

London Care Limited

London Care (Atlas Place)

Inspection report

Atlas Place
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

London Care (Atlas Place) is a domiciliary care agency providing personal care to people living in their own home. People receiving the service were living in an extra care setting. At the time of the inspection 17 people were receiving the regulated activity, personal care. 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.

The extra care housing was provided in one purposes build building where people rented or part owned their own flats from a separate housing provider and London Care (Atlas Place) provided support to people who needed it. On site was a restaurant, hairdresser and activities. These were arranged by the housing provider and therefore were not looked at during this inspection.

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

People's experience of the service was mixed. Comments included, "I am completely happy and don't have a single concern." And, "I wouldn't go so far as saying that I am happy with them, but they are adequate."

Staffing had been at reduced levels with some care and office staff having left. Whilst the provider was acting to address this some people and their relatives did express this had had an impact on some aspects of their care. The management of quality performance and the maintenance of records needed to be improved.

People's needs had been assessed. However, assessment had not always been used to develop people's care plans. Risk assessments were not always in place where they needed to be. The current staff knew people well and were able to support their needs. However, the new staff would not have the information they needed to support people. Staff told us they relied on each other or the person they supported to share information with them about some health risks.

Where incidents and accidents had occurred, these had been reported. However, incident records were incomplete. Actions taken had not been recorded. The system to monitor incidents and analyse trends was not being effectively used to minimise further risks or incidents.

Staff knew people well. Where people needed support to communicate staff were aware of this. However, how people expressed themselves was not well recorded which would mean that new staff may not have the information they needed to support people as well as they could do.

Most people told us staff were kind and caring. However, some people told us staff were rushed and that this impacted on how well treated they felt. Staff were recruited safely. People received their medicines as prescribed. Staff had completed medicines training and their competency was assessed. People were protected from the risk of infection and safeguarded from abuse.

People were happy with the support they received with eating and drinking. Where people needed support to access healthcare this was in place. 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. Staff were aware of the Mental Capacity Act 2005 and understood that people had the right to make decisions for themselves where they had the capacity to do so.

The service worked in partnership with other services. This included where people needed support at the end of their life.

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

Rating at last inspection

This service was registered with us on 11 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

London Care (Atlas Place)

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 undertaken by one inspector and one Expert 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 properties. At the time of the inspection service was providing care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 October 2021 and ended on 25 October 2021. We visited the office location on 19 October 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the quality manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four 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 registered manager to validate evidence found. We looked at training data, staff meeting notes, staff rota's and other records.

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 service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place where they needed to be. For example, staff knew how to identify where one person had concerns with their catheter but there was a lack of written guidance for staff in relation to this. Where concerns had arisen, staff had taken appropriate actions and involved healthcare professionals as needed.
- One person lived with epilepsy and had occasional seizures. There was a generic risk assessment in place. However, there was no risk assessment specific to the person. There was no information on the possible triggers or what the person's epilepsy looked like. Staff said the person had told them about their seizures and knew how to respond if the person had a seizure. However, not all staff knew what the person's seizures looked like and answers about what triggered the person's seizures were not consistent.
- One person was at risk from choking. There was clear guidance on how to support the person to eat safely. However, the risk assessment advised staff to 'administer choking first aid' in the event of a choking incident and was not specific on what this was. One person had diabetes and there was no risk assessment in place with regards to this to provide staff with the information they needed to identify if the person became unwell.
- Some people used creams which could lead to an increased fire risk. Staff were not always aware of this risk. There was a lack of information to alert staff to this concern and ensure staff were taking action to mitigate the risks.

We found no evidence that people had been harmed. However, the provider was not doing all that was reasonably practicable to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people and staff from the environment were assessed. For example, whether there were risks from uneven flooring or people smoking. The service had also liaised with the housing provider to put in place evacuation plans for people should there be an emergency event such as a fire.

Staffing and recruitment

- We did not identify any concerns that calls were missed. However, some calls were shorter than planned. Feedback from people and their relatives was mixed. Some people were positive and told us, "They always arrive within the time remit. They never rush me." And, "they don't rush off and leave until [my relative] is comfortable and settled". However, another person said, "I feel quite safe with some of them, but some do try to rush me, and they don't do things that should be done, like making my bed or emptying the bin.", Another comment was, "I complained they didn't stay for the right length of time and they do now since I

complained."

- Staff views on this were mixed. Some staff told us people did not always want them to remain once tasks were completed and they did sit and talk to people depending on the persons choice. However, other staff said, "This is the worst I have known it. Yes, we have to leave a bit early to fit all the calls in." Another staff said, "Sometimes we are just short of staff, it's hard and there is a bit of pressure. Yes, we do have to rush off. We have to get the basics done and move on to another person." This was an area for improvement.
- The registered manager was aware staff numbers were low and staff were covering extra shifts to support this and some agency was used. The provider was actively recruiting staff and the registered manager told us eleven new staff were in the recruitment process having passed the interview stage and one started the week after the inspection.
- Staff had been recruited safely. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

Learning lessons when things go wrong

- Staff knew how to report incidents. However, incident records were not always completed. Some records did not include information on what action was taken to address the concern or prevent future concerns arising. We discussed this with the registered manager who was able to evidence action had been taken when incidents occurred. However, incident records did not reflect this.
- There was a system in place to identify trends. However, the system was not fully functioning at the time of the inspection. The registered manager and quality manager told us this was due to staffing issues at both the location office and the providers office.

Preventing and controlling infection

- During the inspection staff were wearing face masks. One relative raised concern that staff did not always wear their masks properly whilst providing care. However, they also told us the manager was addressing this. We raised this with the registered manager who told us they regularly undertook checks on staff PPE use. However, this was not recorded. This is an area for improvement.
- Staff had received vaccination against COVID 19 and undertook regular COVID 19 testing to reduce the risk of infection.
- Staff had received guidance on putting on and taking off PPE safely. Staff also told us there were sufficient supplies of PPE. There was information for visitor in relation to COVID safety and hand gel was accessible on arrival. Staff wore face masks in the communal areas of the building and were able to dispose of masks leaving through the rear of the building. However, there was nowhere to safely dispose of these when staff left by the front door which was next to the office. This was an area for improvement.

Using medicines safely

- People were supported to take their medicines as prescribed. One relative said, "I check her medication and they are pretty good and thorough."
- Medicine administration records (MARs) were complete. Staff had undertaken the training they needed to administer medicines. Checks on staff practice had been made to ensure staff their practices were safe.
- Staff provided support to people to ensure they had enough medicines in stock. Where people used creams there were body maps in place to advise staff were to apply these and information on what the cream was for possible side effects. There was a system of auditing in place to check medicine stocks and records. Where issues had been identified they had been addressed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.

- Staff knew how to identify and report concerns. Staff were confident the registered manager would act if concerns arose.
- Where concerns had been raised these had been investigated and reported to the appropriate authority. Action had been taken to address concerns where needed.

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 service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's health and welfare needs had been assessed. However, the identified needs of people had not always been used to develop an effective care plan. For example, we had identified a number of areas where there was a lack of risk assessments for people's health needs such as diabetes and epilepsy.
- During the assessment of people's needs people were asked if they wanted support with their religious needs. However, they were not asked if they had needs relating to other protected characteristics under the Equality Act 2010 such as sexuality, gender and culture. This was an area for improvement.

Staff support: induction, training, skills and experience

- Staff had undertaken the training they needed to support people. For example, staff had completed training in protecting people from abuse, food hygiene and infection control. Staff had also undertaken training in specific health areas such as diabetes and catheter care. Staff we spoke to knew how to support people with their health needs.
- New staff undertook an induction and shadowed more experienced staff to get to know people prior to working alone.
- Staff received supervision and an annual appraisal to support them in their role.

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

- Not everyone needed support with eating and drinking. Where they did, people said they were happy with the support they received. Comments included, "They get [my relatives] meals ready for [them] and do make sure it's appealing [for them]." And, "I always have a nice cup of tea made for me before they leave."
- Where people were at risk from choking while eating and drinking guidance from health professionals had been sought. There was information for staff on how the person needed to be supported to eat safely. Staff were aware of this guidance. For example, staff knew the person used adaptive cutlery and needed to take their time with eating to be safe.

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

- Some people did not express themselves fully using verbal communication. There were no hospital passports in place. These provide healthcare staff with information about the person, including how they communicate should they need to be admitted to hospital. This is an area for improvement.
- Where people needed support to access healthcare this was in place. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. One relative said, "[My relative] had an eye

test the other day and that was prompted by the carer

- Where healthcare professionals such as district nurses were involved in people's care staff were aware of this. Staff liaised with healthcare professionals as needed.

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. 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 and found that they were.

- Where relatives had stated they had power of attorney for people and were legally able to make decisions on people's behalf the registered manager had checked this was in place.
- Staff understood people have the right to make decisions for themselves. Where people needed to be supported by being offered a limited number of choices, staff understood this.
- People told us staff listened to their choices. One person said, "They do listen to me and we chat about things from day to day." Another person said, "I make my own decisions and we will discuss their methods if we are at odds but they are usually right nine times out of ten but they will always try to do things the way I like them to be done."

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 service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The majority of people told us staff were kind and caring. Comments included, "They're a friendly bunch and nice to have here for company." And, "I think they are caring and hardworking girls. They are always very polite and friendly and do seem to really care about him and [my relatives] comfort." Some people told us that they felt staff were rushed and this had an impact. One person said, "I think they can be brusque because they have so many people to deal with in a short space of time." A relative told us, "I think they are basically kind and caring but maybe a bit rushed." Another relative said, "I think that the girls do the best that they can with limited time."
- People's equality and diversity needs under the Equality Act 2010 were not fully assessed. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. We did not identify any equality and diversity needs which were being unmet. However, people had not been offered the opportunity to express these needs.

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

- Staff knew how people communicated when they needed support in this area. For example, staff were able to tell us how one person expressed themselves. However, where people did not express themselves fully using verbal communication there was a lack of information in people's care plans to support new staff to learn about people's communication. This is an area for improvement.
- Most people told us they were involved in decisions about their care. Staff knew people well and understood how people wanted to be supported. One person said, "They are always courteous and ask me if I'd like anything else to be done before they leave." However, one relative raised a concern that staff usually listened to their relative but not all the time. We raised this with the registered manager as the concern had not been reported to the service.

Respecting and promoting people's privacy, dignity and independence

- Most people told us staff treated them with dignity and respect. One relative said, "They are very aware that [my relative] could get embarrassed about certain procedures so will always explain first and chat away." Staff were able to explain how they supported people to wash using towels to protect the person's modesty as much as possible.
- People were positive that staff encouraged them to do things for themselves. Comments included, "They help [my relative] to be a bit more confident in doing things for [themselves], like brushing [their] hair or on the toilet." And, "They encourage and help me to do things myself all at the same time."

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 service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Staff knew people well and understood their likes and preferences. Care plans included some person-centred information such as how one person liked to be supported to wash. There was also some information on people's life history. However, staff told us they relied on each other and the person to share information about people such as how people communicated and risks to their health. One person said, "They do now do things the way I like it and they are not too bad, but it's taken a while."
- People told us they were involved in planning their care. However, where people's needs had had changed, care plans were not always updated. For example, one person was being cared for in bed. Although staff were aware of this, the person's care plan had not been updated to reflect this change. The provider failed to ensure plans for people's care reflected people's needs and preferences. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Staff understood how people needed information presented to them in order to understand it. However, the lack of written information about how people expressed themselves could have an impact when new staff started. This is an area for improvement.
- The registered manager was aware of the accessible information standard and told us staff shared information with people verbally where people needed this support.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to do so. One person said, "I would know how to complain but I would tell the girls first and sort it out between us."
- There was a process in place to manage and act upon complaints. Where complaints had been made action had been taken. One relative told us, "I do know how to complain and have done so thank you, they seemed to listen because at least the carers stay for the full allotted time now."

End of life care and support

- People were offered the opportunity to express preferences for their care at the end of their life if they wanted to do so. This included information about people's preferences prior to death as well as during

dying and after they had passed.

- There was information in people's care plans if they did not want to be resuscitated by the emergency services should they require this intervention to maintain life.
- No one was being supported at the end of their life at the time of the inspection. Where they had been the service told us they had worked closely with the Palliative care team.

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 service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- There were regular audits in place. However, these needed to be improved to ensure they were effective. For example, we identified a number of calls which were shorter than planned, auditing did not include monitoring the length of time staff spent supporting service users. Late calls were also not audited. Audits had also not identified the concerns we found at this inspection such as risk assessments that were not in place or needed more information.
- Staff recorded information about the care provided and the time they arrived and left in the person's daily records. However, these records were not always legible, which they are required to be. This impacted on the managers ability to monitor the quality of the service. Action had not been taken to address this concern.
- There were a number of concerns found relating to record keeping during the inspection. For example, risk assessments did not always include the information they needed or were not in place. Some person-centred information was not recorded, and care plans were not always up to date. Checks such as those undertaken on staff use of PPE were not always recorded.
- Whilst incidents and accidents had been recorded. Records were not complete as they did not include the actions taken. Incidents were not being analysed for trends to enable the registered manager to identify patterns and take action to reduce risks accordingly.

The provider had failed to have effective systems to monitor the quality and safety of the service and mitigate the risks relating to the health. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person and the care provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had informed CQC of significant events that happened within the service, as required by law.
- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The registered manager was aware they needed to inform people when something went wrong.
- Some office and care staff had left the service. The area manager for the service had also recently left. The

registered manager told us they had spent time covering care calls and other roles within the office and this had had an impact on their ability to undertake some aspects of their role. The service took this as an opportunity to make some changes to the management structure. At the time of the inspection some new office staff had been recruited to support the manager to make improvements. They were new in post; therefore, we were not able to assess the impact this would have on the quality management of the service.

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

- Most staff were positive about the support they received from the registered manager. Comments included, "It is stressful, and you go an above and beyond, but you do get thanked for it."; "Yes I get regular supervision and communication is good." And, "I do feel well supported." However, staff did raise that the rota came out later than they would like. This was an area for improvement.
- Although feedback about the service was mixed most people were positive about the registered manager and office staff. One person said, "They are very approachable in the office and always help when they can." Another commented, "The manager does a good job in the office."

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

- Surveys had been sent out for people and their relatives to complete. Feedback was mainly positive. The concerns people raised were primarily related to staffing levels leading to a lack of consistent carers. Action was being taken at the time of the inspection to address this and new care staff were in the process of being recruited.
- People also received regular quality visits to ensure they were happy with the service provision.
- Staff received regular supervision and there were meetings for staff where they could raise any concerns, although a survey for staff had not been completed. This is an area for improvement as surveys enable staff to feedback concerns, they might not feel confident to raise in person.

Working in partnership with others

- The service was working in partnership with a number of organisations to support people with their health and wellbeing needs. This included the GP's, district nurses, occupational therapists and the speech and language team.
- Where people had ongoing health needs staff had participated in community team led training, for example where one person needed support with their catheter.
- The registered manager attended network events with other managers within the organisation to keep up to date with guidance and best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure plans for people's care reflected people's needs and preferences.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that was reasonably practicable to mitigate risks. This placed people at risk of harm.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective systems to monitor the quality and safety of the service and mitigate the risks relating to the health. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person and the care provided.