

Longdene Homecare Limited

Longdene Homecare Ltd

South West Surrey

Inspection report

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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

Our inspection of Longdene Homecare Ltd South West Surrey took place on 16 December 2016 and was announced. 48 hours' notice of the inspection was given because we wanted to be sure that a manager was available when we visited. We returned to the service on 29 December 2016 as we needed to review further information in order to complete the inspection process.

Longdene Homecare Ltd South West Surrey is a domiciliary care agency that provides a range of care support to adults living in their own homes. People who used the service have a range of support needs including physical and sensory impairments, learning disabilities and mental health needs, with the majority of people living with conditions associated with ageing, such as dementia. In addition to providing personal care, the service also assisted people with domestic tasks, such as shopping, housework and meal preparation. At the time of our inspection the service supported 179 people.

The service has a registered manager. 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.

People told us that they felt safe when receiving care. Staff members understood how to safeguard the people whom they supported. Training had been provided to staff members in relation to safeguarding. There were appropriate numbers of staff employed to ensure that people's needs were met and that there was continuity of care in the case of staff absence. The provider had carried out checks to ensure that staff members were of good character and suitable for the work that they were engaged in.

Medicines were well managed by the service. People's medicines were managed and given to them appropriately. Records of medicines were well maintained.

Arrangements were in place to ensure that risks associated with the provision of care and support were assessed and managed. Risk assessments were linked to management plans, were up to date and reflected people's current support needs.

Staff received regular training that covered a wide range of topics and met national training standards for staff working in health and social care services. They were able to describe the training that they had received. Training and information had been provided to staff about The Mental Capacity Act (2005), including the Deprivation of Liberties Safeguards. Information about people's capacity to consent was contained within their care plans, and staff were able to describe how they supported people to make decisions and choices about their care.

Arrangements were in place to ensure that staff were provided with regular supervision by a manager. Training was provided that addressed standards for staff working in social care service. Staff members

spoke positively about the training and support that they received.

Care plans were in place detailing how people wished to be supported, and people were involved in making decisions about their care. People told us that they thought that staff who worked with them were professional, caring and respectful, and gave examples of how they were supported to maintain independence as much as possible. Staff spoke positively about the work that they did and the people whom they supported.

People told us that they knew how to contact the office and were confident that the provider would deal with complaints appropriately and quickly. People also said that they had received questionnaires or visits from a manager to obtain feedback about the service that they received. We saw that people's feedback about the service showed high levels of satisfaction with the care and support that they received.

There were effective processes in place to monitor the care and welfare of people and improve the quality of the service. We saw that the service had made positive changes in relation to information that they had obtained from these processes.

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. Risk assessments were up to date and guidance in relation to managing risk was provided for staff delivering care.

Staff we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

Information about people's medicines was detailed and medicines administration records were signed and dated.

Is the service effective?

Good ●

The service was effective. A detailed staff training programme was in place and staff members had received regular supervision.

The service had policies and procedures on The Mental Capacity Act and Deprivation of Liberty Safeguards, and information about capacity was recorded in care files. Staff had received training, and understood what to do if they had concerns about people's capacity to consent to any care activity.

Staff ensured that relevant professionals were informed and involved where there were concerns about people's health

Is the service caring?

Good ●

The service was caring. People who used the service spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke in a caring way about the people whom they supported and described positive approaches to ensuring that people's needs were met and respected.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, and to ensure that, wherever possible, people would not be supported by a carer that they were unfamiliar with should one of their regular carers be absent.

Is the service responsive?

The service was responsive. Care plans were up to date and included detailed information about how and when care should be provided.

Care plans and assessments contained information about people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint, and were satisfied that complaints were listened to and acted upon.

Good ●

Is the service well-led?

The service was well led. People spoke positively about the management of the service.

Staff members told us that they received effective support in their roles.

A range of quality assurance processes were in place, and these were monitored and used to ensure improvements to the service.

Good ●

Longdene Homecare Ltd South West Surrey

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.

We visited Longdene Homecare Ltd South West Surrey on 16 December 2016 and returned to review further information on 29 December 2016. We gave 24 hours' notice of our inspection since the registered manager was sometimes away from the office and we wanted to be sure that they were available. The inspection was carried out by a single inspector.

We used a range of methods to help us to understand the experiences of people who used the service. We reviewed records held by the service that included the care records for 19 people receiving care and support and 10 staff records, along with records relating to the management of the service. We spoke with the registered manager, two care co-ordinators, a newly appointed service manager, and four care staff members. We were also able to speak with 17 people who used the service and one family member.

Before our inspection we looked at the information that we held about the service. This included previous inspection reports, notifications, enquiries and other information that that we had received from the service. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Is the service safe?

Our findings

People who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. We were told, "I do think I am safe when they are here," and, "I can't fault the way the carers look after me."

Risk assessments for people who used the service had been carried out at the point of referral to the service. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, falls, medicine, behaviours and risk within the community. Risk assessments also included information in respect of environmental risk and safety of equipment.

We saw that risk assessments had been regularly reviewed and updated to reflect people's current care and support needs. Guidance had been developed to ensure that staff members had information about managing identified risks to people.

Staff members were familiar with the principles of safeguarding people who used the service. They were able to describe types of abuse, the signs and indicators that might suggest abuse, and what they should do if they had a safeguarding concern. We saw that training records showed that staff had received training in safeguarding prior to commencing work with people who used the service, and that this training was refreshed on a regular basis. There was an up-to-date safeguarding policy and procedure and we saw that this reflected current best practice guidance and referred to the local authority and multi-agency safeguarding procedures.

We looked at records in relation to medicines. There was a policy and procedure for administration of medicines that reflected current best practice guidance. The training records that we looked at showed that staff members had received training in safe administration of medicines. We also saw that competency assessments of staff administering medicines had taken place. The care files that we saw included information about the medicines that people used. Medicines administration records that we viewed had been signed to show that medicines had been received by the person. We saw that these had been audited by the service on a regular basis.

The service ensured that staff members were suitable for the work that they were required to undertake. We looked at 10 staff records. Recruitment records that we looked at included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. The provider had recruited staff from other European countries and, where this was the case, we saw that, in addition to UK checks, they had obtained criminal record checks from the staff member's country of origin.

There were sufficient numbers of staff employed to ensure that people's care and support needs were met. Care calls were monitored by the provider on a weekly basis. Staff members were required to have their weekly time sheets signed by people or family members in order to receive pay. The registered manager told us that, if this had not been done, the person or their family member was called to confirm the dates and

times when care was provided.

The service ensured that staff had sufficient travelling time between care calls to minimise any possibility of lateness. Staff members were allocated to provide support to people within a 'locality area' where possible. We saw from the rotas for the service that travel time between care calls was planned. People who we spoke with talked positively about the reliability and punctuality of care staff. One person told us, "They are really reliable. Sometimes they are late because of traffic, but they always let me know." However, two people said they were not always informed when staff members were going to be late. During our inspection we heard office staff telephoning people to inform them if staff members were running late. On a couple of occasions people had called the office to ask when the staff member was arriving. We noted that the staff member was contacted immediately, and each person was called back with an estimated time of arrival. Everyone that we spoke with confirmed that care staff stayed with them for the required amount of time. One person said, "They sometimes stay a bit longer."

The service maintained a 24 hour on-call service that was available for staff and people who used the service to discuss and report queries and concerns. The provider also had a major incidents and emergencies policy included, for example, actions to be taken in case of adverse weather and disruptions to public transport.

Is the service effective?

Our findings

People who used the service were positive about the support that they received from staff and felt that staff had appropriate skills and knowledge. One person told us that, "I think that they are very well trained," and another said, "I don't know what training they have but they are very, very good."

Staff members received induction training prior to commencing work with any person who used the service. The induction included core training and shadowing of experienced staff members. Newly recruited staff members were also required to complete the care certificate for staff working in social care services. The care certificate provides a set of minimum standards that should be covered as part of induction training of new care workers. The probationary period for new staff members was not 'signed off' until the provider was satisfied that they were competent in their role and had successfully completed the care certificate.

Training was delivered via a mix of on-line and classroom based sessions and was 'refreshed' for all staff members on a regular basis. We saw that competency assessments in relation to safe administration of medicines and moving and handling of people had taken place. Staff members whom we spoke with were able to list the training that they had received, such as moving and handling, medicines, safeguarding, equality and diversity and infection control, and spoke to us about the training related to the work that they did. One staff member told us, "The training is excellent. With the online training, if we don't get 100% we have to keep doing it again until we do." Three staff members spoke about the fact that they were provided with opportunities to achieve qualification training. One staff member said, "I'm doing NVQ and its great," and another told us, "I haven't started NVQ yet but, it's great that we are offered it."

Staff members had received supervision from a manager four times per year or more frequently where there were concerns about performance or health. During the probationary period for new staff, regular monthly probationary supervisions had taken place. In addition, staff files contained records showing that 'spot checks' of care practice had taken place in people's homes. Annual performance appraisals had also taken place.

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.

We checked whether the service was working within the principles of the MCA. We saw that the provider's policies on (MCA) and the Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act were up to date and reflected good practice guidance. Records showed that training in relation to MCA and DoLS was provided to all staff members. The care plans that we looked at for people who used the service showed whether or not they had capacity to make decisions about aspects of their care, and provided guidance for staff about how they should support decision making.

We saw that people had signed to show that they had consented to the care that was being provided by the service. Where people were unable to do so, the reasons for this were fully recorded.

Care staff were involved in meal preparation for some people, and we saw that care plans and risk assessments for people who were being supported with eating and drinking provided detailed guidance for care staff about how to prepare and deliver food as people required. This included information about preferred food and drink, offering choice, and when and how people should be supported.

People were supported to maintain good health and wellbeing and we saw that information about people's health and medical needs and histories were contained within their care documents. The daily care notes that we looked at showed that staff members had liaised with professionals such as GPs and community nurses where they had concerns about people's health.

Is the service caring?

Our findings

People told us that they felt that the service was caring. One person told us, "This is the best service that I have had," and another said, "I have recommended it to someone else." One person and a family member told us that they hadn't always been satisfied with carers but that they could not fault the support that they now received.

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. Staff members said that, "I feel that I am really helping to make a difference," and "I think about what it would be like and make sure I understand what my client needs." We asked about approaches to privacy and dignity, and we were told by staff that they had received training about this. The people that we spoke with confirmed that they were treated with dignity and respect. One person said "They always ask me before they do anything," and another person told us, "They are really good at making sure that I am happy with the care."

The registered manager told us that, except where there was an emergency, it was important that people were supported by staff members that they were familiar with. We saw from people's care plans and the staffing rotas that care was provided by the regular staff members. People that we spoke with confirmed that they received care from regular staff members, and one person said, "If my carer is away they always tell me who is coming." A family member told us that there had been problems in the past but that their relative now received support from a supportive and reliable member of staff.

The service made efforts to ensure that care staff were matched to people on the basis of individual preference and needs. For example, we saw that gender specific care was provided where people had requested this. The care plans and risk assessments that we viewed included information about personal histories, interests and cultural and diversity needs and preferences.

Staff members that we spoke with talked positively about the people they supported. One said, "I really enjoy spending time with people and chatting with them," and another told us, "Sometimes I'm the only person they see so it's important that I take time to chat."

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in secure cabinets within the service's office. Copies of assessments, care plans and risk assessments were also maintained within the person's home.

We viewed information that was provided to people who used the service and saw that this provided clear explanations of the care and support that was being provided. People told us that they were satisfied about the information that they received. One person said, "They come out and explain it to me," and another told us, "I am always informed about everything."

Is the service responsive?

Our findings

People told us that they felt that the service was responsive to their needs. We were told, "They are lovely. If I'm not feeling great they work around this," and, "I sometimes have early appointments and when I phone them to tell them this they organise my carer to come in earlier."

The care plans that we saw were up to date and ensured that care staff had appropriate information and guidance to meet people's needs. The care plans contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person. In each of the plans that we saw there was a focus on how the person wished to be supported.

People's care plans and risk assessments were clearly linked so that it was easy to see how plans were used to manage identified risks. These were up to date and we saw that they had been amended where there had been changes in people's needs. We saw that care plans provided information about each task, along with detailed guidance for care staff about how they should support the person with these. This included, for example, information about how the person liked to be communicated with, how choice should be provided, how to manage behaviours that may be challenging, and how best to support people with their mobility needs.

The notes of care that we saw showed that people had received support that was consistent with their plans. These records were clearly detailed and easy to understand.

Staff members told us about how they read and reviewed care plans and care notes at each visit, and how they were kept informed about any change in need. People that we spoke with felt that their care staff were well informed about their needs.

We saw that the service had a complaints procedure that was available in an easy read format. People told us that they would call the office if they had a complaint. Two people that we spoke with told us that they had made complaints in the past, and that these had been responded to quickly and appropriately.

The record of complaints, concerns and compliments maintained by the service showed that complaints had been dealt with in an appropriate and timely manner, and people's satisfaction with the outcomes had been recorded. We looked at the complaints monitoring log and found that actions had been recorded along with information about people's satisfaction in relation to the outcome of such actions.

Is the service well-led?

Our findings

People who used the service told us that they were happy with the management of the service. We were told, "It's much better than agencies I have had before," and, "The manager has been very helpful when I have raised concerns."

During our inspection we found that the registered manager was knowledgeable about the people who used the service. She interacted well with other office-based staff and asked them for their knowledge and expertise at various times during our inspection.

The majority of people were complimentary about the support they received from office staff. One person said, "The office staff are all very polite and helpful." Three people described how office based staff had covered their calls when their usual care staff were unavailable. However, two people that we spoke with told us that the office did not always communicate with them when care staff were going to be late. We discussed this with the registered manager who told us that they would speak to the office based team members about this.

Staff members that we spoke with were positive about with the management of the service and how they were supported. One staff member said, "I know I can always ask for support whenever I need it," and another told us, "They encourage and are positive about providing development opportunities." One staff member compared the service to others that they had worked at, saying, "It's definitely the most organised and professional."

The registered manager told us that satisfaction surveys were distributed to people on a regular basis. We saw that information from the most recent survey had been collated and this showed a high level of satisfaction with the service. This described positive outcomes from the survey along with areas for improvement and how these were being addressed. An annual survey of external professionals also showed high levels of satisfaction, with comments including, "Longdene is always responsive to our service user's needs and go the extra mile." Staff were formally asked for their views about the service every six months. We saw a summary of the outcomes from the most recent survey and again noted high levels of satisfaction.

Monthly spot checks of staff practice took place where people were also asked for their views of the support that they received. The registered manager told us that there was a timetable for spot checks to ensure that people received these at least every few months. Where people had high support needs, or there were any concerns, spot checks took place more frequently. We saw that information obtained from monthly checks was collated and actions had been taken to address any concerns. People told us that they received spot check visits from time to time. Staff members also confirmed that these took place, "Sometimes we have a spot check every month."

There were effective systems of quality assurance in place. The provider undertook monthly quality monitoring audits of the service. The registered manager was required to draw up an action plan to address any shortfalls identified in these audits, and progress against these was reviewed at the subsequent audit.

The provider maintained an online system that was used to record actions and outcomes in relation to a range of management issues and reports. We saw, for example, that this was used to monitor accidents and incidents, safeguarding concerns, care plans, staff recruitment, supervisions and appraisals. This alerted the registered manager to actions that were overdue. In addition it provided a six monthly 'trends analysis' of concerns that required review. For example, we saw that an analysis of incidents showed a higher than usual level of falls for one person. A review by their GP was requested as a result of this.

We saw records of team meetings that took place periodically to ensure that staff members were provided with information relevant to the service, and enabled to discuss any issues or concerns that they had. Monthly newsletters were sent to all staff members to provide updates and reminders about practice issues. The newsletters for November and December 2016 included information about privacy and dignity in care, incident reporting, the Mental Capacity Act (2005) and guidance on completing medicines administration records. Staff members that we spoke with told us that emails were sent to them whenever there was any urgent information that they needed to know. One staff member said, "The information that we receive is really good."

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services. During our inspection we heard office staff making calls to health professionals regarding the wellbeing of people who used the service.