London Ondcare Services Limited

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Inspection report

Regus House
Victory Way, Crossways Business Park
Dartford
Kent
DA2 6QD

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19 June 2023

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
London Ondcare Services Limited is a service providing personal care in a supported living property in South London. There were 3 people receiving support at the time of the inspection.

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

Right Support
The size and structure of the service was in line with the principles of Right support, right care, right culture. Staff delivered care and support in a person-centred way that offered people choice, control and independence.

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 enabled people to access specialist health and social care support in the community. Staff communicated with people in ways that met their needs.

Right Care
New staff were not always adequately checked to ensure they were suitable to work with people to keep them safe. Medicines were not always managed safely. We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate staff recruitment and medicines were effectively managed. The provider's auditing systems had not identified the recruitment and medicines issues.

Staff and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and

enjoyment of life.

Right Culture
People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well.

Staff were responsive, supporting people's aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 18 January 2022 and this is the first inspection.

Why we inspected
This is the service's first inspection since registering with the Care Quality Commission.

Enforcement
We have identified breaches in relation to medicines management and safe recruitment practice at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

London Ondcare Services 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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 1 inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. 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 09 June 2023 and ended on 19 June 2023. We visited the location's office on 09 June 2023 and visited the supported living service property on 12 June 2023.

What we did before the inspection
We reviewed information we had received about the service. We requested 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. Healthwatch told us they had not visited the service or received any comments or concerns.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with each person's relatives about their experience of the care provided. We observed care and support in communal areas as people were not able to verbally give feedback about their care. We spoke with a healthcare professional. We spoke with 7 members of staff including care staff, senior care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included each person's care records. We looked at 6 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Requires Improvement

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 of 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.

Using medicines safely

● Medicines were not always managed safely. The provider could not be assured that medicines had been administered as prescribed because medicines stock levels recorded were not accurate. Medicines were signed for as given but there was not always evidence that they had been given, because there was more stock than there should have been. No impact on people's health had been identified.

● Where people had 'as and when' medicine (PRN) such as pain relief, there was information for staff such as how often the medicines could be taken and when it may be needed. However, PRN medicines prescribed were not always in stock which meant that people would not have access to this if they needed it.

● Medicines risks had not been fully explored. One person was prescribed highly flammable paraffin based emollient. There was no risk assessment in place to detail how staff should work with the person and their medicine safely to minimise the risk of harm. The management team and staff were not aware of the risks relating to this medicine until the inspection.

● After the inspection, the management team put an action plan in place to address the medicines issues and worked with the local pharmacy to put in place improvements.

The failure to manage medicines safely was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were stored safely. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. A healthcare professional told us, "We have managed to reduce antipsychotic medicines significantly, they have worked so hard around this."

Staffing and recruitment

● Staff had not always been recruited safely. Applications forms had not been checked to ensure applicants gave a full employment history. The provider had not always carried out checks to explore staff members' employment history. We reviewed 3 recruitment files (and a further 3 around right to work in the UK) for staff who the registered manager had selected as the most recently employed; all 3 staff application forms had gaps in the employment history that had not been accounted for.

● Interview records did not evidence that gaps in employment had been identified and discussed. The provider had not identified that 1 staff members employment dates listed in their references did not match the dates listed within their application form. The provider could not be assured that all staff were suitable

for their roles. We informed the registered manager of our concerns. Since the inspection, the management team have put in place an action plan to address this. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that a full employment history is required.

The failure to ensure staff were recruited safely is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had carried out Disclosure and Barring Service (DBS) criminal record checks as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider had deployed enough staff to provide care and support to people. Relatives told us that their loved ones had consistent support from staff members that knew them well. People appeared comfortable with their staff team, they engaged with staff and sought them out.

Assessing risk, safety monitoring and management
● People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
● People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff had a good knowledge about the risks of working with people. For example, they were able to share their knowledge clearly about how to work with 1 person in the community to ensure they were safe.
● People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
● The service helped keep people safe through formal and informal sharing of information about risks. We observed staff supporting people to maintain their safety in their home.
● Staff managed the safety of the living environment and equipment in it well through checks and took action to minimise risk.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
● Staff had training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with were confident they would be able to identify abuse. They knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.

Preventing and controlling infection
● Staff had access to enough personal protective equipment (PPE). Staff wore PPE when providing personal care to keep themselves and people safe from the risks of infection.
● The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.
● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic. A relative said, "The home is clean and the garden is well looked after."

Learning lessons when things go wrong
● The provider had a system in place in relation to accidents and incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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.

This is the first inspection for this newly registered service. This key question has 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 prior to people receiving a service. These assessments were used to develop people's care plans. The care plans clearly detailed what people's assessed needs were. These care plans were reviewed and amended as and when people's assessed needs changed.
- People's equality and diversity needs, oral care, capacity and health needs were included in the information obtained before packages started, to enable staff to provide safe, person-centred care and support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and human rights.
- Updated training and refresher courses helped staff continuously apply best practice. New staff completed The Care Certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff could describe how their training and personal development related to the people they supported.

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

- People were supported to maintain a healthy balanced diet. People's weights were checked and reviewed monthly. People had access to food and drinks when they wanted.
- People were involved in choosing their food, shopping, and planning their meals. People were able to eat and drink in line with their cultural preferences and beliefs.
- Relatives told us food met their loved ones likes and preferences. A relative said, "[Person] enjoys [their] food. They give [person] the kind of food [they] like."

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. A hospital passport helps people with learning

disabilities to give hospital staff important information about them and their health when they go to hospital.
● People were registered on their GP's quality and outcomes framework, so that any reasonable adjustments were made to meet their individual needs. We observed the management team following up medical appointments during the inspection.
● People were supported to attend annual health checks, screening and primary care services. A relative said, "I have good feedback about their health and medical needs."
● The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A healthcare professional told us, "They have tried multiple times to support with Covid-19 vaccinations and blood tests and have worked tirelessly to work through desensitisation."

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 MCA 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.

● Staff empowered people to make their own decisions about their care and support
● Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
● For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's relatives had been involved in best interest decisions when required.

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.

This is the first inspection for this newly registered service. This key question has 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 were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed, and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff members showed warmth and respect when interacting with people. A relative said, "The way staff interact is good, they are sensitive and they talk with respect."

Supporting people to express their views and be involved in making decisions about their care
- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff helped the inspector and people communicate effectively. A relative told us, "The staff have had to be trained, they understand [person's] needs and they understand [person] and [person's] sign language and communication."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative said, "I was involved in the support plans and I am involved in the reviews."
- Staff supported people to maintain links with those that are important to them. People were supported to spend time with their relatives in person on a regular basis but also through video calling. A relative told us, "I can see them when I am visiting and through facetime. They are content, they understand it is their home and they don't ask to come home with me. I like to see them on facetime and observe their eye contact and facial expressions, this tells me more than staff feeding back to me about how they are."

Respecting and promoting people's privacy, dignity and independence
- People had the opportunity to try new experiences, develop new skills and gain independence. A relative said, "They try to support [person] to be more independent, I notice [person] can do more now."
- Each person had a support plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff knew when people needed their space and privacy and respected this. A relative told us, "When I visit staff give us space, they are close by though and available for any support."

Good

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 good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessments and support plans. One person had developed a higher level of independence with recognising their own need to use the toilet and maintaining their continence. Staff had worked hard to support this person. Their relative said, "Continence has been done excellently well. [Person] now gets up and goes to the toilet. Before, [person] knew they had been (to the toilet) and would say change."
- People learnt everyday living skills. People understood the importance of personal care. People developed new interests by following individualised learning programmes with staff who knew them well.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgably about tailoring the level of support to individual's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis. People were supported by their staff to attend local day services which they enjoyed.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. People had been supported by the service to apply for local schemes which enabled them to use taxis and the cinema with support.

Improving care quality in response to complaints or concerns

● The provider had good systems and processes in place to manage complaints. People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand.

● The provider had not received any complaints since the service had been registered.

● We observed that people and staff had a good rapport; people felt comfortable to approach staff and the management team.

● Relatives knew how to complain if they needed to. One relative said, "I feel comfortable to discuss things with [registered manager] and [nominated individual], they have taken on board suggestions and improvements. They listen, take on board what has been said and act on it."

Requires Improvement

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.

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

- The provide had systems in place to check the quality of the service. However, the audits and checks had not identified the concerns about medicines and recruitment. This is an area for improvement.
- After the inspection the provider and registered manager took actions to address the concerns and reviewed their policies, procedures, audits and checks.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The management team had a good understanding of what should be notified. There was a culture of transparency. No notifiable incidents had taken place.

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

- There was an open and transparent culture within the service. Staff told us they worked together as a team to ensure people could live their best lives.
- People approached the registered manager and nominated individual during the inspection. The management team knew people well.
- Relatives were involved in people's care. A relative said, "They have good records and they tell me, they involve me."

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 understood their responsibilities to ensure compliance in relation to duty of candour. There had not been any incidents which met the duty of candour threshold. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- People receiving a service were not able to provide written feedback about their care and support through surveys. Relatives had completed surveys about their loved one's care in December 2022, these were complimentary. There were informal opportunities for people and relatives to provide feedback about their care and support because the registered manager and nominated individual visited the supported living service regularly and supported people with their care and support needs. People also met with their

keyworkers regularly.
● Staff told us they felt supported by the management team. Staff had been surveyed to ask their feedback. Staff meetings had been held on a regular basis. A staff member said, "We have good support. We have staff meetings. We have continuous improvement."
● Surveys of professionals involved in the service had been undertaken. There were 5 completed surveys which contained positive feedback. A completed survey read, 'Friendly and professional staff. Staff know their client and all aspects of their care well. Respectful attitude to the client based on consent. Staff maintain confidentiality at all times.'
● Staff, relatives and professionals told us that communication was good.

Working in partnership with others
● The service worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes. A health and social care professional said, "They work fantastically well with the community team. They work well with [relative] of [people], they write fantastic reports. Their record keeping is really good and they are really service user led, they work extremely well with them. [People] have a much better quality of life, they have come on in so many different ways. They are constantly looking at ways they can improve as a service. They are fantastic."
● The management team had taken the opportunity to attend video link local forums and events to liaise with others and keep up to date with good practice. This included provider and manager networks, which they had found useful.
● The registered manager maintained contact with local authority commissioners and staff as well as health care professionals such as GP's and consultants.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage medicines safely. Regulation 12 (1)(2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were recruited safely. Regulation 19 (1)(3)