

London Care Limited

London Care Highdown Court

Inspection report

Highdown Court
2 Durrington Lane
Worthing
West Sussex
BN13 2GZ

Tel: 01903266372
Website: www.Londoncare.co.uk

Date of inspection visit:
08 October 2021

Date of publication:
08 November 2021

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 Highdown Court is an extra care housing service, covering two schemes in Worthing. 'Highdown Court' offers 54 one and two-bedroom apartments for rent and shared ownership purchase and is run by Saxon Weald. 'Elizabeth House' offers 34 'studio' style flats and is run by Worthing Homes. The Elizabeth House scheme was acquired by the provider in September 2020. At the time of the inspection, London Care Highdown Court was providing personal care to 41 people at Highdown Court and 11 people at Elizabeth House.

The accommodation is rented or owned and is the occupant's own home. 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

People spoke positively about their care and support, and spoke highly of the staff team. One person said, "It has been brilliant here." Another told us, "They are really generous with their care and love."

Staff had received cards of thanks expressing gratitude for their care and support, especially during the challenging circumstances of the COVID-19 pandemic. One read, 'Thank you for the extra care and attention given to us during this horrible year.' A second, 'Thank you for having such a kind heart and going the extra mile for us'.

Since our last inspection a registered manager had been appointed. Everyone spoke of improvement in the care and management of the service. People were encouraged in their involvement and development of the service. There were systems in place to oversee and improve the quality of the services provided. The management worked closely with other professionals, including the housing scheme managers, local authority commissioners and specialist healthcare professionals.

Additional staff had been recruited and people had confidence their care calls would be fulfilled, and their needs met. People felt safe. Risks related to their care had been assessed and staff knew how to support them safely. People were supported with their medicines in line with their needs. Staff had received additional training in how to manage the risk of infection caused by COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 (published 12 January 2019) 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 carried out an announced comprehensive inspection of this service on 22 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and governance at the service.

We undertook this focused inspection following a monitoring call with the service in July 2021. The evidence and feedback gathered during this process indicated the service had improved. We inspected to check they had followed their action plan, to confirm they now met legal requirements and to review the rating for the service. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care Highdown Court on our website at www.cqc.org.uk.

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 Highdown Court

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, with support from an assistant inspector making telephone calls to people and their relatives.

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.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because 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 spoke with three people, two relatives and two staff members by telephone. 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 spoke with two people at Elizabeth House and three at Highdown Court about their experience of the care provided. We spoke with five members of staff including the registered manager, two care workers and two representatives of the provider.

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

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at supervisions and survey results. We spoke with a further person who received support at Highdown Court, two care workers and the care supervisor by telephone. We received feedback from two professionals who worked closely with people at the service.

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.

Staffing and recruitment

At our last inspection, there was a shortage of staff which was leading to late or missed care visits. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Significant improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People shared positive feedback about staff and their calls. One person said, "I have been very happy with the staff, they are very friendly and very efficient." Another told us, "They are very reliable."
- Since our last inspection, the staff team had grown. There were enough staff to cover calls safely. Where needed staff picked up additional shifts, or the senior team would step in to cover calls. Everyone we spoke with told us staff came quickly if they used their emergency bells. One person said, "I rang this they were here before I could blink!"
- Staff told us calls were covered safely but it was challenging. One recently appointed staff member told us, "I have been impressed by the teamworking and they are juggling like crazy to keep everything covered and everything safe. We've ensured it is safe by people filling in extra hours or getting agency when you can get them."
- The registered manager continued to recruit to ease the pressure on the staff team. Two new care staff were due to start work. Staff told us they would like to have more time to spend with people socially, stopping for a chat or supporting them in activities they enjoyed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and said staff were understanding and caring. One person said, "They are kind. I feel really safe here." A relative told us, "I'm happy that (name of relative) is there. As a family, we feel glad she is there and looked after."
- Staff understood their responsibilities regarding safeguarding and knew how to report concerns internally or externally if needed. One staff member said, "I look for changes in behaviour, any physical changes, the safety of belongings. If I had concerns, I would go to the management."
- The provider had a confidential whistleblowing line to encourage staff to speak up if they felt unable to raise concerns within their service. Staff had been reminded of this service in a recent team meeting.

Assessing risk, safety monitoring and management

- Risks in people's care had been assessed and staff knew how to minimise risks and promote safety and

independence. One person had lost weight, in part due to reduced dexterity and difficulty feeding themselves. Staff were working with a specialist healthcare professional to introduce equipment to support the person to continue to eat enough independently.

- Each person's care plan included risk assessments specific to their needs, for example risks around mobilising and falls, nutrition or medication. There were also risk assessments in relation to epilepsy, excessive drinking of alcohol and smoking related fire risk for some people. In the case of fire risk, staff had worked with the local fire and rescue service to support people to improve fire safety within their homes.
- Staff told us they felt confident supporting people. The registered manager was working to extend the range of courses staff attended to help staff better understand specific health needs or conditions. For example, staff had received training in diabetes and dementia care but less so around mental health, addictions and substance abuse.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Using medicines safely

- People were happy with the way staff supported them to take their medicines and medicines were managed safely.
- At the end of each month, staff completed an audit of the Medication Administration Record (MAR) for each person. There were some gaps in recording but in each case, these had been verified. This meant the staff member had recorded that medicines were given in the daily notes.
- The registered manager took action with staff to address the gaps in recording on the MAR. This included letters to individual staff members highlighting the areas for improvement, medication themed supervisions and additional training if required.
- Staff were encouraged to flag any gaps when they appeared. This enabled the management team to check medicines had been given as prescribed and to take prompt action if an error had occurred.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had received additional training to support them in their practice during the COVID-19 pandemic. This included how to put on and take off personal protective equipment (PPE) safely. One person told us, "They are very careful."
- During the lockdowns, the registered manager had purchased plastic pods for use in the communal lounge. This enabled small numbers of people to meet in a safe way and provided a boost to people's mental wellbeing.
- Staff and people using the service participated in regular COVID-19 testing to identify and limit the spread of infection.
- The registered manager received support from the provider through regular calls. This helped to ensure they were following the provider's policy and keeping up to date with best practice and changes to government guidance.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- The registered manager found short-notice requests for agency staff were not being filled. They now planned more than a week in advance to secure bookings and request staff who knew the service.
- Following the last inspection and rating of requires improvement, the management team and staff had worked hard to address concerns and drive improvement at the service.

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 that 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. Significant improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, a registered manager had been appointed and was in post. External professionals spoke positively about the registered manager and the changes in the service. A representative of the housing scheme told us, "Highdown has majorly improved. (Registered manager) has really turned it back around." A representative of the local authority commission team said, "Since (registered manager) has been back in post there has been an improvement. She has got to grips with it again. The carers are very dedicated."
- Staff understood their responsibilities and felt supported. A staff member told us, "(Registered manager) is a really good manager and I've always got on with her. If I needed to speak about something, I know she would listen and support me."
- There was a system of regular audits. This included checks on the medicine records and the daily notes written by care staff. Any issues picked up in these audits were addressed directly with care staff and changes were made to people's care plans if required.
- The provider had a 'branch reporting system' where managers entered details of care plan reviews, staff training, supervision and appraisal. Managers pulled a monthly report from the system to indicate tasks that were due that month. Accidents and incidents were also logged on the system and reviewed by the provider's quality team.

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

- There was a welcoming and friendly atmosphere at both Highdown Court and Elizabeth House. It was clear staff knew people well and cared about them. One person told us, "They are there if you feel down in the dumps. I know I can press my bell and they will come." A relative said, "Their relationship with (name of person) is fantastic."
- Staff felt supported and valued. One staff member said, "Her door is open. I can't praise (registered manager) enough. It is teamwork." Another told us, "Management wise it is absolutely brilliant, they are

great, I speak to them regularly." Staff also had access to a free, confidential counselling service if required.

- People and staff shared examples of where they had offered additional support. For example, staff had helped one person get back to singing with a local choir. They had arranged transport and adjusted the times of the care visits. A staff member said, "(Name of person) was buzzing when she came back last week". In a card, a relative had expressed thanks at making them feel part of the 'Highdown family'.
- During the pandemic, cards had been received from local primary school children. The registered manager hoped to develop community links once it was safe to do so.

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.

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

- People were asked for their feedback during quality assurance checks. A staff member would go through the person's current care and check they were satisfied. Any actions, new risks or changes were recorded and addressed. One person told us, "The management are very helpful if you go to them." Another said, "It is really well managed, they are always asking if they can improve."
- Relatives also spoke positively about the care and communication. One said, "I can't fault Highdown Court in anyway in the way they look after her. It's first class care and communication from them."
- Staff had supervision meetings and larger team meetings. These were opportunities to discuss any concerns or put forward suggestions.

Continuous learning and improving care

- The service had improved significantly since our last visit. Feedback about the quality of the care and the leadership at the service was positive. The management of the service were well aware of current stress points, such as staffing numbers and challenges recruiting. Action was being taken locally and at provider level to address these.
- The registered manager was part of a weekly call with registered managers from other schemes run by the provider. She told us, "They are always there to discuss things and share ideas, to help each other out."
- The provider sent out quality surveys to people to gather feedback and identify any areas for improvement. The responses to the 2020/21 survey had been positive. Questions included, if people felt safe and well cared for, if staff were on time and if they felt listened to. In each case respondents reported the service met the criteria 'very well' or 'extremely well'.

Working in partnership with others

- Professionals spoke positively about working with the service. One said, "(Name of managers) are very accommodating." Another told us, "It's a great place, the staff are really helpful. I liaise with them about all appointments, they always get back to me on time. They've been really on board and up for working together."
- Managers worked closely with the housing scheme manager. They told us, "We all support each other and the residents to make sure they are getting the best out of extra care living. COVID has been different times for everybody but we were all on site working. We have supported each other. The staff have worked really well with Saxon Weald staff and catering. The restaurant closed but we delivered meals. We have had each other's back. We partnership really well with West Sussex (local authority) as well."

