London Care Limited

London Care (Wallington)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was announced. This is the first inspection of this service since it was registered with the Care Quality Commission (CQC) in July 2014.

London Care (Wallington) is one of several services owned by London Care Limited. London Care (Wallington) is a large domiciliary care agency which provides personal care and support to people in their own homes. The majority of people using the service were funded by their local authority but some people were paying for their own care. At the time of our inspection there were approximately 100 people using the service. People who use the agency had a wide range of needs include those associated with dementia, mental health and learning and/or physical disabilities.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The registered manager on our records had moved to another of the provider's services and a new manager had been appointed for this service. They had submitted their registered manager application to CQC.

We found the provider in breach of their legal requirement with regard good governance. The provider did not have a complete picture about the support people experienced, to be reassured that this was being provided to a good quality standard. This was because the arrangements in place to regularly seek people's views about the quality of care and support they received had not been consistently followed.

You can see what action we told the provider to take with regards to these breaches at the back of the full version of the report.

Other opportunities were available to people to participate and become involved in consultations and discussions about wider service improvements or changes. There were internal mechanisms in place to check service standards such as internal audits by senior managers. Senior staff were clear where current shortfalls and gaps were in the service and were taking action to address these. These reflected issues we identified during this inspection around frequency of reviews of people's care and support needs, staff supervision, and current arrangements to gain people's views about the quality of support they received. All staff were aware of their responsibilities for ensuring people experienced good quality care. There was accountability and responsibility for achieving this at all levels. However it was too early to judge at the time of this inspection how the improvements being made had improved outcomes for all people using the service.

Some people's care and support needs had not been reviewed within agreed timescales so that information about these was up to date and current. Action was being taken at the time of this inspection to ensure overdue reviews would be prioritised. Where people's needs had been reviewed, and changes were required

to their care and support package, support plans had been updated to reflect this. People told us their views were taken into account when staff assessed their care and support needs. People's support plans were reflective of their specific needs and preferences for how they wished to be supported. People said staff had a good understanding of their needs and how these should be met.

Records showed not all staff had received recent supervision so that they were appropriately supported in their roles to care for people. Senior staff had taken action to ensure supervision meetings were scheduled to take place in the coming weeks to bring these up to date. Despite this, staff said they were very well supported by senior staff and felt able to discuss with them any issues or concerns they had. Staff received relevant training to meet people's needs. Senior staff monitored training to ensure staff's skills and knowledge were kept up to date. Staff said they were asked for their views and suggestions about how the service could be improved and encouraged to report any poor working practices they observed.

The majority of people we spoke with were satisfied with the care and support they received. People said they were comfortable raising any issues or concerns they had directly with staff and knew how to make a complaint if needed. They provider used learning from these and from visits by the local authority contracts team to continuously improve the service.

People told us staff looked after them in a way which was kind, caring and respectful. People's right to privacy and dignity was respected and maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

People told us they felt safe with the care and support provided by the service. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse and not harmed by discriminatory behaviour or practices. Risks to people's health, safety and wellbeing had been assessed by senior staff. Staff were given guidance and instructions on how to minimise any identified risks to keep people safe from harm or injury.

The provider ensured people were supported by staff that were suitable and fit to work for the service. The provider had robust recruitment procedures and carried out employment and criminal records checks on all staff. The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were monitored by senior staff to ensure people's needs could be met at all times.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. They received their medicines as prescribed. Staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

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. Staff knew what action to take to protect people from the risk of abuse or harm from discriminatory behaviour or working practices.

Risks to people of injury or harm had been assessed and plans were put in place that prompted staff on how to ensure these were minimised.

The provider carried out appropriate checks to ensure staff were suitable and fit to work for the service. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Senior staff had taken action to ensure all staff received regular supervision. Staff felt very well supported by senior staff. They received training to support them to meet people's needs.

The service was working within the principles of the MCA. Staff were aware of their responsibilities in relation to the act. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

People were supported to stay healthy and well. Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this so that appropriate support was sought from healthcare professionals.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful. We observed staff were patient, friendly and helpful when dealing with people's enquiries.

Staff ensured people's right to privacy and dignity was maintained, particularly when receiving personal care. They supported people to do as much as they could and wanted to do

for themselves to retain control and independence over their lives.

The provider had arrangements in place to ensure people could access information and communicate with the service in a way that suited their specific needs.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Not all people's needs had been consistently reviewed within agreed timescales so that information about these were current.

People were involved in discussions and decisions about their care and support needs. People's support plans reflected their choices and preferences for how this was provided.

The majority of people were satisfied with the care and support received. People knew how to make a complaint about the service. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

Some aspects of the service had not been managed well. The provider did not have a complete picture about the support people experienced, to be reassured that this was being provided to a good quality standard.

Senior staff had taken action to deal with shortfalls and gaps identified within the service. However it was too early to judge whether these actions had improved outcomes for all people using the service.

All staff were aware of their responsibilities for ensuring people experienced good quality care. There was accountability and responsibility for achieving this at all levels.

Staff were encouraged to report poor practices to senior staff. The provider used learning to continuously improve the service.

London Care (Wallington)

Detailed findings

Background to this inspection

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

This inspection took place on 24 February 2016 and was announced. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting care support workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information about the service such as notifications about events or incidents that have occurred, which they are required to submit to CQC. We also contacted a local authority contracts team for their views about the service.

During the inspection we spoke to the senior staff team which consisted of the newly appointed manager for the service, the area manager and the regional manager. We also spoke to a care co-ordinator and three care support workers. We reviewed the care records of nine people using service, the records of six members of staff and other records relating to the management of the service.

After the inspection we undertook telephone calls to people using the service and spoke to nine people and three relatives. We asked them for their views and experiences of the service. One person also contacted CQC by telephone to provide us with their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe being supported by staff. One person said, "Oh yes, I do feel very safe." Another person told us, "I am glad they come as I live alone and it is so nice to see them." Staff had been provided with the information and support they needed to protect people from the risk of abuse. They had received training in safeguarding adults at risk which was refreshed annually. Their understanding and awareness of how to ensure people were sufficiently protected was checked by senior staff for example through staff meetings. Staff were able to explain to us their responsibilities for safeguarding the people they cared for. They knew how and when to report their concerns and to whom. Where there had been concerns, senior staff worked proactively with the local authority and healthcare professionals involved in people's care. We saw a recent example where a member of staff had raised their concerns about the welfare of a person they were supporting which in turn enabled professionals to put in place appropriate measures to protect them.

Staff knew how to ensure people received care and support which did not discriminate against them. They had received equality and diversity training. Staff spoke to us about the potential harm that discriminatory practices or behaviours could have on people. They told us they would not tolerate discriminatory behaviour displayed by their colleagues or others involved in people's care and would report any concerns they had about this to senior staff immediately.

Staff had access to guidance and information they needed to protect people from injury or harm from identified risks. Records showed risks people faced as a result of their health care needs had been assessed by senior staff. These were assessed prior to people using the service and then reviewed annually or sooner if people's circumstances changed. Senior staff used the information from these assessments to develop guidance for staff on how to ensure identified risks were minimised when supporting people. For example, where people had reduced mobility that could put them at risk of falls in their home, guidance was provided to staff on how to ensure when supporting people they minimised the risk of this occurring such as ensuring items people needed were placed within easy reach.

The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. One person said, "For me they are on time, three times a day, you allow 15 minutes either side. Sometimes they are early or a bit late, but most of the time, on time. Also the office calls me if they will be later than that." Staffing rotas were planned in advance. One person said, "I get a schedule through the post (about) who is coming for the following week." Senior staff tried to ensure where possible, people received support from the same members of staff so that people experienced consistency and continuity in their care. One relative said, "We have had the same lady and she is very good with my [family member]" Another told us, "We have had the same one over the last year and we are fine with her. Sadly in the last few weeks she has been off due to a fall, but the temporary one is good too." Staff took account of people's specific needs when planning care visits. For example where a person required help to move and transfer in their home, two staff attended to ensure this was done safely.

Employment checks were carried out on staff before they started work to ensure they were suitable and fit

to support people. The provider obtained evidence of their identity, right to work in the UK, previous training and experience, character and work references from former employers and undertook criminal records checks. Staff also completed a health questionnaire which the provider used to assess their fitness to work. We found gaps in information held in some staff records particularly in relation to references. Senior staff were aware of these gaps. They told us the provider had taken over the delivery of contracts previously provided by another agency and staff employed by that agency had transferred to working for this service. Their former employer had only made some staff records available to the current provider. Action was being taken at the time of this inspection to obtain the missing evidence so that the provider had the information they needed to assure themselves of the suitability of these staff.

Where the service was responsible for this, people said they were supported by staff to take their prescribed medicines. People's records contained information about their medical history and how, when and why they needed the medicines prescribed to them. Each person had a medicines administration record (MAR) which staff completed each time they supported people to take their medicines. Training records showed staff had received training in safe handling and administration of medicines. Their competency was assessed by a senior staff member through spot checks which enabled them to identify and rectify any concerns or issues about staff's practice. We saw a recent example of this where three staff members had not properly completed one person's MAR which meant an accurate record had not been maintained. These staff were spoken to by senior staff and refresher training had been organised for all of them to attend.

Good

Is the service effective?

Our findings

People were cared for by appropriately trained and skilled staff. Although the provider's policy was that all staff should have a supervision meeting with their manager every three months, records showed these meetings had only been held with some staff over the last six months. This meant some staff had not been provided recent opportunities to reflect on their practice and discuss any issues or concerns they had about their work. The manager told us they had been aware of this and had scheduled supervision meetings with all staff to bring these up to date by the end of March 2016. Despite this issue staff told us they were very well supported by senior staff. They said they were able to approach senior staff at any time for support or help when this was needed. One told us, "They really encouraged me to do my NVQ [National Vocational Qualification] even though I wasn't sure and they helped me with it too. I'm glad I did it now." Another said, "Any issues or problems, they (senior staff) will always sort it out." And another told us, "Because the managers treat us very well, I will always try and do more for them."

Staff received relevant training to enable them to appropriately support people. Records showed staff attended training in topics and subjects that were relevant to their work. This included training in medicines administration, first aid, infection control, moving and handling, fire safety, health and safety and food hygiene. All new staff were required to complete an induction programme through which their learning and competency was regularly monitored. They could only work unsupervised once senior staff had reviewed their progress and agreed they met all the required competencies to support people safely. Training was delivered by an in-house trainer. Senior managers monitored training to ensure staff were up to date with their training needs and attended refresher training to update their skills and knowledge.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Records showed people's capacity to make decisions about aspects of their care was considered by senior staff when planning support. There was evidence of involvement and discussions with people about the care and support they wanted and the decisions people made were documented. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the act.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to meet their needs. Information was obtained from people and/or their relatives about their dietary needs and how they wished to be supported with these. Staff documented in people's daily records the meals they

prepared and how they supported people to eat during their visit. They also recorded how much people ate or drank. This provided important information about whether people were eating and drinking sufficient amounts for everyone involved in providing them with care and support.

Staff supported people to stay healthy and well. They documented, in people's daily records, their observations and notes about people's general health and well-being. They took appropriate action if they had any concerns about this. We saw a recent example of this, whereby staff reported their concerns to senior staff about the poor mobility of a person recently discharged from hospital. Staff had observed they were unable to get upstairs to their bedroom. Senior staff reported their concerns to care managers at the local authority who immediately procured a specialist armchair for the individual and arranged for a stair lift assessment to be carried out at the person's home.

Good

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said about staff, "The carer is very caring and if I need anything extra doing she tries to do it if she can, she is very helpful." Another said, "We always have a chat and we have become friends. They are not only carer's but they are caring and that makes a big difference!" And another person said, "Yes they very much are [caring]. Like yesterday I was very much in pain and they helped me to my room, washed and dressed me." Staff, when talking about people they supported, did so in a kind and considerate way. One staff member said, "I'm a carer so it's important that I do care. I tell people that's what I'm there for…to care."

People were treated respectfully when they contacted the service. We observed during the inspection when people telephoned the office, staff were patient, understanding and helpful when dealing with their queries. Staff were mindful of people's anxieties and concerns and took steps to allay these. For example on the day of our inspection a number of staff were attending training at the office. This meant some people did not have their regular carer for a scheduled visit on that day. A staff member on training told us one person they supported found it difficult to receive personal care from anyone they were unfamiliar with so they had volunteered to attend the scheduled evening visit for this person to support them with this.

The provider had arrangements in place to ensure people could access information and communicate with the service in a way that suited their specific needs. For example, information could be made available in Braille, in different languages and in large print where people requested this. The provider also set out for people when they started to use the service what they could expect from staff in terms of standards. This included being involved and listened to about what they needed, having their privacy and dignity respected and being supported to be as independent as possible. Records showed people and their relatives were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support.

Staff treated people with dignity and respected their privacy. A relative said, "The carer is very good. [Family member] and her get on very well together. She is very professional. If we need anything she helps as much as she can" Another relative told us, "They are very respectful of [family member] they always ensure that they close the curtains in [their] bedroom when dressing and undressing [them]." Staff demonstrated good awareness of how to protect people's privacy and dignity. They gave us good examples of how they did this such as ensuring people were comfortable when being supported with personal care and that this was done in privacy and in a dignified way that did not unnecessarily embarrass or intimidate people. A staff member said, "You have to be friendly and open with people and explain what will happen and ask them if they are ok with that."

People were encouraged to be as independent as they could be when they received care and support from staff. People's records contained information for staff on their level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could. A staff member said, "I give people the choice to do as much they want to because I know how important it is for them."

Requires Improvement

Is the service responsive?

Our findings

We identified people's care and support needs were not consistently reviewed to ensure information about these was current. The provider's own policy set out people's needs and support packages should be reviewed annually or sooner if people's circumstances had changed. Of the nine records we reviewed, three had not been reviewed within the last twelve months although these were a month overdue. In another record we identified the person's needs had been reviewed, and there had been no change to these, but the support plan had not been updated to reflect this, which staff were required to do. Other records showed people's needs had been reviewed and support plans had been updated when any changes to these had been identified. We discussed these inconsistencies with senior staff who told us they had already identified, prior to this inspection through quality checks, that some people were overdue a review of their care and support package. Action was being taken at the time of this inspection to ensure these would be prioritised.

People told us they were involved in planning their care and support needs. One person said, "I was very involved." Another told us, "A person from the office came in fact today and updated all the paperwork…I am very clear on what I need to do now." Records showed, prior to using the service, senior staff met with people and/or their representatives to discuss the care and support people needed to meet their specific needs. Senior staff used these meetings to obtain information about people's life histories, likes and dislikes and their preferences for who they received support from and when. The information obtained by senior staff from these visits was then used to develop an individualised support plan for people.

Support plans set out how people's personal care goals and objectives should be met by staff. For example for one person who needed help with their personal care, staff were prompted to ensure they supported them to wash daily and to put on clean clothes. Staff demonstrated a good understanding and awareness of the needs of people they supported. One staff member said, "I make sure I read the care plans because they tell you exactly what people need from you."

The majority of people we spoke with were satisfied with the care and support received. People said they felt confident raising any concerns as staff were approachable. One person said, "I have no complaints except one from a long time ago. I'm very happy." Another told us, "I have never had to phone them to complain. They do feel like a good care firm." And another said, "If I had a problem I would have no hesitation in contacting the office myself, but everything has been very good." One person we spoke with raised some concerns about the support they received. We spoke with the manager about this who agreed to deal with these concerns immediately to provide reassurance to the individual.

People had been provided information about what to do if they wished to make a complaint about the service. The service had a complaints procedure which set out how people's complaints would be dealt with and by whom. This was accessible to people in their service user guide, provided to them when they first started to use the service. People who needed help or support to make a complaint were advised staff would assist them to seek independent help. Records showed where people had made a complaint these were investigated by a senior member of staff and a detailed response was provided which included the action the service would take to address people's concerns.

Requires Improvement

Is the service well-led?

Our findings

Some of the arrangements in place to check the quality of care and support that people experienced were not consistently followed. One person said, "Don't think I have ever received a questionnaire." Another person told us, "I have been asked to talk about the service I receive but only over the phone once a year, nothing written." Senior staff told us people should receive a quality visit and/or telephone call once every six months, to gain their feedback and check their levels of satisfaction with the support provided. They also said spot checks on staff should take place once every six months. Of the nine records we looked at four people had not received a quality visit or call within the last six months. And of the six staff files we checked we could only see evidence of a spot check being undertaken for three members of staff in the last six months. This meant the provider was not following their own procedures to monitor the quality of the service people were receiving and therefore did not have a complete picture about people's views of the support they experienced.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other opportunities available to people to provide their feedback. For example a satisfaction survey was undertaken annually with all people, with one due to be issued at the time of this inspection. People were informed through their service user guide of how they could participate and become involved in consultations or service user forums to discuss wider service improvements or changes.

There were also internal mechanisms in place to enable senior staff to check that people received a good standard of care. For example the area manager carried out a programme of audits which checked key aspects of the service for example people's care records, staff records and staff's compliance with the provider's policies and procedures. Following the most recent audit in January 2016, actions had been identified for the service to make improvements where shortfalls had been identified. These reflected issues we identified during this inspection around bringing staff supervisions and training up to date, improving the quality of information held on records, ensuring policies and procedures were consistently followed and that people's records were up to date and accurate.

The manager had a good understanding and awareness of where current gaps and shortfalls were. They were proactively working to an action plan which had been developed after the audit to address these. For example staff supervision meetings and refresher training had been scheduled in the coming weeks to bring these up to date. Progress against agreed actions was discussed and reviewed every two weeks by senior managers to ensure these were on target to being achieved. Senior staff were confident these gaps would be addressed by the end of March 2016. However it was too early to judge at the time of this inspection whether the improvements being made had improved outcomes for all of the people using the service.

Staff's roles and responsibilities were clearly defined so there was clear accountability and responsibility at all levels for ensuring people received a good standard of care. Information about current service standards and performance against these was shared with senior managers in the organisation so that there was

oversight and scrutiny at board level. The current manager had recently been appointed to the role and had submitted their registered manager application to CQC. They felt well supported by senior managers and were clear about what needed to be done to improve the service. They told us resources were readily available from the provider to enable them to do this. From our discussions with staff we noted they had a good awareness of their responsibility for ensuring people received good quality care.

Staff were provided opportunities, through monthly team meetings, to give their views and suggestion about the quality of support people received. They were encouraged to raise any concerns they had about poor practices they observed by reporting these immediately to senior staff, or anonymously through the provider's whistleblowing procedure.

The provider used learning to identify how the service could continuously improve. Senior staff had worked closely with one local authority contracts team to address any concerns or issues about the service and to identify improvements that were needed. Where actions to make improvements had been agreed, senior staff had been proactive in ensuring these were met.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have a complete picture about the support people experienced, to be reassured that this was being provided to a good quality standard. This was because the arrangements in place to regularly seek people's views about the quality of care and support they received had not been consistently followed. Regulation 17 (2) (a).