

Longhurst Group Limited

Domiciliary Care Service - Warwickshire

Inspection report

Block 4 The Bull Ring
College Street
Nuneaton
CV10 7BH

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29 March 2022

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27 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Domiciliary Care Service - Warwickshire is a community-based care provider that provides personal care to people living in their own homes and supported living settings. The service supported people with learning disabilities and autistic spectrum disorder. At the time of inspection there were 17 people in receipt of the regulated activity of personal care who were living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People lived in their own homes in their chosen community. Where the provider offered people a home under a supported living arrangement, people's homes were located near amenities, and transport routes, to allow people to live their lives as they chose.

People and relatives told us there were enough staff and they could rely on staff providing the care agreed at the times they wanted. Staff had assessed people's safety and care needs and worked with their relatives and other health professionals to mitigate their risks. Staff had received training in safeguarding and knew the actions to take to keep people safe. Recruitment processes were in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. People's medicines were managed safely. The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infection.

Staff received induction and training and people were supported by staff who had the skills and knowledge to support them safely. People's and their relative's views were considered when care needs were assessed. People were provided with support to eat and drink well, to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People's individual needs were respected. Staff worked in ways which valued people and promoted their dignity, independence and privacy.

People's care and support was planned in partnership with them and risk assessments were regularly updated. People's care plans considered any communication support they may require and how staff should support people to take part in activities they enjoyed, and maintain relationships which were important to them.

Staff told us managers were approachable and they enjoyed working at the service. A health and social care professional who regularly worked with staff told us systems were in place to ensure effective joint working. The provider carried out regular audits of the service to oversee the quality of the care provided. The provider carried out competency checks to assess whether staff were working in line with best practice.

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 25 January 2022 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Domiciliary Care Service - Warwickshire

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 three inspectors. One inspector visited the office location on the 29 March 2022 and two supported living locations, at people's invitation. Another inspector made telephone calls to people and their relatives on 30 March 2022. The third inspector made phone calls to staff to gather their feedback on 31 March 2022.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider also provides care and support to people living in 'supported living' settings, 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 or domiciliary care; this inspection looked at people's personal care and support. The service supported people with a learning disability and/or autistic spectrum disorder.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five people's relatives. We visited two locations where people lived in their local community in supported living. We spoke with six members of staff including the nominated individual, the registered manager and a local manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We gathered feedback from two health and social care professionals. We reviewed a range of records. This included four people's care records and medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

Following the inspection

We continued to receive governance documents and people's records for review from the registered manager, to gather the information we needed to complete our inspection.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people using the service were safe, a person told us, "I feel safe and happy here." Relatives told us how they could feel assured people using the service were receiving safe care. A relative told us, "I have no concerns at all, we are blessed, the staff here are amazing."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- The provider made safeguarding referrals to the local authority and CQC as required. The provider had an internal safeguarding team to offer staff support and advice, and conduct investigations into any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. For example, one person was at risk of choking. Risk assessments and risk mitigation plans instructed staff on the type of food the person should eat, written in consultation with dieticians, to reduce the risks of the person choking.
- Risk assessments were updated regularly and reflected people's current support needs as they were changed when people's health changed.

Staffing and recruitment

- People were supported by a regular team of support workers who knew their needs well. This enabled people to feel safe and secure and build trusting relationships. One relative told us, "Staff definitely have a good understanding of [Name's] needs and how to look after them...they have worked with him a long time, a consistent, stable staff team which is important to him. We're very happy with that."
- People and relatives told us there were enough staff to keep them safe, and they could rely on staff providing the care agreed at the times they wanted.
- The provider's recruitment policy ensured pre-employment checks were completed prior to staff commencing their role. This included an enhanced Disclosure and Barring Service [DBS] check to ensure staff were of good character.

Using medicines safely

- Peoples' medicines were managed safely. Medicine administration records showed people received their medicines as prescribed.
- Regular reviews of people's medicine requirements were undertaken, to prevent people from receiving medicines that were not necessary to maintain their health.

- The provider carried out regular audits of medicines to ensure staff were administering medicines according to their policy.

Preventing and controlling infection

- We observed staff used personal protective equipment (PPE) when supporting people. Staff received training in how to prevent and control infection, and how to safely put on and take off PPE.
- The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infection.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection between staff and people who used the service.

Learning lessons when things go wrong

- The provider had a system in place to analyse accidents and incidents, to ensure they recognised when improvements or further mitigation of risks were required. For example, if people had a fall risk assessments and care plans were updated to prevent future falls where possible.
- Where investigations into accidents or incidents occurred, the provider shared learning from investigations with staff in regular update meetings.

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.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained. One staff member explained they had specialised training to meet each person's needs, for example, training in how to support people with autism.
- Staff received induction training to give them the skills and knowledge to support people safely. Staff had completed the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff received on-going training to continue to meet people's specialised needs. For example, where people had specialist equipment to assist them to move and transfer, staff received training in how to use the specialist equipment safely. Staff's competence on how to move and transfer people safely was assessed to ensure their knowledge was kept up to date.

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 had received training in the MCA and understood the importance of involving people in decisions about their care. Where an application for a DoLS was required, applications were sent to the local authority for consideration and review, as required. No-one had a DoLS in place at the time of our inspection.
- Records showed people were asked to consent to their own care and support where possible.
- Where people required decisions to be made in their best interests, those decisions were recorded and showed who was involved in helping to make the decision. Records confirmed family members, advocates and health and social care professionals were involved in making best interests' decisions for people where they lacked the capacity to make complex decisions themselves. One social care professional told us, "The staff team have used their initiative to support [Name] in a holistic and person-centred way. This includes

ensuring that health and emotional needs are being met" they added, "The staff team act in [Name's] best interests and no ask is too big when it comes to the support I have seen provided."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment of people's needs so they could be sure they could support people safely and in accordance with their preferences.
- The provider worked within the principles of the Mental Capacity Act (2005) to ensure people were involved in decision making.
- People's needs were regularly re-assessed every month, or when their health needs changed, to ensure they continued to receive the correct level of support.

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

- People were supported to choose the food they wished to eat. One person was assisted by staff to shop for, and cook their food, to encourage their independence. A relative said, "They [staff] try and help [Name] be independent, like buttering bread so they can make a sandwich."
- People using the service were supported to eat a healthy diet that suited their cultural preferences. One relative told us, "The food is very good, they [staff] keep [Name] to a certain diet (to maintain their health)."

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

- The service worked with other health professionals in order to meet people's specific needs. People received regular checks on their health. A relative told us, "Staff let us know if there is anything wrong and seek medical advice, they take [Name] to his GP for check-ups."
- People were supported to access healthcare in their community. A relative said, "Staff arranged for [Name] to see the dentist...they had a loose tooth. As soon as I tell them something, they get on to it."
- The provider developed care plans which were available in easy to read formats, and explained each person's individual preferences and choices, so if they were admitted to hospital the care plan could be taken with them.

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 supported by kind and caring staff. One person said, "They [staff] are nice." A relative told us, "We are lucky to be supported by such good staff." Another relative said, "Kind? Oh gosh, yes, without a doubt. [Staff] is a very good person, does lots of arts and crafts with [Name]. They do the house up for valentine's, Easter, and make a fuss of [Name]."
- People's care plans and support plans were person centred and showed how people wanted to be treated, according to their diverse needs. Where people wanted to be supported by male or female staff this was respected.

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

- People were involved in care planning and their views and wishes respected. For example, one person liked to be supported by just one care worker when they were out, and these arrangements were made clear in their care plan and pictures of them out and about showed they were supported with just one care worker.
- Quality reviews were carried out to ensure people were happy with the care they were receiving. Records showed people were supported to complete feedback forms and reviews by their relatives, advocates and staff where this was required.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. We saw staff supported people in a way that maintained their dignity, by talking to them discreetly regarding their personal care needs.
- People were supported to live their lives as independently as possible. One person told us, "I've got my freedom here, I can go out when I like. I can walk to places and get the bus."
- One social care professional told us, "The care team have ensured [Name's] independence is promoted in every way possible and they have community involvement which is meaningful. These include applying and gaining an appropriate mobility car so that [Name] can continue to visit their relative."

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

- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and detailed people's cultural needs. For example, people expressed their food and meal preferences and their religious beliefs, so these could be followed by staff. They contained detailed information about people's individual support needs and the outcomes they would like to achieve.

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 carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the Accessible Information Standard and told us how they produced documentation in formats which made them easier for people to understand, for example in easy read format.
- Records were made in picture format for people to understand. For example, one person's daily record of their activities and support was made using photographic images, with comments added by staff. Each day was recorded in this way so that the person could see and reminisce on what they enjoyed.
- A relative told us how staff communicated with their relation who was not able to verbally express their wishes saying, "I visit once a week and there are always staff around. They speak to her, always offer us a cup of tea. [Name] is non-verbal so they indicate what they want. [Name] always has a few picture cards and uses Makaton, staff always use those."

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 supported and encouraged to take part in activities they enjoyed. A relative told us, "They [staff] provide good care to [Name], they do lots of different activities with them. They took them on holiday last year which was the first time since lockdown. They take them abroad every year. They're very good."
- One person was supported to attend a local college. Another person enjoyed attending racing meetings at a local racetrack, and records showed they were supported to do this as often as they wished.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to talk to if they had any concerns.

One relative said if they had a complaint they would speak with the manager. They said, "We've never had to raise any issues. If anything does happen, they ring and tell us. We haven't had to call them about anything."

- Staff told us they felt comfortable to raise any concerns with the manager and their concerns would be listened to and actioned.
- The provider kept a record of feedback, compliments and any concerns they received and shared these with the staff team. Staff learned from people's feedback on how to improve the individual's support.

End of life care and support

- There was no-one receiving end of life care during the inspection. However, the provider had policies and procedures in place to ensure people's wishes were taken into account at the end of their life.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager explained they had an 'Open door' policy where people, relatives and staff could speak with them when they wished. One relative told us, "I could speak to any of the staff quite openly and also the manager. Whoever's on duty, I would bring up any concern I had." One staff member told us, "Any problems, I would not hesitate to approach the registered manager."
- People spoke positively about the provider. Records showed visiting health and social work professionals, along with staff, relatives and service users were asked for their feedback about the care provided.
- Quality assurance surveys were regularly reviewed, and any feedback provided was analysed to help shape future services.
- The provider had systems in place, such as gathering feedback about managers from their staff, to ensure staff always had an opportunity to share their views.
- Staff were kept up to date with changes in the service, government legislation, and changes to people's support needs, through regular local teams' meetings and all staff briefings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. They told us, "Making sure we are open, honest and transparent. We maintain openness and a 'no blame' culture throughout the organisation."

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

- The registered manager and local managers told us they knew how to raise notifications with CQC regarding accidents and incidents that occurred at the service. Records confirmed notifications were sent to CQC as required.
- The provider maintained a 24 hour 'on call' service to support staff, if they needed support outside office hours. Staff told us that the 'on call' system worked, and if they needed advice or another staff member to support them on site, this was always available.
- Regular audits were carried out in order to oversee the quality of the service. Where improvements were identified, improvement action plans were put into place, to ensure actions were taken to make the changes needed.
- Competency checks were carried out regularly on staff practice in order to ensure they were providing good quality care for people.

- The provider maintained sufficient numbers of suitable staff throughout the COVID-19 pandemic to support people safely and meet their needs. They had implemented contingency plans should there be an coronavirus outbreak and staff or the person needing support needing to isolate.

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

- The provider carried out surveys to gain people's feedback of the service and drive forward improvements. Where people made suggestions about how things could be developed or improved at the service, the provider acted on their feedback. For example, where people made suggestions on improvements to their environment or when special events could be celebrated.
- Reviews were carried out with people to ensure the care they received continued to meet their needs.
- Regular meetings were held with staff to enable them to share their views. Staff were provided with an opportunity to give their feedback about the service at each meeting, under 'any other business'.
- Relative we spoke with told us how the provider kept in touch with them regularly. Newsletters and updates were provided to people and their relatives throughout the COVID-19 pandemic, giving them the most up to date guidance on how they could keep in touch with, and visit their friends and relatives.

Continuous learning and improving care; Working in partnership with others

- The provider had effective systems in place to record accident and incidents, investigate these events and share learning from them with their management teams throughout their organisation in order to improve their knowledge and respond to lessons learnt
- The provider had an internal safeguarding team to offer staff support and advice, and conduct investigations into any safeguarding concerns.
- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.
- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.
- The provider kept up to date with current legislation and worked in line with best practice.