

London Homecare Ltd

London Homecare Ltd

Inspection report

Queens Court 9-17
Eastern Road
Romford
RM1 3NH

Tel: 07383932949

Date of inspection visit:
22 September 2020

Date of publication:
14 October 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to adults in their own homes. 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.

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

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

At our previous inspection of this service on 7 February 2020, we found risk assessments were not robust and did not identify risks to people around their health conditions. Robust pre-employment checks had not been carried out when recruiting staff. At this inspection, we found improvements had been made. People's risks were assessed, control measures were in place to mitigate risks and pre-employment checks were carried out robustly.

At the previous inspection, we found mental capacity assessments were not being completed for people that may not have capacity to make specific decisions. Consent had not been sought from people prior to delivering support and care. At this inspection, we found 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.

At the previous inspection, we found effective quality assurance systems were not in place to identify the shortfalls we found during the inspection. At this inspection, improvements had been made and there were effective quality assurance systems in place, which included auditing risk assessments and consent forms. The registered manager had completed spot checks on people using the service. There were systems in place to ensure ongoing spot checks were completed and recorded regularly.

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

Rating at last inspection

The previous rating for this service was requires improvement (published 20 March 2020) and there were multiple breaches of regulation. We issued a warning notice for a breach of Regulation 17 (Good Governance). There were also requirement notices issued for Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had been made and the service was compliant with the warning notice and requirement notices issued.

Why we inspected

We undertook this targeted inspection to check whether the warning and requirement notices we previously served had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on warning and requirement notices. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection, we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

At our last inspection, we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our effective findings below.

Inspected but not rated

Is the service well-led?

At our last inspection, we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our well-led findings below.

Inspected but not rated

London Homecare Ltd

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 17 (Good Governance) and the requirements for the requirement notices for Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that a member of the management team was available to support us with the inspection.

What we did before the inspection

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

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports, enforcements and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

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

After the inspection

We continued to seek validation about the service and spoke to one person that used the service, two relatives of people that used the service and two staff. We also contacted professionals involved with the service for their feedback.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection, risk assessments were not in place to ensure people received safe care at all times. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found a number of concerns with risk assessments. We found that risk assessments had not been completed for people with identified risks to ensure they received safe support at all times.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and had complied with the requirement notice in this area.

- Risk assessments were in place to ensure people received safe care. A relative told us, "We are delighted with the care and how they [staff] look after [relative]." A person commented, "Yes, I feel safe."
- Risks to people had been identified and assessments were in place. Risk assessments included measures to minimise each risk. Risk assessments were in place for people's health conditions such as stroke, cerebral palsy, lymphoma and for people that may have breathing difficulties. Risk assessments had also been completed for people at risk of skin complications. Staff we spoke to were able to explain the risks to people they supported and how to mitigate those risks. A staff member told us, "Risk assessments are useful."
- Information was also available on how to minimise the risk of infections, which included actions staff should take if people showed symptoms of infection, including wearing Personal Protective Equipment (PPE) safely. A relative told us, "I have seen lots of gloves, masks and aprons when they [staff] need to use them." A staff member commented, "We have enough PPE, [registered manager] gives us enough PPE. We have had infection control training and on PPE process and washing hands."

Staffing and Recruitment

At our last inspection the provider had failed to ensure robust recruitment procedures were being followed to ensure people received safe care from suitable staff. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that the provider was not following their recruitment policy to ensure staff were recruited safely, specifically two references had not been sought for staff to check their conduct and character and where criminal records showed past convictions, risk assessments had not been completed to ensure staff supported people safely.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19 and had complied with the requirement notice in this area.

- Pre-employment checks had been carried out in full to ensure staff were suitable to support people safely. A relative told us, "[Person] feel safe with them [staff]. They are safe in their hands."
- We checked records for staff that had been recruited since our last inspection and found that two references had been requested and identity verification and criminal record checks were carried out.
- Where a criminal record check showed past convictions, a risk assessment had been completed to ensure the staff member supported people safely. This included enhanced monitoring of the staff member and receiving feedback from people that were supported by the staff member.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure the principles of the Mental Capacity Act 2005 were being followed to ensure people's legal rights were protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that assessments had not been completed to determine if people had capacity using the MCA principles and consent had not been sought from people prior to delivering care and support to ensure people agreed with the support they would receive.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11 and had complied with the requirement notice in this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service had sought consent from people prior to delivering care and support to ensure they agreed with the support they would receive. The consent was placed in people's care plans. A relative told us, "They [staff] always ask for consent." A staff member commented, "Any client, I need to ask for their permission before doing anything or what I am doing."
- Assessments had been completed to determine if people had capacity using the MCA principles. Where it was determined a person may not have capacity to make specific decisions following an assessment, a best interest decision was made on the person's behalf with family members. A lasting power of attorney was in place for one person the service supported. Staff we spoke to were able to tell us the principles of the MCA.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we served a warning notice to ensure action was taken and improvements were made and set a timescale for compliance. We had found there was lack of robust audit systems in place to identify shortfalls we found and take prompt action to ensure people received safe high-quality care. Systems were not in place to ensure audits were carried out on medicine management, staff files and risk assessments. This was required to ensure high quality care was being delivered at all times and there was a culture of continuous improvement.

At this inspection we found enough improvement had been made and the service was no longer in breach of Regulation 17 and had complied with the warning notice in this area.

- During this inspection we found systems were in place for quality assurance of the service. Care plan audits had been introduced, which included auditing risk assessments, consent and mental capacity assessments. Audits had been introduced and carried out on medicine management and staff files. The registered manager told us the audits helped the service to identify any shortfalls and take prompt action. We found improvements had been made with risk assessments, consent and mental capacity assessments.
- At our last inspection the findings of spot checks of staff were not being recorded and communicated to staff. At this inspection, we found spot check templates had been introduced and the findings of spot checks were recorded on the template. They were communicated to staff and identified best practice and areas for improvements.
- People, relatives and staff told us the service was well-led. A person told us, "They are good care agency." A relative told us, "[Registered manager] is lovely, we can talk to her. Nothing is too much trouble. Someone we know we can trust our [relatives] with. She always has time for us. We are 100% delighted with the care they are receiving." A staff member told us, "She is doing good. [Registered manager] is a good manager."

