'm happy with my relative's level of care. I don't feel there's anything they need to change." One person told us, "There is a lack of communication and understanding and they [staff] don't have the training for a person like me."

- There was a whistle-blowing procedure that included reporting bad practice. Staff comments on whistleblowing were mixed. Some staff said the management team listened to them, whilst others did not. A staff member said, "No problem with the [registered manager]. They could not do more." Another staff member told us, "They [organisation] need to support us more. Sometimes the [registered] manager does not listen."
- People who displayed behaviours that others may find challenging at times, had records of incidents and plans in place to reduce those incidences. Records demonstrated that timely action was taken, and the advice of specialist professionals sought when they occurred. There was an identification and managing of challenging behaviour manual provided for staff.
- There was a clear staff disciplinary policy and procedure in place.

Using medicines safely

- People received their medicines safely.
- Medicine was safely administered, regularly audited internally and externally by the organisation six monthly, and appropriately stored and disposed of. The random sample of people's medicine records we checked were complete and up to date. Staff were trained to administer medicine and this training was regularly updated. As appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. Infection control with specific reference to Covid-19 was included in the fast track staff induction.
- The service provided Covid-19 updates for people using the service, relatives and staff including ways to avoid catching or spreading it.

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 Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The Quality Assurance (QA) system and care planning system did not always ensure people received their calls on time and for the full duration. The QA system contained key performance indicators which identified how the service was performing, and areas that required improvement. The care planning systems picked up inconsistent timing and shortened length of calls made to people. The information identified did not successfully prompt changes to combat shortfalls caused by staff shortages. This meant frequently people did not receive the care and support they required, when they needed it. The letter sent out on 17 August 2021 explained that due to low staffing levels calls for people who had critical needs would be prioritised. However, people and staff told us that the service had been short staffed for months. One person said, "They [The service] always got an excuse. Sometimes I'm well supported, sometimes I'm not." Another person told us, "They [Staff] don't always turn up." A relative said, "They tend to be on time, and I have been there, and staff are already there." One staff member told us, "It takes too long to fix issues around people's care, due to staff shortages, when you report it. The [registered] manager needs more support." Another staff member said, "The management is failing as we have been running like this for a long-time. I have no problem with the [registered] manager, the issue is with more senior management and the support they don't provide."

We found no evidence that people had been harmed however, due to the findings of the QA system not being addressed and shortfalls of the care planning systems people were placed at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff carried out regular checks to identify the quality of care staff provided and were clear about their roles and its importance. Monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries.
- The governance assessments, plans, policies and reports included statement of purpose, and health and safety. This meant areas of risk and development, within the service was reviewed.
- Regular audits took place, at intervals appropriate to the areas being audited. These included people's daily logbooks, risk management, and health and safety. The communication log was being used instead of shift handovers to meet social distancing where possible and staff meetings took place on 16 June and 27 July 2021, which were limited to six staff at each. The registered manager said other meetings were planned. Care workers also received a weekly information round-up. People's care plans were reviewed a minimum of

annually or sooner, if required.

- The service looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback was integrated from organisations such as district and palliative nurses and GPs to ensure the support provided was what people needed. This was with people's consent. They worked with hospital discharge teams so that people's return from hospital to their flats happened as smoothly as possible and that food and drink was in place.

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

- The service had a culture that was open, honest and positive. People's relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. One relative said, "I think the way the organisation is set up, the problem isn't about the care it's about how the care is organised." Another relative told us, "I think the service is well run. I have heard the staff speaking when the new [registered] manager arrived, they didn't realise I was in earshot. One staff said, the new [registered] manager is on the ball, I would have to agree with this. The [registered] manager knows what's going on with my relative, she doesn't have to go and check the file for information." A further relative commented, "I think the [registered] manager is trying their best. I don't think night and day staff communicate well. There are times when the night or day staff should have done something, but it's not been done. I don't think there's a great transition between day and night staff. My relative may sometimes get washed at 6am but I'm not sure that's what she wants. Sometimes she will have to wash herself which could then cause an accident."

- The statement of purpose set out the organisation's vision and values that were understood by staff, and people said they were reflected in staff working practices. They had been explained during induction training. One person said, "You can have a laugh with staff, but if you become too friendly, they get taken off your list. I thought friendship was part of the independence thing." Another person told us, "The staff and [registered] manager are very good and come when I need them."

- The services provided were outlined to people so that they and their relatives were clear about what they could and could not expect of the service and staff. However some people were not clear about what they could expect. One person said, "Staff shouldn't come when it suits them. It should be when I need them. I like everybody [staff], especially the [registered] manager." Some staff told us they felt well supported by the registered manager and senior staff. One staff member said, "The [registered] manager is good, very supportive and will go on the floor to help." Other staff were of a different opinion. A staff member told us, "I can't pretend it's all good and dandy when it's not. Along the way people [staff and management] tend to forget why we are here. I'm covering a job for two people and bedtime is chaos."

- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the inclusive and empowering culture of the service.

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 of their duty of candour responsibility.
- There was a management reporting structure and open-door policy.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, their relatives and staff said they were able to give their views about the service, although some did not feel listened to and very little changed. One person said, "They [staff] have a lack of understanding

and training for my needs. I'm in the wrong place." Another person told us, "The [registered] manager is good, I see her every day." A staff member said, "People are being neglected because their needs have not been assessed properly before they move in and we are not able to meet them." Contact was made in person, by telephone, and feedback questionnaires and surveys that were available to people and their relatives. The registered manager said that staff surveys were in the process of being introduced. The quality assurance director told us that the quality assurance team visited a minimum of annually to carry out audits, giving 48 hours' notice and the regional manager also does visits to check if action plans have been completed. The feedback information was used to re-shape the service so people's needs could be better. There was an annual organisational survey. Spot checks including observed competence were also carried out by the registered manager and senior staff. Shift and team leaders did daily walkabouts. The service established if the feedback was to be confidential or non-confidential and respected confidentiality accordingly.

- Staff received annual reviews, quarterly supervision and staff meetings were being re-introduced that covered priorities such as COVID-19 and PPE, training including infection control, high-risk health & risk assessments.
- The service built good links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.

Continuous learning and improving care

- The service did not always improve care through continuous learning. This was due mainly to staff shortages.
- There were regular updates that kept people, relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives provided regular verbal feedback to identify if they were receiving the care and support, that was needed, although they did not always feel concerns raised were acted upon. One relative said, "I have completed at least one questionnaire, but generally I will speak to the staff and the [registered] manager when I wish to give feedback." Another relative told us, "There has been an incident where a staff member completed a questionnaire on my relatives' behalf, however my relative is unable to complete the form and answer the questions. If the staff are doing this for my relative, they must be doing it for others. I complete the feedback forms for my relative now."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not always ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet service users' needs.</p> <p>Regulation 18(1)</p>