

Longdene Homecare Limited

Longdene Homecare Ltd - North Surrey

Inspection report

Units 24/25 Enterprise House
44/46 Terrace Rd
Walton On Thames
Surrey
KT12 2SD

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Tel: 01932254276

Website: www.chdliving.co.uk

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

Longdene Homecare Ltd - North Surrey is a domiciliary care agency that was supporting 50 people at the time of the inspection. Not everyone using the service receives a 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 consider any wider social care provided. Most of the people using the service were older people although some were younger adults who needed support due to health conditions or disability.

People's experience of using this service:

People received a flexible service that was responsive to their individual needs. The agency responded well if people needed to change their care arrangements, including at short notice. The agency had also responded quickly to support people in an emergency, for example if they had become unwell.

People received consistent support from kind and caring staff. Staff understood people's individual needs and their preferences about their care. People had established close relationships with their regular care workers and looked forward to their visits. Staff treated people with respect and maintained their dignity when providing their care.

The support that staff provided enabled people to remain as independent as possible. Staff supported people to attend appointments, go shopping and to maintain their involvement in their community. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs and any potential risks involved in their care were assessed before they used the service. Where risks were identified, measures had been implemented to mitigate these.

Care plans were comprehensive and personalised according to people's individual needs. People were encouraged to give feedback about their care through surveys and regular quality checks. If people had raised concerns or suggested changes, the registered manager had used these to improve the service.

The agency communicated well with other professionals to ensure people received the care they needed. Staff monitored people's health and reported any concerns they observed to the management team. This enabled the management team or people's families to arrange appropriate healthcare input.

The management team maintained an effective oversight of the service and addressed any issues highlighted through quality monitoring. Team meetings were held regularly and staff were encouraged to contribute to the development of the service.

Staff had the induction, training and support they needed to carry out their roles. Staff had access to management supervision, which provided opportunities to review their performance and discuss any

development needs. The management team carried out spot checks to monitor staff practice and the care people received.

Staff received medicines training and their practice was observed before they were authorised to administer medicines. Recent audits carried out by the management team had identified some errors in the recording of medicines. The registered manager had reminded staff of correct procedures at a team meeting and, after our inspection, arranged further training for staff.

The provider had robust recruitment procedures which helped ensure only suitable staff were employed. Staff received safeguarding training and understood their roles in protecting people from abuse. If concerns had been raised about staff conduct, these had been appropriately reported, investigated and addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated Good (report published on 6 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Longdene Homecare Ltd - North Surrey

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

Before the inspection

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

We reviewed the evidence we had about the service. This included any notifications of significant events,

such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

Inspection site visit activity started and ended on 13 June 2019. We visited the office location on this date to speak with the registered manager and care co-ordinator and to review records, policies and procedures.

We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including satisfaction surveys, complaints, accident and incident records, quality monitoring checks and audits.

After the inspection

We spoke with four people who used the service and two relatives by telephone to hear their views about the care and support provided. We received feedback from three staff about the training and support they received from the agency to carry out their roles.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- The agency employed enough staff to ensure all care visits were completed. The PIR stated, 'Capacity hours are audited regularly to ensure there is sufficient staff to maintain a safe service.' The registered manager advised that staffing capacity was always considered before new packages of care were agreed. The registered manager said, "We have to make sure the service is safe and that we can cover all the calls."
- Staff files demonstrated that the provider operated safe recruitment procedures. Prospective staff were required to submit an application form and to attend a face-to-face interview. Successful candidates had to provide proof of identity and proof of address as well as evidence of the right to work in the UK. The provider obtained references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to identify and manage any potential hazards in relation to, for example, moving and handling and the environment in which care was to be provided. If risks were identified, guidance was produced for staff about how to provide people's care in a way which mitigated these.
- People told us the staff who visited them were reliable and almost always arrived on time. One person said, "They are very reliable." None of the people we spoke with raised concerns about the agency's time-keeping or had experienced missed calls.
- The management team monitored care visits to ensure people received a safe service. The registered manager said the agency was about to introduce a new call monitoring system which would improve the ability of the management team to monitor calls and to respond to any concerns.
- The agency had a business contingency plan to ensure that people would receive their care in the event of an emergency, such as adverse weather. This had been reviewed by the registered manager and the provider in May 2019.

Using medicines safely

- Staff received training in medicines management and their competence was assessed before they were authorised to administer medicines. Staff maintained medicines administration records (MARs) in people's homes, which were audited regularly by a member of the management team.
- Recent medicines audits had identified a number of recording errors made by staff. Whilst these errors had not resulted in harm, there was a risk that people could have suffered harm.
- The registered manager detailed the action the management team had taken having identified these concerns. Staff had been reminded about the importance of accurate completion of medicines records at a team meeting the day before our inspection. Following our inspection, the registered manager arranged further medicines training for all staff to be delivered in June 2019.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. They said staff followed the guidance in their care plans. One person told us, "They do everything by the book."
- Staff attended safeguarding training and were given information about how to report abuse if necessary. Staff told us they were confident that any concerns they raised would be followed up by the management team.
- If concerns had been raised about staff conduct, these had been notified to the relevant agencies, including the CQC and the local authority. Where requested to do so, the registered manager had investigated concerns and taken appropriate action to address them.

Learning lessons when things go wrong

- Any accidents or incidents were recorded by staff and reviewed by the management team. Records demonstrated that staff took appropriate action when incidents occurred to keep people safe. For example, a care worker arrived at a person's home to find the person had recently had a fall. The care worker reported this to the agency's office, who called 111 and arranged a GP appointment the following day. The GP identified that the person had an infection, which may have contributed to the fall, and prescribed antibiotics.
- The management team took action to keep people and staff safe when necessary. For example, one person had begun to display aggression to staff during care visits. The registered manager and care co-ordinator visited the person to identify the factors that may be contributing to the behaviour. The registered manager had then contacted the local authority and liaised with the community mental health team to ensure the person received the support they needed.
- Another person who lived alone had recently become less able to support themselves. Staff noticed that the person had very little food in their home and found this was because the person was often asleep when their food delivery arrived. The agency arranged for staff to collect the person's food and deliver it when they made their care visits.

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped their homes clean and wore gloves and aprons when necessary. Staff attended infection control training and their infection control practice was observed during spot checks carried out by the management team.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices

- People's needs had been assessed before the agency provided their care. The PIR stated, 'New client assessments are completed with the service user and/or an appropriate family member to ensure a person-centred care plan can be written.'
- People confirmed that they and their families had been involved in their assessments. They said they had been encouraged to outline the way in which they preferred their care to be provided.

Staff support: induction, training, skills and experience; delivering care in line with standards, guidance and the law

- People told us staff had the skills they needed to provide their care.
- New staff had an induction which included mandatory training and shadowing colleagues to understand people's needs. Staff told us their induction had prepared them well for their roles. One member of staff said, "I had an induction that was very informative and I felt quite ready to do my job well. I was also asked if I felt I needed more training then that could be arranged for me."
- Staff had access to the training they needed for their roles, the majority of which was delivered by the provider's in-house training team. One member of staff told us, "I had all the training required to start caring and still have yearly updates which I enjoy. I have always been offered extra training in other courses so I'm aware this is another option if I choose."
- The registered manager told us that staff were expected to complete the Care Certificate during their three-month probationary period. (The Care Certificate is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.) The registered manager said the probationary period could be extended if staff required additional time or support to complete it.
- Staff had not always received regular supervision in the past but the current management team had ensured that staff had opportunities to discuss their performance and training needs on a regular basis. The PIR stated, 'We have recently increased the frequency of 1-1 supervision to ensure more regular feedback.' Staff feedback confirmed that supervisions now took place regularly and that these were useful opportunities to discuss any support they needed.

Supporting people to live healthier lives, access healthcare services and support

Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and contacted the management team if they had any concerns. For example, during our site visit, a care worker contacted the management team as they were concerned about redness on the skin of a person they had visited. The registered manager told us concerns raised by staff were notified to relevant professionals, such as the district nursing service or GP, and discussed with people's families. Staff supported some people to attend hospital appointments.

- The agency communicated effectively with other professionals to ensure people's healthcare needs were met. The PIR stated, 'The service has a good relationship with the adult social care team, district nurses, occupational therapists, GPs and pharmacies to ensure service users' health and social care needs are met.'
- We found evidence to support this statement and heard examples of how the agency's communication with healthcare professionals had resulted in benefits for people's health. For example, one person who had diabetes monitored their own blood sugar levels but was finding it increasingly difficult to do this accurately. The agency contacted the district nursing service, who agreed to take over the monitoring of the person's blood sugar levels. This had resulted in a positive outcome for the person as their condition was monitored more accurately.

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

- People's needs regarding nutrition and hydration were discussed during their initial assessment and any specific dietary needs recorded in their care plans. People who received support with meals said they were happy with this aspect of their care.
- Staff received training in supporting people with their nutrition and hydration needs. The agency was not supporting anyone who required texture-modified diets or thickeners at the time of our inspection.
- The agency had identified ways in which to improve the dietary intake of one person who was failing to maintain adequate nutrition. Staff noticed that the person was not eating the prepared meals which were being delivered to them. The agency arranged for staff to prepare food when they made their care visits and to offer food in smaller portions, which had improved the person's response to meals and subsequently their nutrition.

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 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.

- People's care was provided in line with the MCA. People said staff asked for their consent before providing their care and respected their decisions. The agency ensured that people agreed with and consented to their care plans before these were signed off.
- The agency had carried out assessments to determine whether people had capacity to make decisions about their care where necessary. If people lacked the capacity to make informed decisions about their care, appropriate procedures had been followed to ensure that decisions had been made in the person's best interests. This included consulting people's families and professionals involved in their care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's care was provided by consistent staff who understood their needs. People told us they received their care from a small team of staff, which meant all the staff they saw were familiar to them. One person told us, "I'm very happy with all of them." Another person said, "They have all been lovely, there's not been one I haven't liked."
- The agency had ensured that people's regular care workers were assigned to provide their support in difficult or challenging times. For example, one person needed to move into a care home for respite but was reluctant to do so. The agency ensured that the person's regular care worker, with whom they had established a close relationship, accompanied them to the care home to support them to settle in.
- People told us staff were kind and caring. All the people we contacted spoke highly of their regular care workers. One person said of staff, "They are so helpful. They can't do enough for me." Another person told us, "They are lovely. They all work very hard. They do whatever I need doing."
- People had established positive relationships with their care workers and enjoyed their visits. Some people said they benefited from the social contact they had with their care workers in addition to the support they received with their care. One person told us, "I am house-bound and I can't get out so I look forward to their visits. They are good company." Another person said of staff, "I have become very fond of them."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us that staff treated them with respect. They said staff maintained their privacy and dignity when providing their care.
- People confirmed that staff supported them to be independent where this was important to them. They said staff encouraged them to do what they could for themselves but provided support when they needed it.
- The agency supported people to continue living their lives as they chose. For example, staff supported one person to visit their bank, day centre and hospital appointments.
- People's religious and cultural needs were respected. The agency had rescheduled one person's visit times to enable them to attend services at their place of worship.
- The provider's values included aiming to support people to, 'Live your life your way.' The registered manager told us that, in practice, this meant supporting people to, "Live as independently as they can, to give them choices." The registered manager had discussed the provider's values with staff at a team meeting the day before our inspection.
- We asked staff what they understood the agency's values to be. Staff responses focused on providing personalised care in a safe way that reflected people's choices and supported their independence. Responses from staff included, "To provide the best individual care and support to our service users

according to their care plan and choices" and, "To keep our service users as safe and independent as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Care was planned to meet people's individual needs. People confirmed they had been involved in developing their care plans and relatives said their views were listened to.
- The registered manager told us the agency was in the process of transferring care plans to a new format. We checked three care plans in the new format and found these to be comprehensive and individualised.
- Care plans recorded people's preferences about their support and provided clear guidance for staff about the delivery of care. Care plans also contained information about people's lives, including their family, education, employment and interests. This enabled staff to engage with people about their personal history.
- People and relatives told us they had opportunities to contribute to care plan reviews which the agency carried out. They said any changes they requested were implemented by the agency.
- People valued the flexibility and responsiveness of the agency. People and relatives said the agency responded well when they requested changes to their care arrangements. One person told us they frequently had to change their visit times due to hospital appointments. The person said they agency always accommodated their requests for changes.
- A relative told us, "They have always been very good if our plans have changed and we have needed to change arrangements. They are very flexible." Another relative said, "When we had something going on in the family and needed somebody at short notice, they did their best to help us out."
- One person told us the care co-ordinator had recently responded quickly when they became unwell. The person said they had called the office as they were at home alone and, "[Care co-ordinator] came over and sat with me." The person told us the care co-ordinator had arranged an ambulance with their consent to ensure their condition was assessed.
- People also valued the flexibility of the support staff provided. One person told us that their support needs changed from day-to-day and that staff adapted the support they provided at each visit accordingly. The person said, "They help me cook a meal, sort my clothes out for the day, empty the dishwasher. They will do whatever I ask them to do. There is no set routine, every day is different."
- The agency supported some people to remain active in their local community and to avoid social isolation. For example, one person received support to visit a local café regularly, which the registered manager told us was important to the person's well-being.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager set out in the PIR how the agency identified and met people's individual

communication needs. The registered manager said, 'We ask everyone referred to us about their communication needs and strive to meet those needs. We do this through our pre-assessment and care planning and care review processes. We record and highlight people's communication needs in their care plans and care notes along with a plan of how we will meet these needs.'

- The registered manager also explained how the agency ensured that people had access to information about their care, stating, 'We will ensure that people receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print. We will provide support from a carer, an interpreter, communication professional if this is needed to support conversation, for example a same language speaking staff member, volunteer or sign language interpreter.'
- People told us they were able to obtain any information they needed about the service in a way that was accessible to them.

End of life care and support

- The agency was not providing end-of-life at the time of our inspection. Staff had access to training in end-of-life care and the registered manager said the agency would provide additional support to staff working in these roles.
- The new care plan format included provision for end-of-life care planning, including medical, cultural and spiritual needs. The registered manager told us people were given the opportunity to discuss their wishes about their end-of-life care and that these were recorded when specified.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was given to people and their families when they began to use the service. The procedure set out how complaints would be managed and action complainants could take if they were dissatisfied with the provider's response.
- People who had complained told us the registered manager had taken action to address their concerns. One relative told us they had made a complaint and, "They responded very well. I was quite happy with how they sorted it out."
- The complaints log demonstrated that the registered manager had investigated any complaints received and used these as opportunities to improve the service. For example, a relative had raised a concern that their family member sometimes felt rushed when staff provided their care. The registered manager had spoken with the family to understand their concerns and addressed the issues with the staff who provided the person's care.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The care people received was well-planned and consistent. The agency's management team maintained an effective oversight of the service, which included monitoring the quality of care. The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- People and their relatives told us the agency communicated with them well. They said they always had a good response from the agency's management team when they contacted the office. One person told us, "If I have ever needed something, I've just called the office and they have said, 'OK yes, we will sort that out for you.'" A relative said, "The communication is very good. I always feel I can ring them if I need to have a chat about anything. They are very approachable."
- Staff told us they were well-supported by the management team. They said they had access to advice and support when they needed it. One member of staff told us, "I have always had support when needed." Another member of staff said, "I would have no problem talking to someone in the office or arranging a meeting to discuss suggestions or concerns."

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

- People who used the service and their relatives were encouraged to give feedback about the service they received. The provider distributed surveys which sought people's views about their support, including their care workers' attitude and skills and the choice and control they had about their care.
- The registered manager had addressed any issues people raised in surveys and used feedback to improve the service. The results of the most recent survey were very positive but one person commented that staff did not always stay for the full time of their scheduled visits. Some people said they did not know how to access the complaints procedure.
- The registered manager had shared the results of the survey with people and relatives and explained how to register a complaint. The registered manager had also set out the action they had taken to address the negative feedback, which included addressing the issue with staff at a team meeting.
- People told us the management team contacted them regularly to check they were happy with their care. One person said, "I hear from them quite often, they do pop in." Another person told us, "They do contact me every so often to ask if I'm happy with everything."

Continuous learning and improving care; Working in partnership with others

- The management team carried out spot checks which observed and monitored the care staff provided. Spot checks monitored care workers' practice in areas including communication, moving and handling, medicines administration, infection control and record-keeping. Staff were encouraged to reflect on their practice and to consider any areas in which they could improve.
- Team meetings enabled the management team and staff to discuss any issues relating to people's care. Staff told us they were encouraged to contribute to team meetings and said the management team was responsive to any suggestions they made. One member of staff told us, "We have an open and free meeting where everybody can speak up." Another member of staff said, "I have offered suggestions in the past and I have always seen action or got a response if my suggestion was not accepted and why. I have never felt like my opinion did not matter."
- The registered manager met with other registered managers employed by the provider to keep up-to-date with good practice and developments in the care sector. The provider was a member of Surrey Care Association and the registered manager had access to updates from relevant bodies in the sector, such as Skills for Care and the UK Home Care Association (UKHCA).