

London Care Limited

London Care (South London)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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:

London Care (South London) is a domiciliary care agency which provides care and support to people in the London Borough of Southwark. At the time of our inspection there were 385 people using the service.

People's experience of using this service:

There had been a significant improvement in the service. The office was now fully staffed and people's visits were planned in advance.

Punctuality had improved and managers checked that care was delivered as planned. There was a variety of checks in place to make sure that problems were detected and that the service would continue to improve. Managers understood where improvements were still required and were acting on this. People were protected from missed or late calls.

People told us that they were treated with respect and their privacy protected. The service obtained people's views about their care and acted on them to make improvements. People told us that most of the time they received care from the same care workers but consistency was not as good for some people, especially at weekends.

People had the right support to eat and drink and maintain their health. The service worked with healthcare services and the local authority to address issues of concern.

Care workers received the right training and supervision to do their jobs. Managers carried out spot checks to make sure staff were performing well and made sure care workers were engaged in the service. Care workers told us they could raise concerns and felt listened to.

People were involved in planning their care. People's needs were assessed and care plans were in place to make sure these were met. People received care in line with their plans and managers checked this was taking place.

People were safeguarded from abuse and managers investigated allegations and complaints effectively.

Since our previous inspection, improvements have been made and medicines were being managed safely. We have made a recommendation about how the service reports and records changes to people's medicines.

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

Rating at last inspection:

At our last inspection in December 2018 we rated the service 'requires improvement'. Breaches of regulations were found concerning consent to care, safe care and treatment, staffing and good governance.

At this inspection we found the service was meeting these regulations.

Why we inspected:

This was a routine inspection. We arranged this to take place six months after the publication of the last report. This was because we had rated the service 'inadequate' in the key question 'Is the service safe?' We needed to check that improvements had been made.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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 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 

London Care (South London)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by four inspectors, a member of the medicines team and two experts by experience.

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 and specialist housing. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission who had joined the service since the last inspection. 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 provider two working days' notice of the inspection. We needed to let people using the service know that we would be in contact and be sure key members of staff would be available.

What we did:

Before the inspection:

We did not ask the provider to complete a provider information return (PIR). This is a document which asks for certain information about the service, including what they think they are doing well and their plans to develop the service in future. The provider had been submitting monitoring information to us weekly and we had been involved in a provider concerns process with the local authority.

We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about.

During the inspection;

We looked at records of care and support for 24 people who used the service and 11 medicine administration records and care plans. We looked at records of recruitment and supervision for 10 staff members. We also looked at other sources of evidence about the management of the service, such as electronic care monitoring (ECM) records, audits and communications. We spoke with the registered manager, area manager, regional director, quality assurance manager and an ECM officer.

We made calls to 24 people who used the service, five of their relatives and 10 care workers.

After the inspection:

We spoke with a contract monitoring officer from the local authority.

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 'inadequate.' At this inspection this key question has now improved to 'requires improvement.' This meant some aspects of the service were not always safe and that we could not be assured that improvements concerning safety were fully embedded and sustainable.

Assessing risk, safety monitoring and management

At our last inspection we found the service was not meeting this regulation due to poor risk management processes.

At this inspection we found the service was now meeting this regulation.

- The provider had well established systems for assessing risks to people relating to key areas such as pressure sores, nutrition, transfers and falls. These were followed effectively.
- Some records were not completed in line with risk assessments, such as repositioning charts and recording when pendants needed to be checked. However, managers were noting these issues in audits and had documented conversations with care workers to remind them what needed to be done. The provider was carrying out additional training with care workers on preventing pressure sores. Care workers demonstrated a good understanding of this.
- People were supported to transfer safely. Care plans documented how people made transfers including what equipment they used. Care workers told us they had practical training in using hoists and had regular refresher training. Checks were carried out to ensure equipment such as hoists were safe to use.

Staffing and recruitment

At our last inspection we found the service was not meeting this regulation. This was because people were put at risk by missed and late calls and the provider's failure to provide two care workers when required.

At this inspection we found the provider was meeting this regulation.

- People received their care on time. Scheduling of calls had improved and electronic call monitoring (ECM) was used effectively to ensure people received their care. Punctuality had improved. Most people we spoke with told us staff arrived on time, but five people told us this continued to be a problem. Comments included "On the whole they do come on time" and "in the last three months or so things are so much better."
- Where people required care from two care workers this was taking place and managers carried out checks to monitor this. Care workers told us there were significantly improved arrangements for providing these calls and keeping in contact with their partner. Managers examined ECM records to check for possible

missed double up calls and where these were suspected these were appropriately investigated.

- The provider carried out safer recruitment checks to make sure care workers were suitable for their roles. This included obtaining a work history, references from previous employment and carrying out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff visited. Comments included "I have never felt unsafe in the company of carers" and "When I know them I feel safe."
- Care workers knew how to safeguard people from abuse. Care workers had training in safeguarding adults and understood their responsibilities to report concerns. Care workers told us that managers took their concerns seriously and acted on these.
- Managers took the right actions when abuse was reported. Allegations were reported to the local authority. Where appropriate managers investigated these and action was taken to safeguard people. Managers investigated allegations of poor practice and took disciplinary action where necessary.

Using medicines safely

- Management of medicines had improved since the last inspection.
- The management team completed monthly audits of medicines to identify errors or concerns. People told us they did not experience problems receiving their medicines.
- However, the provider did not always identify that they had not followed their own policy. For example, medicine administration records (MARs) were not always completed in line with best practice or the providers own policy. This included handwritten MARs not being checked and unclear instructions for topical medicines.

We recommend the provider follows their own medicines policy alongside current good practice guidance when reporting and recording changes to people's medicines.

Preventing and controlling infection

- People were protected from infection. Care workers received training in infection control procedures and food safety.
- Care workers accessed personal protective equipment such as gloves and used these on their calls. People told us care workers used this equipment.
- People's plans highlighted possible infection risks and how these could be prevented.

Learning lessons when things go wrong

- Incidents and accidents were investigated. There were established processes for investigating untoward events and making changes as a result.
- Managers used audit systems to look for evidence of untoward events. Where this had happened care workers were spoken with by managers and appropriate action was taken.

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'. At this inspection this key question has now improved to 'good'. People's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider was not meeting this regulation. At this inspection we found the provider was now meeting this regulation.

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.

We checked whether the service was working within the principles of the MCA.

- People had consented to their plans wherever possible and this was documented in care plans.
- People were protected from restrictive practice. The provider assessed whether inventions such as belts and bed rails could restrict people's choices. Assessors carried out an assessment of people's capacity to consent to these and demonstrated where these were provided in people's best interests.
- Where family members had signed documents on behalf of people the provider checked they had the legal power to do so. This included obtaining evidence of lasting powers of attorney.

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

- The provider had a robust and comprehensive system for assessing what was important to people. Assessors asked people about their backgrounds and family members and what support they received from family members.
- Assessments included people's needs and abilities in key areas and how these related to risks to people's wellbeing. This was used to plan people's care.
- People's needs were comprehensively reassessed when the care plan was reviewed to ensure their care plan appropriately met these.

Staff support: induction, training, skills and experience

- Care workers received a suitable induction. This included covering mandatory training, recording learning and having regular reviews with managers during their probationary periods. New care workers shadowed a more experienced member of staff. A care worker told us "I had made a mistake and she told me what I was doing wrong; she was straightforward and strict...I appreciate it."
- Staff received the right training and supervision to carry out their roles. Care workers received regular refresher training in key areas and this was monitored by managers. There were checks of staff skills and knowledge and regular supervisions.
- Managers had identified key areas for staff development and were providing additional sessions on these. This included awareness of pressure sores, medicines management and understanding the consequences of mistakes.

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

- People told us they received the right support to eat and drink when this was needed. Comments included "They help with food", "They offer a choice" and "They've come up with helpful things to put in [my family member's] food to give him some nourishment."
- The service made sure people got the right support. People's' eating and drinking needs were assessed and where support was required with this it was included in care plans. Care workers recorded how they had provided the necessary support and ensured people had varied diets.

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

- People told us care workers monitored their health and took action when necessary. Comments included, "They're very vigilant when it comes to [my family member's] health" and "They make sure the district nurse knows about it."
- The service assessed risks from people's health conditions. Care plans contained information on people's wellbeing and how this could affect their daily living skills and support needs.
- The service worked well with other agencies. Issues of concern were passed to the appropriate professional. Guidance from specialist agencies were incorporated into people's plans.

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. 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 were treated with dignity and respect. Comments from people included "They are really nice and rather friendly and extremely polite", "When they come they have a smile on their faces" and "They are always talking and having a laugh with [my family member]."
- People's care plans highlighted what was important to them. This included information on people's cultural needs, including dietary requirements and religious needs. There was also information on people's life stories, preferred names, previous employment and their families.
- Most people told us they consistently received care from the same care workers. Four people told us that care was less consistent at weekends. Six people we spoke with told us that consistency was still a problem for them and they often did not know who was coming. Comments included "Sometimes I don't know who is coming" and "If they tell me who is coming I will feel safe, but I don't get the rota." The provider had recently written to everyone who used the service to offer the opportunity to receive a weekly rota by email or post.

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

- People told us they felt listened to. Comments from people included "They're very respectful to [my family member], they always ask him what wants doing and they give him choice", "They listen to what [my family member] has to say" and "They do listen".
- People were asked their views on the service and managers took action as a result. Managers used telephone monitoring and quality assurance visits to check people were happy with the service. When concerns were raised actions were taken as a result and follow up visits were provided to make sure this was completed.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was respected. Comments included "They will cover me when the nurse arrives", "They respect my family member's privacy" and "They shut the door when changing [my family

member]. I can hear them saying things and reassuring."

- Staff knew how to provide care with dignity. Care workers received training on this as part of their inductions. Care plans included information about how best to support people to maintain their dignity, including what flannels they used for different parts of their bodies, and what tasks they were able to do for themselves.

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received the care they needed. Care plans had been reviewed in last six months and were clear about what needed to be done. People told us they were involved in planning their care. Key information on what needed to be done was included on care worker's rotas and care workers documented how they met people's needs.
- People told us care workers did what they were supposed to. Comments included "They help me as much as they can, if I need help my care worker will do anything I ask" and "They're friendly and they do anything you ask them."
- The service responded as people's needs changed. Care workers stayed longer if needed. Staff told us that if they felt a person needed more time managers reassessed the person's needs promptly and provided this where needed.

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.

- The service was meeting this requirement. Staff assessed people's communication needs, including changes to people's sight and hearing and people's language needs.
- There was a policy for how the AIS should be applied. This included the requirements to identify and flag when people needed information in accessible formats and how to meet these. There was an easy read version of the service's complaints policy.

Improving care quality in response to complaints or concerns

- People told us their concerns were taken seriously. Comments included "I told them I needed the same carer and they sorted it", "There was one [care worker] who was difficult but I complained and they never came again" and "Some of them didn't clean properly; another carer noticed this and made a complaint to the agency."

- There was an appropriate process for addressing complaints. Managers investigated complaints using a range of sources of evidence. When failings were found managers apologised and upheld complaints and took action to prevent a recurrence of the concern.

End of life care and support

- The service was not providing end of life care or support.
- The service had a process for making sure people received the right care at the end of their lives if needed. This included obtaining people's wishes for the end of their lives and any advance care planning decisions which may affect their care.

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

Continuous learning and improving care

At our previous inspection we found the service was not meeting this regulation. There were widespread failures in how care was planned, and the quality of care checked.

At this inspection we found the service was now meeting this regulation.

- The service had delivered an effective action plan to improve the service and address risks to people's safety. Care workers told us they had seen a noticeable improvement in how the service was run.
- The provider had comprehensive systems of audit in place to monitor the performance of the service. Records of care were audited to check that these were complete, and issues of concern had been reported. The registered manager completed a governance audit fortnightly and the area manager made a weekly inspection of the service. These showed a steady improvement in the performance of the service. The registered manager checked the quality of each care plan and required that changes were made before these were signed off.
- Managers had systems to monitor how the branch was performing. This included tracking the training and supervision of staff, checking that care plans were reviewed regularly, and that people had up to date quality assurance visits.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others

- Managers and care workers were open about what had gone wrong. The provider had engaged constructively in reporting back to us on their development plan and in a provider concerns process. Comments from care workers included "It is much better now than six months ago" and "Everything is working smoothly".
- Changes had been made to how the office functioned. The office was now fully staffed and key posts were covered. The registered manager checked that phones were answered promptly. Scheduling of calls was monitored to ensure that this was routine and that last-minute allocations was kept to a minimum.

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

- Staff were encouraged through formal training to take responsibility for their actions and mistakes and to be open about these.
- Managers used team meetings to communicate their expectations of staff. This included ensuring care workers were aware of procedures to follow if people did not answer their doors and how key information needed to be recorded. There were regular meetings for field care supervisors to clarify expectations and identify areas that needed to be improved, such as the recording of medicines, checks of equipment and repositioning charts.
- Managers checked that care workers were providing good care. There were regular spot checks on how care workers provided care, kept records and followed health and safety processes. Comments from staff included "There's lots of checks going on" and "you never know when they are coming".

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

- Most people told us that it was now easier to speak to the office and raise concerns, but some felt this still needed to improve. Comments included "Things have got 100% better since the new management came in" and "Often you can't get through, it has improved though." A quarter of people told us they had experienced problems with the office, with comments including "It's not easy to contact the office" and "Things will change, but then go back the way it was soon after." The registered manager was monitoring phones to ensure these were answered promptly.
- The service attempted to engage people who used the service. A new forum had been set up for people who used the service and their families to obtain their views. This was used to identify areas for development.
- Care workers told us they felt listened to. All staff we spoke with told us contacting the office was no longer a problem and they had the opportunity to speak up in meetings which were held regularly. Comments included "We can speak out and tell them what we want", "now we have a voice" and "this new team they are doing a good job and they communicate with us well."