

London Care Limited

# London Care (Chestnut House)

## Inspection report

209 Arabella Drive  
London  
SW15 5LH

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08 July 2022

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

London Care [Chestnut House] provides personal care and support to people living in an extra care housing scheme. This consists of 42 individual flats within a staffed building with some communal areas. A separate organisation manages the building. All 32 people using the service currently living at Chestnut House received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the last inspection, in 2018 improvements were required. the service provided was not always caring. People did not always receive a caring service as staff did not always have enough time to carry out agreed tasks or arrive at the agreed time.

At this inspection, improvements had been made and people and their relatives now received care and support from staff that were kind and caring and staff now had enough time to carry out their care calls.

People received a service that was safe for them to use and staff to work in. People said that staff did their utmost to meet their care needs and they did receive support at the agreed time, although occasionally they may be a little delayed whilst meeting other people's needs. They were informed if staff were going to be late. People had risks to themselves assessed, monitored and reviewed. This enabled them to take acceptable risks, enjoy their lives and live in a safe way. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough staff who had been appropriately recruited to meet people's needs. Medicine was safely administered by trained staff.

People and their relatives said they liked the way staff provided care which met their needs. Staff provided them with care and support which was friendly, caring and empathetic. They felt staff acknowledged and respected their privacy, dignity and confidentiality. People were enabled to retain their independence by being encouraged and supported to do the things for themselves, that they still could. This promoted their self-worth and improved their quality of life.

The culture of the service was open and honest with a clearly defined vision and values that staff said they understood and followed. This was done in a way that was kind and sympathetic. The quality assurance systems and audits identified issues, that were then addressed. Staff had areas of responsibility and accountability that they were comfortable to take responsibility for and prepared to report any concerns. There were well-established working partnerships with health care professionals. Records including people's daily logs and care plans were up to date, as well as staff information. People said the registered manager and staff had a caring and responsive approach.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 February 2019).

### Why we inspected

This was a planned inspection based on the previous rating and specific concerns regarding the caring question of the previous report.

As no concerns were identified in relation to the key questions Effective, and Responsive, we decided not to inspect these questions. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Care [Chestnut House] on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# London Care (Chestnut House)

## **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.

#### Service and service type

London Care [Chestnut House] is an 'extra care' scheme. This service provides 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. At the time of the inspection the service was providing personal care for 32 people.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 in person with the manager. We spoke with seven people, two relatives, and nine staff to get their views about the care provided. We looked at six people's care plans and four staff records. We reviewed a range of records. They included staff rotas, training and supervision, risk assessments, reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We received the information which was used as part of our inspection.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse.
- People and their relatives told us that the service kept people safe. One person said, "Good staff who are nice to me. They make me feel safe." Another person told us, "Decent service, it's okay." A relative said, "I'm very happy with the service and wouldn't hesitate to complain if I had anything to complain about."
- Staff were given training that meant they could identify abuse and the action they needed to take if encountered. They were aware how to raise a safeguarding alert and when this was required. The provider appropriately raised safeguarding concerns with the local authority. The provider made safeguarding policies and procedures and those regarding prevention and protection of people from abuse available to staff.
- Staff explained to people using the service how to keep safe and specific concerns about people were recorded in their care plans.
- Staff were provided with health and safety information and training that included general responsibilities and safety in people's flats.

Assessing risk, safety monitoring and management

- People were enabled to take acceptable risks and enjoy their lives in a safe way by staff following risk assessments that were regularly reviewed and updated, when their care needs changed. The risk assessments included relevant aspects of people's health, activities and daily living. There was also an environmental risk assessment to protect people and staff. Staff were aware of and briefed on people's routines, and preferences. They identified situations where people may be at risk and where possible, acted to minimise those risks. One person said, "I'm well looked after." One relative told us, "I am fully involved in planning [person using the service] care including any risks as I'm here every day."
- The whistle-blowing procedure encouraged reporting of bad practice. Staff felt comfortable reporting what they felt was bad practice. They also felt they worked well as a team and didn't have a problem discussing things within the team. A staff member said, "We work well as a team, the manager is very approachable and I wouldn't hesitate to report bad practice."

Staffing and recruitment

- The provider's staffing and recruitment kept people safe.
- The management of the staff rotas demonstrated that the service had enough staff to keep people safe. This was regarding calls being made on time and flexibly meeting people's care needs. People received the care and support they required, when it was needed and staff remained for people's allotted visit times, although sometimes staff were a little late because they were attending to other people's unforeseen extra needs. If this did happen people were kept informed of when they could expect support. One person said,

"They let us know if they are running a little behind." Another person told us, "Normally on time, but sometimes the unforeseen happens."

- The staff recruitment records showed that the provider was following their procedure. The provider's central human resources (HR) department carried out initial recruitment shortlisting of prospective staff and passed on details to the scheme's manager for interview. During the interview process scenario-based questions identified prospective staff skills, reasons they wished to work in adult social care, experience and knowledge. Before employing staff, references were taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a three to six-month probationary period with a review.
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. New staff undergoing induction were required to complete a workbook based on skills, knowledge and behaviours. They were also given information books that included scenario situations to enhance their knowledge. The staff files we inspected had a checklist that demonstrated the different recruitment and training components were completed. A staff member said, "Very thorough induction training."

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, risk assessed, stored, disposed of, and audited by staff and the manager, and externally by the organisation, appropriately. The random sample of people's medicine records we checked were complete and up to date. Staff were trained to administer medicines and this training was regularly updated. As appropriate, people were encouraged and supported to self-medicate.

#### Preventing and controlling infection

- We were assured that the provider was using personal protection equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. Infection control with specific reference to Covid-19 was included in the fast track staff induction.
- The service provided Covid-19 updates for people using the service, relatives and staff including ways to avoid catching or spreading it.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The organisation had introduced an updated analytical system that analysed and reviewed information such as complaints, accidents and incidents to identify themes and any necessary action to take, including calls being late and not of the full duration.

# 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 rated as Requires improvement. At this inspection this key question has now improved to 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

At the last inspection in December 2018, people did not always receive a caring service. This was because care workers did not always have enough time to provide care other than the basic minimum and people were not always being informed about the time that care workers would be coming.

At this inspection we found enough improvement had been made and people were receiving the care they required and were informed when staff would be visiting them.

- People had their diversity respected, were treated well and supported equally.
- Staff received equality and diversity training and people said they were treated equally, fairly and their diversity and differences were recognised. People told us they found staff to be supportive, caring and they enjoyed and were relaxed in the company of the staff. People said they were treated as adults by staff who did not talk down to them and people were treated as equals. One person said, "People like [staff member] make this place. They treat us like family." Another person told us, "I'm happy here, staff have become my friends." A relative said, "The carers [staff] are fantastic, really nice people. We are lucky to have this place."
- Staff were trained to respect people's rights and treat them with dignity and respect. People, and their relatives told us staff acknowledged and respected their privacy, dignity and confidentiality.
- People said staff were committed to the care they provided for them. One person said, "Staff are very good. They were very supportive when [relative] passed away."
- Staff were provided with privacy and dignity policies and procedures and there was a confidentiality policy and procedure that staff understood and which was followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

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

- People were given the opportunity to express their views and were involved in making decisions about their care.
- People said they were listened to, by the manager and staff and their views were taken into account. One person told us, "They [staff] listen to me and do what I need."
- People's care plans recorded that they and their relatives were involved in the decision-making process about the care and support they received.
- The service sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People and their relatives said that staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately and without compromising their dignity. They were also aware that this was someone's home and they must act respectfully in accordance with that. This was demonstrated by staff knocking on people's doors, announcing themselves, and asking if it was alright to come in before entering.

# 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.

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.

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

- The culture of the service was open, positive and honest. People and their relatives said this was because of the leadership and contribution made by the manager and positive efforts of staff. One person said, "The manager is such a support with nothing being too much trouble." Another person told us, "They [manager and staff] have worked to improve the quality of my social life after covid [Covid-19]."
- The services provided were explained to people and their relatives so that they were aware of what they could and could not expect from the service and staff. This was underlined by the statement of purpose and guide for people using the service which also set out the organisation's vision and values. These were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. Staff told us they felt well supported by the manager and senior staff. One staff member said, "Awesome working here. If we do what we love when challenges come along we just crack on. If I am having a bad day, I just leave it outside and try to make people happy"
- There were clear lines of communication and specific areas of responsibility were identified regarding record keeping. This promoted an inclusive and empowering culture within the staff team.

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 provider was aware of their duty of candour responsibilities and carried them out.
- There was a clear management reporting structure and open-door policy.
- Appropriate notifications were being made to the Care Quality Commission in a timely way.

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

- The manager and staff were clear about their roles, its importance and quality performance. A staff member told us, "We work well as a team and the manager is an absolute pleasure to work with." Another staff member said, "Some people here don't have any family and we are here for them."
- A new analytical Quality Assurance (QA) and care planning system was in the process of being introduced that identified if people received their calls on time and they lasted the full duration. The QA system contained key performance indicators that identified how well the service was performing, and areas that required improvement. This information was analysed and any decline in quality of care was identified and addressed.

- People and staff told us that the quality of the service was good. One person said, "Very happy with the service." A staff member told us, "I love it here. We are one big family, from all walks of life and it's a nice atmosphere."
- The manager and senior staff carried out regular checks to see the quality of care staff provided was up to standard. Monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries. They were carried out at appropriate frequencies to make them effective.
- Governance assessments, plans, policies and reports reviewed risk and development within the service. Regular audits took place at appropriate intervals for the areas being audited. The audits included quality reviews and care plan reviews, communication logs, falls risk management, and health and safety. People's care plans were reviewed a minimum of annually or sooner, if required.
- The service worked with voluntary and statutory partners, to meet local needs, priorities and looked for areas to improve and progress the quality of services people received. Feedback received from GPs, district and palliative nurses was integrated to ensure that the support provided was what people needed. This was with people's consent. The provider also worked with hospital discharge teams so that people's return from hospital to their flats happened as smoothly as possible and that food and drink was available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People, their relatives and staff had the opportunity to voice their views about the service. One person said, "The manager and staff are always available to talk to if I need anything." A staff member told us, "The manager is professional, and takes his time to meet people. If you tell him there is a problem, he will try and fix it."
- People were contacted in person daily to ensure they were well. People, their relatives and staff were sent annual feedback questionnaires and surveys that were scrutinised to identify ways the service could improve.
- The manager and senior staff carried out spot checks that included observing competence. There were also post spot check interviews with people, when staff were not present. The registered manager, shift and team leaders did daily walkabouts. The service identified if feedback given was to be confidential or non-confidential and respected confidentiality accordingly. The provider quality assurance team visited a minimum of annually to carry out audits, giving 48 hours' notice and the regional manager also visited to check if action plans had been completed.
- Staff received quarterly supervisions, annual reviews and staff meetings took place where staff could have their say and contribute to improvements.

Continuous learning and improving care

- The service improved care through continuous learning.
- People, their relatives and staff received regular updates that informed them of new practical information such as keeping safe guidance.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives gave regular verbal feedback to identify if appropriate care and support was being provided.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.