

London Quality Care Services Ltd

Hillingdon

Inspection report

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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

About the service

Hillingdon is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Hillingdon. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care to 62 people.

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 told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people and their relatives about using the service. One person said, "Yes very pleased with them" and another stated, "Wonderful. I didn't know of it [the service] but would recommend it to anyone." People said staff were caring and treated them with dignity and respect. Staff sometimes provided extra support and assistance to people when this was not part of people's contractual care arrangements.

The provider made sure there were enough staff to support people and staff usually at people's homes arrived on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

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.

The registered manager and senior staff were responsive to and worked in partnership with other agencies

to meet people's needs.

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 good (published 2 June 2017). Since this rating was awarded the service has moved premises and has changed the location's name. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hillingdon

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 and an Expert by Experience undertook telephone interviews with people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2019 and ended on 2 December 2019. We visited the office location on 2 December 2019.

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. 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 13 people who used the service and two relatives of other people about their experience of the care provided. We received written feedback about the service from six care workers, met the office team and spoke with the registered manager and administrator.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted six healthcare professionals but did not receive a reply.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered location. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care workers who supported them. One person stated, "A good bunch of carers, yes I do [feel safe]" and another said, "I think so, yes I am happy with how they treat me."
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. We saw these were reported, recorded, shared with the local authority and investigated where appropriate.

Assessing risk, safety monitoring and management

- The provider had appropriately identified and assessed all risks to people's health and safety such as risk of falls and skin deterioration. Risk assessments were clear and comprehensive and included details of the person's background, medical conditions, risks identified and action plans. There were clear guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- For example, one person's progressing medical condition meant they were losing their coordination, had increased weakness, and were at risk of falling. They were also at risk of developing pressure ulcers because of reduced mobility. The provider had taken appropriate action such as referring the person to the district nurse and had requested an occupational therapy assessment. As a result, the person had been provided with the correct moving and handling and pressure relieving equipment.
- The senior staff, including the registered manager went beyond the call of duty to meet people's needs. We saw evidence they visited people out of hours where they were worried or concerned about something. For example, where a person had been discharged from hospital and needed support with their medicines one evening. The registered manager had visited the person, and supported them to take their medicines, prepared their blister pack to cover the weekend, and contacted the surgery to obtain a new prescription. They had passed on this information to the person's relative who had said, "That is brilliant."

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us, "We have really good staff retention because I listen to them, support them and they are happy. Every Friday, I have an open-door system. I say to staff they can come in and speak with me about anything."
- Most people told us they received their visits on time. However, some people reported care workers were

sometimes late. Their comments included, "If the carers are running late or caught up in traffic I get a call from them" and "They are mostly on time but I get a text from the office if they're going to be late." We discussed this with the registered manager who explained how they monitored and addressed this.

- The registered manager monitored closely people's daily visits. The electronic monitoring system required staff to log in and out of people's homes, and this was recorded in real time on the system. The registered manager checked and printed each report which highlighted the exact time the staff member arrived and left, identifying if they had worked extra time or less time than the person required. Any concerns were addressed with individual staff members. Documents we reviewed confirmed this.
- There was always a senior member of staff on call out of normal office hours. This meant people who used the service and staff were able to call someone anytime.

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and regular refreshers.
- The quality assurance officer carried out regular audits of people's medicines and the medicines administration record (MAR) charts. We viewed a range of these and saw they were also thoroughly audited by the registered manager who told us, "I double check everything to make sure everything is done and correct. Although we get copies of the MAR charts, I see them every day on our system anyway. I am always a step ahead."
- The staff were expected to take a photograph of the blister pack containing people's medicines after administration and the signed MAR chart to evidence the person had just been given their medicines. The registered manager told us this enabled them to see in real time that the person was receiving their medicines as prescribed, thus reducing the risk of errors.
- The registered manager told us they were strict when it came to medicines, as errors could have devastating effects on people's lives. They told us, "I tell the staff right from day one that people's medicines are to be taken very seriously. I say 'You are accountable, and people's lives may depend on their medicines. You must always take it seriously'." They added this meant staff were careful and errors were rare.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, shoe covers and gloves, and were able to obtain these when they required.

Learning lessons when things go wrong

- The provider kept a log of all accidents and incidents. These were recorded in detail, and included the person's name, date and description of incident, outcome and date it was resolved. We saw that for each incident or accident, appropriate action was taken. For example, when a care worker arrived to find someone on the floor, they called the emergency services and remained with the person until they had been checked.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems as a result of incidents, accidents and complaints. They said, "That is how you get better. It is from what goes wrong that you can improve systems, and make sure it does not happen again."

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.

This is the first inspection for this newly registered location. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service, and assessments were used to write people's care plans. People were referred by the local authority who provided their own assessment of the person's needs.
- Assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. Assessments also included how people wanted their care needs to be met.
- People's choices in all areas were considered and recorded. Where possible, people were matched with care workers who could speak the same language to facilitate conversation and effective communication.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and regularly supervised and appraised. People thought the staff were well trained and had the necessary skills to meet their needs. Their comments included, "I am happy with what they are doing and think they have skill", "They have skills and knowledge. They are getting to know me now" and "Very efficient, very good, yes."
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as dementia care, dignity and respect, end of life care, pressure care and diabetes monitoring. The training matrix indicated staff training was up to date and regularly refreshed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the support they received with their meals. People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared. One person told us, "They cook my meals and ask what I would like."
- Where staff supported people with their meals, they were expected to take a photograph of this. This was uploaded to the monitoring system so people's food intake could be monitored in real time. The registered

manager showed us evidence this was used as an important tool when there were concerns about a person's health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded and met. The registered manager expected all staff to be vigilant during visits and report any concerns they had about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly. For example, where a care worker had noticed a person had a rash, they reported this immediately and the GP was called.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The provider kept a record of all emails sent and received and we saw extensive conversations with relevant healthcare professionals such as the occupational therapist and the district nurse when a person's care needs had increased.
- Where people had serious health conditions, care plans included details of symptoms to look out for and guidance about how to meet people's needs to avoid them becoming unwell.

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

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.

- People told us they were consulted about their care, and their choices were respected. One person told us, "Yes my carer does ask me, like would I like a shower today, and would I like my legs creamed, what body wash would I like. I am always asked" and another said, "Nothing gets done without my permission."
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered location. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect by the care workers who supported them. Their comments included, "The carers are kind they speak to me nicely", and "On every visit, I know they respect me."
- People were asked if they preferred a female or male care worker and told us their choices were respected. However, this was not recorded in people's care plans. We raised this with the registered manager who assured us this would be rectified without delay.
- People's religious and cultural needs were respected and met. Staff received training in equality and diversity and demonstrated a good understanding of this.
- The provider had a sexuality policy in place which included details about how to support people from the Lesbian, gay, bisexual and transsexual (LGBT+) community. The registered manager told us they were currently supporting a person undergoing gender reassignment and had ensured the person's care worker was fully supportive. They told us they were supporting the person with shopping for clothes, and practical support with regards to changing their name.
- People for whom English was not their first language were supported to access their care plan in their own language. The registered manager told us, "I translate care plans to the person's language so that they understand what each section says."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them. One person said, "[Care plan] got set up when I was in hospital and then someone came in and together we spoke about what and how things would move forward" and another stated, "Yes I have [a care plan] here, and my family and I set it up."
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One person stated, "I'm very happy with how they treat me."
- The registered manager told us they monitored closely how people were supported. They stated, "We do call monitoring, so we get feedback from people. I know my staff very well. I lead by example. I have a

positive approach. I start with the positive then highlight areas of improvement."

- People told us their privacy and dignity were respected at all times. Their comments included, "They make sure curtains are pulled when I have my wash" and "The carer always makes sure the curtains are drawn."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered location. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were comprehensive and person-centred and were developed from the pre-admission assessments. Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, washing and bathing including oral hygiene, dressing and grooming, pressure area care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed.
- People's records included an 'all about me' document. This contained important personal information about the person, their family and friends, life history, interest and hobbies and likes and dislikes.
- The provider promoted effective communication in the service and all -important issues raised were recorded in people's notes. We saw where any concerns were raised, these were taken seriously and addressed without delay. For example, a care worker reported a person only had three days of medicines left. As a result, a call was made to the pharmacy and the person was supplied with their medicines within two days. Another care worker reported a person's commode needed urgent repair. The office staff took immediate action to get this addressed.
- Where people's needs changed, senior staff undertook a review of their needs, and, based of these, liaised with the local authority who funded their care, to possibly increase the person's care package. For example, one care worker had reported that a person using the service was no longer able to eat independently and had become incontinent. Following an assessment, it was agreed that each visit was increased by 15 minutes.
- There was a communication book at each person's house where staff recorded all tasks undertaken during visits. They also recorded the food people ate. These were brought back to the office monthly where the registered manager audited these. Any concerns or discrepancies were addressed with staff in a timely manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and met. One person had difficulties expressing their wishes verbally. Staff had learned to work with the person's relative to establish the best way to communicate with them. The provider ensured the person had a regular carer who understood and knew the person well, so they had a trusting and meaningful relationship.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in community activities.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People knew how to make a complaint and were confident these would be addressed. Their comments included, "I have the number on my phone, and once rang to find out where the carer was. It got sorted and now the office text me when the carer is going to be late", "Yes I know how to, but haven't had to" and "I complain to my social worker they talk to the office on my behalf, my social worker sorts everything." We saw evidence that when concerns had been raised, appropriate action had been taken in a timely manner.

- The provider kept a log of all compliments they received from people and relatives. We viewed a range of these. Comments included, "I really admire the hard work you have done", "The carers are very caring and professional. They explained everything they were doing and treated me great. The staff are awesome."

End of life care and support

- The provider had an end of life policy in place and staff received training in end of life care. Staff demonstrated an understanding of this. One staff member stated, "End of life is support for people who are in the last months of their life. The person on end of life care should die with dignity and their wishes should be respected."

- Care plans included a section about end of life care. This recorded how people who used the service wanted their needs met at the end of their life and any advance decisions they may have.

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.

This is the first inspection for this newly registered location. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively about staff and management. They told us the registered manager was approachable and most knew who [they were].
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "I find my manager and admin team to be friendly and approachable. We communicate daily about the service users we look after" and "Our manager is very supportive and tells us our rights and wrongs." The registered manager stated, "I know what it is like to be a junior staff. I had a supportive manager. If you support staff, they will have a voice and feel valued."
- The registered manager told us people's needs came first and they would respond to people anytime of the day and night. They explained that one person's condition meant they preferred to communicate by text. They were given the registered manager's number, so they could contact them directly. The registered manager told us, "Their needs are always met. I always answer and provide what they need. They get their message across, I visit them, give them reassurance etc."
- The registered manager initiated a social media group which was an effective way of communicating and sharing information with staff. They told us, "I make myself approachable. They need to feel they can tell me what they want. There are always two sides. We listen."

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 understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary,

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

- The provider had effective auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines. The registered manager told us, "What we have achieved is having robust systems in place. We can check everything to make sure people are safe and get the right care. We changed people's lives because of the way we work. The carers report everything."
- The registered manager had created a system whereby staff communicated with some people by text. For example, to remind them they were due to take their medicines if there was a risk they might forget.

- The supervisors undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, personal appearance, politeness and consideration, respect for service user, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing their ID badge, and if the person was satisfied.
- The provider's electronic monitoring system was connected to the local authority's, so they could access information about the service in real time. For example, if a person complained a care worker was late, either the office staff or the local authority who commissioned the care could check in real time if this was the case. The registered manager explained the local authority, where people required support, allowed a window of one hour for care to be delivered. However, where people required support at an exact time, this was noted on the system as 'time critical'. Therefore, they were able to check the system to see if there was a concern, or if they could reassure the person that support was on its way.

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

- The provider conducted annual satisfaction surveys with people who used the service. However, they had found that very few were returned. More recently, supervisors supported people to complete the questionnaires using an electronic device. This helped ensure the provider received people's feedback in a timely manner. Upon receipt of these, the results were analysed. We viewed the most recent survey, which showed a high level of satisfaction and most people stated they would recommend the service to others.
- There were regular office staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. There were also regular care worker meetings, where staff had the opportunity to discuss any concerns and share communication. Subjects discussed included people who used the service, annual leave and uniform.
- Staff were supported to give feedback about the service by completing yearly surveys. We viewed the most recent survey which indicated staff were happy working for the company and felt well supported by their manager. Staff were provided with an employee handbook when they started working for the service. This included policies and procedures, their rights, expectations and where to find guidance and support should they need to.

Continuous learning and improving care

- The registered manager had been in post for two and a half years. They had completed a level five diploma in health and social care. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could.
- The registered manager had achieved a 'train the trainer' qualification in all the subjects they identified as mandatory, such as health and safety, medicines administration and safeguarding. This meant they were able to deliver training to staff as and when they needed this. They told us, "As a manager, I need to know everything. It's not good expecting staff to know medication for example, if you don't know yourself."

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They told us they increased their knowledge by liaising with a range of healthcare professionals such as occupational therapists, district nurses and the local hospital.
- The registered manager subscribed to the CQC and social services newsletters, received information from the local authority, and changes in relation to employment law. They kept themselves involved and informed of all developments within the social care sector. They told us, "We share this information with the care workers, so they feel informed and valued."