London Teaching Pool Limited

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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
The London Teaching Pool Limited is a domiciliary care agency registered to provide personal care and treatment for disease, disorder and or injury. At the time of the inspection, six people were receiving support with personal care.

People's experience of using this service and what we found
Recruitment practice was generally robust; however, we have made a recommendation about this as people's entire employment history was not always recorded.

There were systems and documentation in place to support staff to keep people safe from abuse. When staff had concerns for people's safety, the provider acted appropriately. People's medicines were managed safely. Risks to people were assessed and monitored. Infection prevention and control measures were in place. Lessons were learned when things went wrong to minimise the risk of reoccurrence.

People's needs were assessed before they used the service so the provider knew whether they could meet people's needs. Staff were trained on how to perform their role effectively and were provided an induction before starting employment. They also received supervision and appraisals. People were supported to eat and drink. Staff worked with other agencies to provide effective care and the registered manager referred people to other health care professionals where required.

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. People's consent was sought when care was provided.

People and relatives told us staff were caring. People's equality and diversity was respected as was their privacy and dignity. People and relatives were able to express their views about the care provided. People were encouraged to be independent.

Staff had been trained in end of life care and people were supported at end of life. Care plans recorded people's needs and preferences and people received person centred care. People's communication needs were met by staff and their communication needs and preferences recorded in care plans. People were supported with activities they wanted to do. People and relatives were able to complain, and the registered manager dealt with complaints appropriately.

There were quality assurance systems in place, so the provider was able to continuously learn and improve, this included gathering feedback from people and relatives. Staff were able to engage with the provider through regular meetings. The service was person centred and people and relatives thought highly of the staff and management. The service worked in partnership with others to benefit people using the service.

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 01 July 2019 and this is the first comprehensive inspection. We completed a focused inspection and rated the service Good in both Safe and Well Led (published 16 April 2021)

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

London Teaching Pool Limited

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. 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 and treatment of disease, disorder and injury to people living in their own houses and flats and specialist housing.

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
This inspection was unannounced on the first day of inspection. The provider knew we were returning for the second day.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might 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 five people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, a care coordinator and two directors for the service. We reviewed a range of records. This included six people's care records. We looked at five staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included speaking to two members of care staff. We looked at further evidence sent to us by the registered manager in regard to staffing and training.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing levels

● Recruitment practices were generally robust. We looked at five staff files and saw pre-employment checks such as criminal record checks had been carried out to ensure staff were suitable to work with vulnerable people.

● In some instances, the provider had not always captured people's entire employment history, capturing only the last three to five years of their history. The registered manager had discussions with staff about this but had not always recorded them.

● The registered manager explained they had thought this was onerous and only recent histories were required. Following our discussion, they made changes to the recruitment policy.

We recommend the provider follow best practice with regards to recruitment practice.

● People and relatives had mixed views about staff turning up on time but told us for the most part staff were punctual. One person said, "The best thing is that they came quickly, and they are on time." The service had an electronic system to monitor calls to ensure they were covered by staff. We saw staff were generally early or on time.

● When staff were going to be late due to unavoidable circumstances such as traffic, the service contacted people and relatives to let them know what was going on.

Systems and processes to safeguard people from the risk of abuse

● They were systems and processes in place to safeguard people from abuse. One person said, "I do feel safe; [staff member] takes my anxiety away." Staff were trained in safeguarding and knew what to do should they suspect abuse. Safeguarding concerns were recorded by staff and actions taken by the service to ensure people were kept safe.

● The provider had raised safeguarding concerns with local authorities to ensure people were being safeguarded from abuse. When risk of abuse had been brought to the attention of the registered manager they had acted appropriately and sought to keep people safe by sharing information and involving other relevant health and social care professionals.

Managing Medicines Safely

● Medicines were managed safely. Staff were trained in medicines administration and their competency was checked at spot checks and care plan reviews. Medicine Administration Record (MAR) sheets were audited by the manager regularly. We reviewed MAR sheets for two individuals, as well as electronic MAR for 2 others, and found medicines were administered as prescribed.

● Peoples care plans contained information about their medicines. This information included types of

medicine prescribed, when a person should take their medicine and how they should take it as well as any risks to the person with regards to their medicines.

Assessing risk, safety monitoring and management

● Risks to people were assessed and monitored. Care plans and risk assessments provided information about people's lives and highlighted what was a risk or potential risk to them. They focused on health conditions and their associated risks.

● Aside from health risks, we also saw risks highlighted including people's home environments, accessing the community, nutrition and personal care. Risk assessments were person centred and sought to support people in a way that suited them. For example, one risk assessment encouraged regular outdoor activities although this meant staff were required to be extra vigilant given the person's vulnerabilities.

● Staff told us documentation at the service supported keeping people safe. One staff member said, "Risk assessments, that's how you can protect people, you assess risk and make care plan to support them."

Preventing and controlling infection

● Infection prevention and control measures were in place. Staff were trained on how to use Personal Protective Equipment (PPE) and about infection control. The provider supplied staff with PPE and had sufficient stock levels to ensure people were protected. One relative told us, "All the carers wear the proper PPE." One staff member told us how they prevented the spread of infection, "Using PPE and washing hands. We have had training in that."

● There was policies and other documentation to support the service with infection prevention and control. There were COVID-19 specific policies and risk assessments for staff and people. Risk assessments highlighted increased risk to contracting infection due to their health conditions and or ethnicity.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. Incidents and accidents were recorded, and staff acted responsively where required. This included contacting emergency services and other healthcare professionals where required. One staff member told us, " For example if someone has fallen down and hurt themselves, I will call an ambulance and then call the manager and then write an incident report."

● The registered manager completed follow up actions when incidents had been reported. This included contacting healthcare professionals, family members and or local authorities to ensure people were kept safe following incidents.

● When incidents had occurred, information was shared with staff where appropriate. This was so lessons could be learned when things had gone wrong.

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.

At the last inspection this key question was not inspected. This key question has now 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 used the service. This was so the service could find out whether they were able to support people or not. One relative told us, "I think the manager is fine; I've met him. He came with one of the care coordinators, a senior and introduced himself and had a load of questions. He made a care plan."
- Assessments covered people's health needs and social circumstances and were the foundation of people's care plans. Assessments looked at people's equality characteristics and were in line with the law.

Staff support: induction, training, skills and experience

- Staff received inductions, were trained and were supported in their roles. Staff files contained documents showing what staff had completed during their induction period. This included receiving training from the provider, reviewing policies and shadowing experienced staff in role.
- Staff received regular training to ensure they knew how to support people effectively. Training included basic life support, safeguarding vulnerable adults and moving and handling. One staff member told us, "After training, we are certified. That time I had training [recently] I had medicines training and basic life support and infection control."

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

- People were supported to eat and drink and maintain a balanced diet. Care plans contained information about the food people liked to eat and or whether they had any special dietary requirements.
- Staff received training on food handling and told us they supported people with their nutrition and hydration needs. One staff member told us, "I give them a choice in meals and ask them what they want, and I give them what they want."
- People with special dietary requirements and health conditions were also supported by the service. There were people with diabetes and people who used specialist equipment to support their feeding, such as Percutaneous Endo-gastric Gastronomy, which is a feeding tube placed through the abdominal wall and into the stomach. Where this occurred specific information and instructions was provided by healthcare professionals and was recorded in care plans. Where necessary, staff had received specialist training on how to complete their roles in these areas.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to the benefit of people receiving care. The service worked with health and social care professionals to ensure people received effective care. This included social services, health care professionals and other agencies who supported people in their lives.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access health care and to live healthier lives. A staff member said, "We do escort [people] to healthcare appointments to the hospital to the GP or day centre."

● The service was registered to treat disease, disorder and injury and provide personal care. However, at the time of inspection the service was only providing personal care to people.

● The registered manager contacted and referred people to health care professionals and services as and when required. This included but was not limited to occupational therapists, general practitioners, pharmacists and emergency services.

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 were asked their consent before receiving care. Care plans contained signed consent agreements to indicate people had given their consent. Where people lacked capacity, advocates and or family members were involved to assist best interest decisions being made.

● Staff were trained in MCA and sought people's permission before providing care. One staff member told us, "If the person has capacity then you will ask them [their permission], always. However, some don't have capacity, but you should always get consent if you can." People confirmed this. One person said, "They always ask for my consent before they do anything."

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.

At the last inspection this key question was not inspected. This key question has now 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 and relatives told us they were well treated by staff. One person told us, "Yes, they are kind and caring and treat me with respect." This was also evident in the spot checks we read, where people and relatives had given positive feedback about how people were treated.
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity. One staff member told us, "We respect their culture and choices."
- Care notes showed people being supported to attend regular faith worship and other events where inclusivity was championed alongside people's diversity. For example, people were supported to attend day centres and groups where other people with similar cultural identities and characteristics attended

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

- People and relatives were able to express their views and be involved with decisions about their care. One relative said, "In respect of [person's] care needs, we sort of advise and talk to the manager. [Person] is getting everything they need at the minute."
- Care plans and their reviews were signed to document people and relative involvement. Care plan completion and review, spot check and regular check-in with people and relatives, all provided time and space for expression of views and to be involved with decision making of care. Staff told us they always sought people's views. One staff member said, "I will always ask [people] their opinion."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their privacy and dignity was respected. One person said, "They certainly do treat me with respect and dignity, and they are kind and caring." A staff member told us how they respected people, they said, "By giving them care which includes providing space and doing what their wishes are and you listen to them and communicate with them in a way they understand."
- The provider trained staff so they understood how to respect people, their privacy and dignity. This included confidentiality. People's confidential information was stored in locked cabinets and on password protected electronic devices.
- People and relatives told us people's independence was promoted. One relative told us, "[Person] likes it because they encourage them to do things for them self." Staff told us they promoted people's independence and encouraged people to be as independent as possible. One staff member said, "You give them choice and how they want the service provided. You encourage them." Care plan instructions for staff focused on empowering people and getting them to do what they could for themselves.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was not inspected. This key question has now been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

● Staff had received training on working with people who were end of life. One staff member told us the, "We want to provide tender loving care. You give them [people] as much support and care as you can as these are their last days. You must respect them." There was an end of life policy which staff followed.

● However, the service did not always systematically capture people's end of life wishes. The service often supported people who were at end of life due to their professional relationships with hospices. This was usually a continuation of care, as the provider also managed an employment agency whose staff worked within the hospices.

● Arrangements were in place for keeping the same staff working with someone who was end of life, even though care was transferred between the hospice and provider. In these instances, the service kept working to the hospice's care plan, where the end of life wishes were recorded. However, these were not always recorded in provider's care plans as the registered manager thought this duplication.

●We discussed this with the registered manager who agreed to record end of life wishes within the providers care plans. We will follow up with the provider to confirm they have taken this action as part of our ongoing monitoring of the service.

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

● People received personalised care and had choices in how they received care. One person told us, "I get a male carer; it's what I want. He's a nice guy." Another person said, "I was asked about my care plan needs and preferences."

● People's needs, and preferences were recorded in care plans. Care plans were reviewed regularly or as and when necessary, such as when people's needs changed. Care plans were personalised, and covered individuals needs and preferences. Areas covered included people's health conditions, what was important to people and how they liked to spend their time.

● At the time of the inspection the registered manager was in the process of converting care plans from paper to digital. This was so they would be more accessible to staff and various elements of care could be monitored in real time such as visit times, care notes and medicine administration.

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 met people's communication needs. Care plans contained information on people's communication needs and how they liked to be communicated with. Some people using the service were non-verbal. Where this was the case, there was information for staff on what methods are used to communicate with people. One staff member told us, "I work with people who are non-verbal and autistic. We use makaton and sign language. We were trained to work with these specific people."
● The registered manager told us they were able to provide people with policies and information about the service in formats that were accessible to them upon request.

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
● Where possible people were supported to be involved in activities they liked. Care plans recorded the types of things people liked to do, such as attending day groups, swimming, shopping and going to the cinema. There was evidence in care notes of staff supporting people with these activities.

Improving care quality in response to complaints or concerns
● People and relatives told us they were able to raise complaints and concerns. One person said, "If I needed to make a complaint, I've got the phone numbers for the office. The managers are all very good and they've always been good. They call every three or four weeks to see how things are."
● Complaints were recorded and dealt with by the registered manager. Where complaints had been raised, actions had been completed to address the complaints. Where appropriate staff had been informed and learning taken from the complaint.
● A staff member told us, "It is important, if they are not satisfied or want to know something more you tell them you will share this with the manager and then they will respond."

Good

Is the service well-led?

Our findings

Well-Led – this means 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 good. At this inspection this key question has remained the same. This meant 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we made a recommendation about seeking best practice around quality assurance in care services. The provider had made positive changes since our last inspection.

- The provider had broadened their quality assurance by seeking surveys from people and staff. One staff member told us, "Yes we do. For survey we have a compliance team and they tell us what is happening and whatever is changing and things around the service users and carers." The provider maintained regular contact with people and relatives to assure the quality of care being provided. One person said, "I can phone the manager any time and he responds or always comes back to me. They've never let us down."
- People, relatives and staff were able to be involved with the service. people and relatives were contacted regularly for their feedback and staff were able to be involved through meetings and as part of their supervisions. One staff member said, "I always make suggestions about the care as we are on the front line and we work with the service users every day, and we explain what the best interest for the client is."
- Other than gathering people and relative's feedback and engaging staff in meetings, the provider assured quality through spot check of staff and auditing of systems and processes. The registered manager was in the process of converting from paper to digital care plans, which could be accessed online. This would make it easier for office staff to work remotely and ensure medicine administration and care notes were completed when they were supposed to. Quality assurance audits included medicine administration, care plan, infection control and staff file audits.
- Quality assurance processes and engagement with people and staff led to learning for the service and care was improved as a result.

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

- The service was well led. People and relatives told us the service was consistently managed. One relative said, "It is so well organised." A staff member said, "[Registered manager] is responsible and responsive. They are supportive."
- The service was in the process of converting their documentation from paper to digital in the hope of making it more accessible to staff and potentially people and relatives. Care plans sought to achieve person centred outcomes. This person-centred focus was also supported by other documents including the service user guide and most policies and procedures.

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

● The registered manager and staff were clear about their roles and responsibilities. Staff files contained job descriptions, which explained staff roles and responsibilities.

● The registered manager understood their responsibilities towards people using the service and sought to improve the quality of care. They assessed and monitored the performance of staff through quality assurance. Where required, they informed relatives, local authorities and health professionals about risks to people. They notified the CQC when things went wrong.

● The provider was open and honest when things went wrong. The registered manager investigated concerns and communicated findings with people and their relatives. They apologised if staff or the service were deemed at fault and sought to make amends.

Working in partnership with others

● The service worked with other agencies and services. Interaction between the service and other professionals involved with people was either recorded in care plans or within records maintained by the registered manager. The service worked with a host of professionals including GPs, pharmacists, social services and other healthcare professionals.

● The registered manager was a member of networks and forums, where they could seek and access information as well as share ideas. This was all done to benefit people who used the service.