

Southlodge care Limited

# Homecare Southlodge

## Inspection report

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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

This inspection took place on 06 November 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Homecare Southlodge receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 19 people were receiving care from Homecare Southlodge.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of 12 September 2017 we found a breach of regulations in relation to seeking consent from people. Staff were not always clear on the principles of the Mental Capacity Act 2005 (MCA) and how to apply this to their roles.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Effective' to at least good. At this inspection we found improvements had been made to enhance staff knowledge of the MCA; however, we identified other areas for improvement.

We found one breach of the regulations in relation to staffing. The provider did not ensure that they obtained staff employment history, nor did they always act to ensure staff provided full professional references. The provider could not always be assured of staff experience in a health and social care role or explain gaps in staff employment history.

Improvements were also needed to ensure that quality assurance systems were effective in ensuring that issues in service delivery were addressed in a timely manner. The registered manager did not ensure that medicines administration records (MAR) were always checked in a timely manner, nor did they identify the issues that we found at this inspection.

Medicines record keeping required improvement to ensure that staff were able to explain reasons for any gaps or omissions in prompting people with their medicines. People's medicines records did not include a record of medicines prescribed, the reason for taking them and any possible side effects.

We also made a recommendation to the provider in relation to the personalisation of people's care records.

Care plans would benefit from reflecting people's preferences in relation to any dietary choices or day to day preferences, and we recommended the provider review each person's care plan to ensure this is updated.

Relatives felt that their family members received safe care from the service, and that staff supported them well. Staff were clear on the steps to take to prevent and control infection. People's risk assessments clearly highlighted the potential risks that people faced, and guidance was in place to support staff to mitigate their occurrence. Staff knew how to identify and take action should there be any suspected abuse.

Staff were now clear on the principles of the MCA, and how this applied to their role. People were supported by staff to access healthcare professionals at times that they needed them, as well as being supported with their daily food and fluid intake.

People received support from staff that were caring and kind. People felt that their privacy and dignity was respected, and staff accommodated people's religious and cultural beliefs. People were involved in decisions about the care and support that they received.

Care plans were regularly reviewed to ensure that they reflected people's needs, with the involvement of the person and people that were important to them. Where people were receiving end of life care the provider accommodated their wishes. A complaints policy was in place to guide people as to how to raise their concern and hold the provider accountable to investigate.

Views of the registered manager were positive in both the care they provided to people, and the support offered to staff. The registered manager ensured that people's views were sought and was aware of their responsibilities to the Care Quality Commission.

## 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 as safe as it could be. Recruitment practices were not consistently effective in checking staff employment history or professional references. Medicines administration records were not always fully completed. Staff were aware of the steps to take to safeguard people from the risk of abuse. Risk management plans were detailed in guiding on the best ways to mitigate risks to people. Measures were taken to prevent the spread of infection and practice good hygiene.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received regular supervision, appraisal and training to support them in their role. People were supported to access healthcare professionals at times when they needed them. Staff were aware of the principles of the MCA and how this applied to their role. People's care needs were fully assessed prior to them commencing the service. Food and fluid requirements were addressed to ensure that people's needs were met.

**Good** ●

### Is the service caring?

The service was caring. People and their relatives were positive about the care given by staff at the service. Staff knew how to respect people's privacy and dignity when supporting them. People were involved in decisions about the support they received.

**Good** ●

### Is the service responsive?

The service was responsive. People, their relatives and other professionals were consulted to review people's care needs. People were supported with their end of life needs to ensure they were comfortable. A complaints policy was in place to ensure people could raise any concerns.

**Good** ●

### Is the service well-led?

The service was not as well-led as it could be. The provider did not ensure that quality assurance systems were always executed in a timely manner, so that improvements to the

**Requires Improvement** ●

service could be addressed. The registered manager was spoken highly of, and ensured people were provided with the opportunity to share feedback.

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# Homecare Southlodge

## 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 was planned to check 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 06 November 2018 and was unannounced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 06 November 2018 and ended on 09 November 2018. It included speaking with people that use the service, their relatives and staff members. We visited the office location on 06 November 2018 to see the manager; and to review care records and policies and procedures.

This inspection was conducted by one inspector.

We used information the provider sent us in the Provider Information Return to inform our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager and looked at records held about the service. This included three care files, four staff files, incident and accident reports, medicines records and quality assurance records. Following the office site visit we spoke with one person using the service, three relatives of people using the service, and three members of staff.

## Is the service safe?

### Our findings

People and their relatives told us that they felt the care they received was safe. Comments included, "Yes, [person is safe], yes they do [move them safely]" and "They are very gentle."

We found that the provider did not always ensure that safe recruitment procedures were fully operated. Staff were subject to a Disclosure and Barring Service (DBS) check. A DBS check identifies whether a prospective new member of staff has a criminal record and helps a provider assess their suitability to work with vulnerable people. However, the provider's recruitment form did not request that staff supply a record of their employment history, nor were professional references always provided. The registered manager had not taken steps to assure themselves of gaps in staff employment or check that staff had previous experience working in the health and social care field.

These issues we described above represent breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to ensure that people's medicines records were accurate and reflected how staff should support people with taking them. We reviewed the medicines administration records (MAR) for four people using the service and found gaps or omissions in the records. Furthermore, the MAR in use did not provide sufficient space for staff to record reasons for a medicine not being given. Records were not clear in reflecting whether people had received their medicine or not. People's medicines records did not include a record of medicines prescribed, the reason for taking them and any possible side effects. We raised our findings with the registered manager who recognised that the medicines recording system needed improving. Following the inspection, they sent us a new MAR template for recording people's medicines. We were satisfied with the provider's response and will check on their progress with this at our next inspection.

Suitable systems were in place to ensure that staff were aware of how to safeguard people from the risk of abuse, and that appropriate action was taken if abuse was suspected. Staff knew of the signs to look out for telling us, "I would report it [suspected abuse] to my line manager, if I didn't feel satisfied I would let the CQC know. I would definitely speak up" and "I have to keep people safe from different types of abuse. I'd have to report it to my supervisor or manager."

Risks to people were assessed so that staff were clear on how to keep people safe from harm when supporting them. A variety of risks to people were assessed, each relevant to the particular person using the service. Where people were at risk of falls, risk assessments guided staff on the best ways to support the person to move around their home. People had risk assessments in place to review potential risk of skin damage, accompanied by repositioning records where necessary to ensure that staff took steps to support people. Where one person required the use of specialist equipment to meet their moving and handling needs, there was clear person-centred guidance informing staff of how to ensure the person was moved safely.

Staff were aware of their responsibilities to prevent the spread of infection when working with people. Staff

told us of the personal protective equipment they used such as gloves and shoe covers to ensure that they carried out their duties in line with good hygiene practices. One staff member said, "I wash my hands, I ask if there's anything that needs to be done."

The registered manager took steps to review incidents and accidents as they occurred. We reviewed the records that the provider kept, and although they required better organisation any actions arising had been reviewed. The registered manager had engaged with appropriate persons in order to resolve incidents as they occurred and discussed any improvements needed with staff.

## Is the service effective?

### Our findings

At our last inspection of 12 September 2017 we found a breach of regulations. Staff were not clear on how the Mental Capacity Act 2005 was relevant to their role. Staff had received training, however when we spoke with them their knowledge was limited. At this inspection we found the provider was now compliant with the regulations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. Since the last inspection, the registered manager had arranged for staff to undertake additional MCA training to cement their understanding. Staff that we spoke with knew how the Act applied to their roles telling us, "I always have to assume people have the capacity to make decisions for themselves. I give them choices to help make a decision" and "When someone doesn't have capacity you always act in their best interest. You have to make sure any decision made with family or others will be the right one for them."

Staff were trained in areas relevant to supporting them in carrying out their duties. At the time of inspection the provider was in the process of transferring paper training records to an electronic system. Therefore we had to review staff training records within their individual staff files. The registered manager told us that they conducted in-house training for areas such as medicines, manual handling and delivery of personal care. However, a certificate was not issued for these and due to the transfer of records it was difficult for us to review evidence of this training. We were reassured by comments from the registered manager, staff and people and relative's views about staff competencies. We will however review the provider's records at our next inspection.

Staff received support from management through regular supervision and appraisal meetings. Records showed that staff were provided with the opportunity to reflect on their practice and discuss any training requirements. A staff member told us, "We're called in every three months, ask if we have any problems and if we are happy."

Following the receipt of a referral to the service, the registered manager contacted each potential placement to carry out an initial assessment. This involved liaison with commissioners, and a meeting with the person and any family members to ensure that they could meet the person's needs.

People were supported to access healthcare professionals, and records reflected that the registered manager sought appropriate input from other professionals involved in people's care. One person told us, "[The registered manager] is very accommodating, when discharged from hospital I was able to move

around", in relation to the service taking prompt action to meet their needs upon leaving hospital. Records showed that the registered manager liaised with occupational therapists, district nurses, physiotherapists and hospitals to ensure that people's needs were met. Healthcare professionals had been invited to review people's care needs to ensure there was an integrated approach to the care delivered.

People's care files reflected support that they may need with eating and drinking. Daily notes reflected people's dietary and fluid intake so that staff could monitor any change in people's habits. Where one person required support with feeding, records reflected the ways in which staff should support them, the equipment they should use and length of observation to ensure that people would not choke.

## Is the service caring?

### Our findings

People and their relatives were positive about the care they received from the service. Comments included, "The carers are very good, they've got a good team. They're caring", "They're [staff] very friendly and very caring. They interact with [family member]. They are very kind" and "They've been absolutely fantastic, it's working great with [staff] and [staff], they're absolutely brilliant."

Staff were passionate about their work and spoke about the satisfaction they received from working in the health and social care field. A staff member told us, "I went into care and developed a passion for it. For me, the thank you or the smile on their face tells me I've done my job."

Staff knew of the importance of respecting and observing people's cultural or religious requirements. People's records reflected whether they followed any religion. Staff were also able to give us examples of how they respected one family's culture to ensure that their everyday practices were observed. They also told us of how one person wouldn't eat certain foods in line with their religious beliefs, and they had to ensure that they adhered to this.

People were treated with dignity and respect. Staff knew the importance of respecting people's privacy, especially when supporting people with their personal care needs. Staff told us, "I shut the door, close the curtains, use a towel to cover the person up before starting personal care." People's care records guided staff on how to meet individual's personal care needs, as well as reminding them of the importance of preserving people's dignity when supporting them. Relatives felt they were involved in their family member's care telling us, "They spend quality time with [family member] and engage with [relative] to tell them what's going on."

## Is the service responsive?

### Our findings

The registered manager took steps to ensure that people were involved in the review of their care. All of the care files that we reviewed were up to date, and their care records had been updated within the provider's set timeframe. A relative told us, "We have meetings to discuss [family member's care], or I can text or phone the manager." A staff member said, "I have to give people a choice of foods, follow the care plan. I ask people what they want and make sure they are settled and comfortable."

Care plans reflected people's individual care needs, however we recommended to the provider that they could benefit from elaborating on people's specific preferences. Care plans were detailed in how people's care needs should be met, in relation to personal care as an example. However, they did not always detail people's food likes and dislikes or activities that they liked to undertake throughout the day. We recommend the provider review each area of people's care plans to ensure they fully reflect people's individual preferences throughout.

Care plans covered people's communication needs and how staff should respond to these. Where one person was non-verbal, records were comprehensive in demonstrating how the person could communicate and how staff should understand their signals. Reviews of people's care reflected how and when their needs changed, with appropriate input sought from people that mattered to them and healthcare professionals.

One person's mobility had decreased and we saw that staff now supported them with exercises as instructed by a physiotherapist. Daily records showed that staff attended to these needs on a daily basis, in line with the person's care plan. One person preferred to speak in their language of origin, and the service accommodated this by sending a staff member that could speak their preferred language to care for them.

At the time of inspection, the service was not caring for anyone with a sensory impairment. However, the registered manager told us how they supported one person to communicate with their eyes. Records showed that guidance was in place to support staff to liaise with the person in a way that was suitable for them. They were also able to provide care plan documents in large print if people required them.

People were supported in relation to their end of life care needs. Records showed that the registered manager liaised with the palliative nurse where people were receiving support, to update on any changes in people's conditions. People's care files reflected the signs staff should look out for should a person deteriorate, as well as the important people that should be contacted in this event.

At the time of our inspection the provider had not received any formal complaints about the care provision. There was an appropriate complaints system in place for people to direct their concerns. Informal issues had been dealt with and recorded within people's individual files. Contact information was available to people if they needed to escalate any complaints they had.

## Is the service well-led?

### Our findings

At this inspection we found that some improvements were needed as the provider's quality assurance systems were not always effective in identifying issues that needed addressing. People's MAR had not been reviewed in a timely manner, and therefore the registered manager had not identified the issues we identified in relation to gaps and omissions in the recording of medicines administration. Spot checks of staff to check their competency in their role, including that of administering medicines were not always regularly checked to review staff practice. The full complement of staff training records was not fully available to us, nor was there a central log to reflect that staff trainings had been conducted. The registered manager kept records of incidents and accidents, however these were kept with individual care files and the registered manager did not always analyse events as they occurred to review any patterns or trends across the service. We will review the provider's progress at our next inspection.

The above points notwithstanding, people and relatives were extremely positive about the management of the service and the impact the registered manager had on people. Comments included, "She's [registered manager] accessible, the team are very good", "She's very nice. When they are short staffed she comes and helps out. She always asks how things are going, she'll phone you often and check on staff", "She's fantastic" and "[Registered manager] is very good, she's a good leader which reflects on the care staff deliver."

Staff were also satisfied with the management support they received, and the accessibility of the registered manager in supporting them with day to day tasks. Comments included, "If there's something I need I can go to her [registered manager]" and "I'm very happy, and always supported. I'm not on my own."

Staff were invited to attend regular team meetings which covered a variety of topics including office communications, policy updates, recording systems and team working. Records showed that attendance at these meetings was minimal, and although all staff were sent the minutes, improvements could be made to ensure more staff were able to attend. The registered manager said they would review the frequency at which the meetings were held to ensure that more staff could attend them.

People and their relative's views were sought through an annual survey. We reviewed the responses from the 2018 survey, and although responses were minimal, feedback on the service received was positive.

The registered manager was aware of their responsibilities to the Care Quality Commission in notifying us of important events as they occurred. Our records showed, and the registered manager's knowledge reflected that they knew which incidents they needed to disclose us and did so in a timely manner.

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 18 HSCA RA Regulations 2014 Staffing  Staff recruitment records did not include employment history, or satisfactory professional references