London Care Responds Limited

London Care Responds

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 Responds is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were three people using the service.

People's experience of using this service:
● People told us that care workers were kind and caring. They said they were cared for in a way that promoted their independence.
● Care workers were familiar with people's preferences and support needs and cared for them in line with their care plans.
● Care plans were developed after an assessment had been completed and people were asked about how they would like to be supported.
● People received good support in relation to their diet and nutrition and did not raise any concerns in relation to how their general health needs were being managed.
● There were enough staff employed to meet people's needs.
● New staff completed a thorough induction and were supported during their first few weeks which helped to ensure they were safe and competent to work with people.
● There had been no formal complaints received from people or their relatives at the time of the inspection. People were made aware of the complaints procedure through a service user guide that was issued to people when they first started to use the service.
● The service was managed well. Feedback from people and staff was that the management team were always available to speak to.
● The registered manager was aware of his regulatory responsibilities.
● Quality assurance checks such as unannounced spot checks and checks on staff competency were completed.
● We have made a recommendation about more robust reference checks when recruiting new staff.
● The service was rated as "requires improvement" for the key question Is the service Safe? The service met the characteristics for a rating of "good" for the key questions Is the service Effective?, Is the service Caring?, Is the service Responsive? and Is the service Well-led?
● Our overall rating for the service after this inspection was "good".
● More information is in our full report.

Rating at last inspection:
● This was the first inspection of the service since it registered with the CQC on 26 February 2018.

Why we inspected:
● All services that are registered with CQC are scheduled to have their first inspection within one year of their registration. This inspection was part of our scheduled plan of visiting services to check the safety and

quality of care people received.

Follow up:
● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates as per our re-inspection plan.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our findings below.

Is the service effective?

Good

The service was effective.

Details are in our findings below.

Is the service caring?

Good

The service was caring.

Details are in our findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our findings below.

London Care Responds

Detailed findings

Background to this inspection

The inspection:
● We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
● Our inspection was completed 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 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:
● Our inspection was announced.
● We gave the service 48 hours' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 29 January 2019 and ended on 06 February 2019. We visited the office location on 29 January 2019 to see the manager and office staff; and to review care records and policies and procedures. Between the 29 January 2019 and 06 February 2019 we contacted people and care workers on the phone.

What we did:
● Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.
● We spoke with two people who used the service.
● We spoke with the nominated individual, registered manager and two care workers.

● We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.
● We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment:
- Safe recruitment procedures were not always followed.
- Although staff files included written references from previous employers which matched the details provided on the application form and we had no reason to doubt their authenticity, these were not always signed or completed on official letter headed paper. We showed these to the nominated individual and the registered manager during the inspection and they said they would ensure these would be completed for any future employees.
- We recommend that the provider refers to current guidance or seeks advice from a reputable source regarding robust reference checks.
- Staff files included a completed application form with details of qualifications, training and employment history. Employees also completed a health declaration and provided evidence of identity, proof of address and completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- There were enough staff employed to support the number of hours of personal care the service was providing each week. One person said, "I get the same carer, it's really good." Another said, "They come on time, if they are late they let me know."

Systems and processes to safeguard people from the risk of abuse:
- People using the service told us they felt safe in the presence of care workers.
- The provider had policies regarding whistleblowing and safeguarding. Safeguarding training was delivered to care workers. Care workers had a good understanding of abuse and what action they would take if they were made aware of any concerns. One care worker said, "Safeguarding is an umbrella term to make sure people are well cared for, not at risk of any harm or neglect." Another said, "If I had any immediate concerns I would report it to [The nominated individual] or [The registered manager], I can also whistle blow to social services."
- There were no current safeguarding concerns.

Assessing risk, safety monitoring and management:
- An initial assessment of needs that took place prior to support commencing included an assessment of any risks to people or the environment where care was to be provided.
- Risks were subsequently reviewed during care plan reviews or when people's needs changed. Some people using the service were at risk of developing pressure sores, records showed this was being managed correctly and staff were following appropriate guidelines from community nurses in managing the risk.
- Moving and handling risk assessments were in place, these were completed with details of the level of support needed, people's level of independence, how care workers could provide safe support and any

mobility aids used to manage the risk.
● Records showed that care workers received appropriate training in safe moving and handling practice and risk assessments.

Using medicines safely:
● At the time of the inspection, none of the people using the service were being supported with medicines.
● There were records in place for the safe management of medicines in the eventuality that people could need to be supported with medicines. These included a medicines authorisation form, a medicines needs assessment and a medicines management policy.

Preventing and controlling infection:
● People did not raise any concerns about infection control practice. Care workers received training in infection prevention and control.

Learning lessons when things go wrong:
● There had been no incidents or accidents since the service had registered with CQC.

Good

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.

People's outcomes were good, and people's feedback confirmed this.

Staff induction, training, skills and experience:
- Care workers said they were happy with the training and support on offer. Comments included, "I had the training and then I did double up care with [the nominated individual], I wasn't left on my own" and "I had a supervision after my shadowing to see how things were going."
- Newly employed care workers received a five-day induction which included an introduction to the company, an explanation of their roles and responsibilities, working practice and going over the main policies and procedures. They were then given training in various areas relevant to their work which were all mapped to the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers. This was delivered over three days but care workers had a period of 12 weeks to familiarise themselves with, and complete relevant workbooks to evidence their knowledge.
- New care workers were assessed as being competent in moving and handling and medicines administration by the registered manger. They were also shadowed 'in the field' a number of times before being signed off as competent to work independently. The skills and competency checklist included use of a manual hoist, electronic hoist, airflow mattress, and effective communication, personal hygiene, oral care and basic literacy/numeracy skills.
- Although the competency checklists such as the medicines and the moving and handling competency checklists were completed, they were not always dated or signed off by the registered manager or nominated individual. We raised this with the registered manager on the day of the inspection who said he would be more diligent with ensuring this was happening.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- There was a process in place for managing new referrals to the service. This included speaking to people and/or their next of kin about their support needs and arranging a day and time to carry out a more thorough needs assessment.
- People were given the opportunity to decide about whether they wanted to proceed, ask any further questions and were given the opportunity to decline. People received a service user book, details of the company and the complaints procedure.
- The assessment led on to the development of appropriate care plans which reflected the needs of people using the service.
- Staff applied their training when supporting people to try and achieve good outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet:
- People told us they received support from care workers in relation to their diet and nutrition. Comments

included, "No concerns with meals, it's a combination of microwave and freshly prepared" and "[The care worker] makes nice food."
● Dietary requirements and preferences were included in care plans. Care workers followed these and knew what people liked to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care:
● We saw correspondence with community nursing and other social care professionals to provide effective care to people. Care workers followed relevant guidance from health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support:
● Care plans included details of any relevant medical history and details of how care workers could support people in relation to their underlying health and medical conditions. Details of GP's and other relevant health professions were recorded.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
● Care plans were developed with people and where relevant, their next of kin. People had agreed with the content of their care and support plans and given their consent. Copies of service consent records were kept by the provider.
● Care workers gave us examples of how they ensured people were involved in every day decisions about their care and support such as what they wore, ate and how they liked their personal care delivered. They also demonstrated that they knew what they needed to do to make sure decisions were taken in people's best interests. One care worker said, "Because [person] is not able to express themselves clearly, the [relative] helps with that."

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
- People told us that care workers treated them well, were kind and caring towards them. They said, "They are kind and caring towards me", "I am happy with the work" and "The carer is very nice and I am happy with the care."
- People were involved in their care plan reviews and were asked for their opinion about how they were being supported during spot checks.
- Recruitment of new staff included an interview which included questions based on values and the skills needed to be a good, caring member of staff. Care workers were asked about their understanding of equal opportunities and diversity and how they would promote and support a person's right to dignity, independence and empowerment.
- Care workers signed up to the dignity in care challenge on the signing of their contract with a commitment to behave in a manner consistent with the dignity in care challenge throughout their employment.

Supporting people to express their views and be involved in making decisions about their care:
- People's wishes and preferences were included in their care plans. Staff demonstrated that they were familiar with these and told us they always worked to ensure people's wishes were respected. One person said, "I have a copy of the care plan, they follow the care plan."

Respecting and promoting people's privacy, dignity and independence:
- People said that care workers respected their privacy and maintained their dignity when supporting them with personal care. One care worker said, "[Person] prefers things in their own time, they can direct their own care." Another said, "I always make sure, windows are closed and curtains are drawn."

Good

Is the service responsive?

Our findings

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

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 had individual care plans in place which reflected their current needs. Care plans reviewed were completed on a regular basis, often in response to changing support needs.
● People's care/support plans included support plan summaries for day and night support. These provided details of people's preferences and details of the care activities and support required, whether this was meal preparation and/or personal care. They also included details of the type of support people needed. One care worker said, "I check to make sure I read her care plan."
● Care workers were aware of how to communicate effectively with people in a way that they would understand. This was reflected in the communication profiles that were in their care plans. One care worker said, "[Person] is not able to speak, I try and keep the language basic or ask closed questions. [Person] nods and winks to show approval."

Improving care quality in response to complaints or concerns:
● There had been no complaints received since the service had registered with CQC.
● People told us they were happy with the care they received and knew who they could speak with if they were unhappy
● People were given information on how to raise concerns or complaints through a service user guide which they received when they started to receive care.

End of life care and support:
● The service was not supporting people who were on palliative or end of life care.
● There was a section in care plans where people could express their wishes about end of life. We saw these were discussed with people but people did not wish this to be considered as part of their care plans.

Good

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.

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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Both people and care workers told us the service was well-led. This was reflected in the feedback we received, comments included, "Its good, no areas of improvement", "I do feel well supported", "We can always have a quick catch up with [nominated individual] or [the registered manager]", "Everything has been good so far" and "It's a new service, so at the moment it is good."
- Due to the size of the service, the nominated individual and the registered manager split the management of the service between them and care workers reported directly to them. The nominated individual was responsible for recruitment and shadowing of staff and also supported people. The registered manager was responsible for overseeing service delivery, quality assurance, training and completing assessments.
- The registered manager was aware of his regulatory requirements in terms of submitting statutory notifications.
- There were policies in place which underpinned the service. These were comprehensive in scope and covered recruitment, whistleblowing, complaints, equality and diversity and medicines.
- The management team had a complete oversight of what was happening in the service, and demonstrated a good understanding of how the service was managed.

Engaging and involving people using the service, the public and staff:
- Due to the relative small size of the service and the short period of time the provider had been registered, there were no feedback surveys that had been completed at the time of the inspection. However, both the nominated individual and the registered manager were known to people. People said they could communicate directly with either. One person said, "The office staff are easy to get hold of."
- Staff meetings were held during which the management team passed on information such as training, policies and procedures and other service updates.

Continuous learning and improving care:
- Quality assurance audits that were appropriate for the size of the service were in place. These included regular spot checks carried out by the nominated individual or the registered manager. These were unannounced and completed in people's homes. They looked at whether the care workers arrived on time, how they interacted with people, whether all the support tasks were completed competently and if records were completed appropriately. One person said, "They (the manager) always come and check to see that everything is in order."

● Quality assurance records related to care workers skills and competency such as the medicines and the moving and handling competency checklists were completed.
● The provider was open to new ways of working and was looking at ways in which the service provision could be expanded as it grew. This included looking at a new care planning system and introducing electronic call monitoring.

Working in partnership with others:
● There was evidence that the provider worked with external professionals, for example when assessing referrals and communicating with community nurses and therapists when people's needs changed.