

Longdene Homecare Limited

# Longdene Homecare Ltd

## South West Surrey

### Inspection report

Capital House  
106 Meadrow  
Godalming  
Surrey  
GU7 3HY

Tel: 01483413131  
Website: [www.chdliving.co.uk](http://www.chdliving.co.uk)

Date of inspection visit:  
21 May 2019  
23 May 2019  
04 June 2019

Date of publication:  
01 August 2019

### 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

### About the service:

Longdene Homecare Ltd South West Surrey is a domiciliary care agency providing care to people in their own homes. At the time of this inspection, 116 people were receiving personal care.

### People's experience of using this service:

People told us they did not always receive care at the times they expected to, but this had started to improve by the time of our visit. The provider had started to implement improvements to scheduling and monitoring but this had not yet been consistent enough to ensure the legal requirements were met in this area. There was a new manager in post who was in the process of registering with CQC and they had started to identify and address areas for improvement.

People told us they felt safe with staff and measures were in place to manage risks. We identified some information in medicines records that was missing, but this was addressed by the provider in response to our feedback. The providers auditing and governance systems were not robust enough to ensure all the legal requirements were met, we found gaps in records relating to medicines and staff training.

People spoke positively about the staff who supported them and staff were committed to their roles. Staff said they felt confident with the training and support provided to them. Care was provided in a way that encouraged people to be independent and people said staff were respectful when visiting them in their homes. Staff knew how to respond to suspected abuse and the provider had shared information with the local authority and CQC where concerns had been raised. There was a system to record accidents and incidents.

People's healthcare needs were planned for and care plans contained sufficient detail for staff to provide personalised care. Where people's health needs changed, staff contacted healthcare professionals. People had regular reviews to identify any changes in needs and people said they had opportunities to make suggestions about care through surveys. People knew how to complain and complaints had been investigated and responded to appropriately.

Staff felt supported by management and there were systems in place to ensure important information was communicated to staff. Staff had regular one to one supervision meetings and there was an appraisal process in place. We saw evidence of work with other agencies and the provider was in the process of actioning improvements identified by the local authority.

Rating at last inspection: Good (Inspection report published 8 February 2017).

Why we inspected: The inspection was brought forward slightly due to safeguarding concerns shared with CQC by the provider and the local authority in relation to missed care calls and recruitment checks.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor the service closely and will return to inspect the service again in line with our policies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-led findings below.

**Requires Improvement** ●

# Longdene Homecare Ltd South West 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.

The inspection was prompted in part by notifications of safeguarding concerns due to missed care calls and recruitment checks. These incidents were reported to CQC and the safeguarding team and this inspection was brought forward slightly to examine potential risks in these areas.

Inspection team:

The inspection was carried out by one inspector, two assistant inspectors and one expert-by-experience. An expert-by-experience is someone who has experience of using this type of care service.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection:

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 21 May 2019 and ended 4 June 2019. We visited the office location on 23 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before Inspection: We reviewed information we held 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. We did not ask for a provider information return because the inspection was brought forward.

During Inspection: We spoke with four people and four relatives. We spoke with the manager, the nominated individual, three co-ordinators and seven care staff. We carried out a home visit where we spoke with a further one person and two staff.

We reviewed care plans for nine people, including records of medicines. We reviewed two staff files as well as records of staff training and supervision. We checked the provider's scheduling systems as well as records of incidents, complaints and a variety of checks and audits.

After Inspection: We received email evidence from the provider.

# Is the service safe?

## Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- People's feedback was mixed about staff punctuality. Whilst some people and relatives told us staff were on time, others said they had experienced late calls. One person said, "I'm allowed half an hour in the morning and I pay for this service, but I can't always get half an hour in the morning." Another person said, "No, some of the time they [staff] don't arrive on time."
- Staff said they did not always have enough time to travel between calls. The scheduling system allowed 15 minutes for travel, but staff said this was not always sufficient. Whilst some staff told us they were able to fulfil the scheduled times of calls, others said they were not able to. One staff member said, "This job is always a rush, they don't factor travel time in, but we try to do our best."
- Two people's daily notes showed calls that were frequently shorter than the planned time. Whilst the records showed people's care needs were met on the calls, it showed the agreed length of time was not being fulfilled as planned. This was consistent with people's feedback to us about staff being rushed.
- Before the inspection the provider had notified CQC and the local authority of missed visits. The local authority had visited the service and the provider had started to implement a plan in response to the concerns. Staff said there had been problems with communication previously, but this had started to improve.
- The provider shared plans with us to pilot an electronic system to monitor call attendance and punctuality. However, this had not been introduced by the time of this inspection. The provider's current system was based on staff checking paperwork and relied on people phoning the office to report missed or late calls. The existing system had not picked up short calls that we identified in daily notes or instances of late calls that people told us about.
- Whilst we saw evidence of initial actions being taken to address the issue, our findings showed robust action was required to ensure staff were deployed in a way that calls could be attended as planned and systems were in place to accurately monitor this.

The shortfalls in relation to the monitoring of care visits were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had undergone recruitment checks before starting work with people. Before the inspection, concerns were shared with CQC that a new staff member had worked alone with people before a full check with the Disclosure and Barring Service (DBS) was undertaken. This was because of a miscommunication and the provider identified this themselves and took the staff member off lone working shifts until this check was complete. The provider also reviewed their recruitment processes to prevent this happening again.
- Staff files contained evidence of checks such as references, proof of right to work in the UK and a check with the DBS.

### Using medicines safely

- Important information about people's medicines was not always in place. The provider took action to address shortfalls during the inspection which meant the legal requirements relating to medicines were met. However, this showed issues were not being identified and addressed proactively by the provider's auditing and governance processes.
- One person had swallowing difficulties and their medicines were mixed with liquids. Their care plan said one medicine was mixed with lemonade to enable the person to swallow it, but this had not been checked with a healthcare professional. After the inspection, the provider obtained confirmation from the person's GP that this was safe.
- Where people received medicines on an 'as required' basis, information about them was lacking. Staff used basic details from the prescriber which were documented on the medicine administration record, but there was not an individual plan to inform staff about when to administer them.
- The provider's medicines policy stated all people should have a plan in place for 'as required' medicines and our findings showed this was not being followed. After the inspection, we received confirmation that this had been addressed and people's records had been updated.
- In other areas, medicines were managed competently by trained staff. Staff were able to describe best practice to us and people said they received their medicines as expected.
- People had care plans which listed their medicines and what they were for, we saw evidence of staff liaising with the GP where things changed.
- Staff completed medicines records accurately to reflect when medicines were administered. We identified a delay in how promptly records were received by office staff for auditing, which we have reported on further in the Well-led domain.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had plans in place to reduce risk. Areas such as skin integrity, malnutrition and choking had risk assessments. Where one person was at risk of pressure sores there was a clear plan for staff about how to reduce this risk.
- Staff considered environmental risks. Assessments took place of people's home environments to identify any concerns with fire safety or the environment. Where staff needed access to people's homes due to them not being able to answer the door, there was a system to ensure this happened safely.
- Where incidents occurred, actions were taken to prevent them reoccurring. The provider kept a record of all accidents and incidents and these clearly showed what action was taken in response. Recorded actions demonstrated a learning approach and measures implemented to keep people safe. Such as where a person had suffered a fall, a referral was made to the falls team and their risk plan was reviewed.

### Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding adults and were able to tell us how they would identify and respond to abuse. They knew how to report concerns and had up to date information about local safeguarding processes.
- Where there had been safeguarding concerns, the provider had shared these with the local authority and CQC. As reported, work was underway with the local authority to address issues that had arisen from recent safeguarding concerns about missed calls.

### Preventing and controlling infection

- People said staff washed their hands and maintained hygiene on visits. One person described how staff always kept their kitchen clean when preparing food.
- Staff had received training in infection control and were able to describe best practice to us. One staff member told us how they used an apron when providing personal care and ensured this was removed and



their hands were clean before making food for a person.

- The provider had systems in place to ensure personal protective equipment (PPE) was available to staff. Infection control was something checked as part of staff practice at regular spot checks.

# 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

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

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

- People told us they received an assessment before receiving support. One person said, "The first time they [staff] came to see me they experimented to see what I want."
- People's records contained evidence of an assessment and we saw these took place before care started. Assessment documents captured people's needs and their desired outcomes. Information from assessments had been added to care plans.
- One person's assessment had documented important information about their background and the existing support they had in place and care had been planned around this.
- Initial assessments followed a standard format which ensured areas such as people's preferences, routines and a check of their home environment was always carried out.

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

- People said staff prepared food competently. One person told us they valued the way staff made meals alongside them.
- Care plans recorded people's food preferences and planning involved shopping to enable people to make choices. One person was regularly supported to go to the shop with staff where they bought food which was used to make meals.
- Where people had specific dietary needs, care was planned around these. One person had swallowing difficulties and healthcare professionals had advised them to follow a soft diet. This was documented within their care plan and included detailed examples of soft foods the person liked to eat.

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

- People told us staff supported them to access healthcare professionals when required. One person told us how staff contacted their GP when they were feeling unwell.
- Staff contacted healthcare professionals where they noticed changes to people's health. Records showed staff had contacted a person's GP where they had noted changes to their mobility.
- Another person living with dementia had input from a community psychiatric nurse (CPN). Their care plan contained detailed guidance about how to support them and records showed staff liaised regularly with the CPN.
- Where people had input from other care services, this was documented. One person had support from another agency at certain times and this was recorded in their care plan. Another person's care plan documented how they occasionally received residential respite.

Staff support: induction, training, skills and experience

- People and relatives said staff were competent when they visited them. A relative told us staff knew how to use equipment that a person used to mobilise and we saw staff had received moving and handling training.
- Staff said they had the right training to give them confidence in their roles. Staff received an induction and training courses which were regularly refreshed. There was a record of training in place to track when refresher training was due. This record contained gaps and did not reflect the positive feedback about training, we have reported further on record keeping in Well-led.
- Staff received regular one to one supervision meetings as well as appraisals. Staff told us they found these meetings useful and records showed these were used to discuss staff performance as well as day to day work.

Ensuring consent to care and treatment in line with law and guidance

- People had consented to their care plans and they told us staff asked them for consent before providing care. Staff said they recognised the importance of ensuring people had consented before they carried out care tasks with people.

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 and found the correct legal process was being followed. One person was living with dementia and staff had carried out a capacity assessment about the decision to consent to care. The assessment found the person lacked the mental capacity to make this decision so a best interest decision was recorded.

# 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

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 said the staff who came to visit them were kind and caring and they had opportunities to change staff where they wished. One person said, "Most of the carers are very chatty and very nice and lovely." They described how they had a meeting with the manager about one staff member they didn't get on well with who no longer visited them.
- People were supported by consistent staff who knew them well. The scheduling system ensured people were supported by regular staff and this matched what people told us. Staff said they always worked the same runs where they saw the same people.
- Staff had a good knowledge of people's needs and backgrounds. One person was receiving live in care and we spoke to a staff member who was covering for their usual staff member's leave. Despite not being their usual staff member, they were able to describe detail about the person's family, background and their needs.
- Assessments captured information about people's diversity, such as their gender, sexuality, religion and culture. Where one person practiced a certain religion, this was in their care plan and we saw staff provided support in a way that allowed them to attend their place of worship at the times they liked to.

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

- People were involved in their care. Records showed people had been given opportunities to express their preferences and these had been documented.
- One person's care plan recorded their routine and walking activities which were important to them. Staff provided support to enable the person to continue these pastimes.
- People said they were able to make suggestions and prompt changes to their care. People had regular reviews and records showed they were asked if they were happy with the support they received and if they wished to make any changes.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful when visiting in their homes. People told us staff ensured they protected their privacy and kept their home environment tidy and clean.
- Staff were able to describe how they provided care in a way that protected people's dignity. Staff told us they asked people what they wanted support with before providing care. They described how they ensured curtains were closed for personal care.
- Care was provided in a way that encouraged people to be independent. Care plans recorded tasks people could do themselves and the support they needed from staff.
- One person managed their hearing aids themselves but required prompts and checks from staff each day,

which was in their care plan. Another person wished to maintain ownership over domestic tasks so care was planned so staff could support them to do these tasks by working alongside them.

# Is the service responsive?

## Our findings

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

Good: ☐ 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

- People told us they received personalised care. People said staff provided support that was planned around their needs and preferences. One person said, "They [staff] help me dressing and wash my back."
- Care plans provided detail about people's needs and how they liked to receive their care. Where one person had problems with their mobility, there was guidance about how to provide personal care in a way that considered this safely.
- Care plans documented people's interests and activities so care could be planned around them. One person was receiving live-in care and they had a detailed care plan that included countryside walks which were important to the person. Staff were knowledgeable about the person's interests and said they supported the person to go on walks when they wished to.
- The provider showed us examples of positive outcomes achieved for people. These included helping people to clean and adapt and maintain their home environments, enabling people to go out more regularly where they had been isolated and supporting a person to attend an important wedding.
- Care plans were regularly reviewed to ensure care remained personalised. Where things had changed, reviews took place and care plans were updated. For example, one person had been prescribed a new cream and their personal care plan was updated to include this. Where another person had suffered a fall, new guidance was added to their care plan to enable staff to support them safely.

End of life care and support

- People's wishes regarding end of life care were documented. These included information for staff such as whether the person wished to be admitted to hospital in the event of their health deteriorating. Where people did not wish to discuss end of life care, staff documented this.
- We did note that in some cases the level of personalised detail was limited. There was sufficient detail to ensure staff would provide appropriate support at these times, but some personalised details about end of life care were lacking.
- This was something the provider had already picked up and was in the process of addressing and it formed part of their service improvement plan. End of life care plans were being updated as part of reviews, with more detail. We will follow up on the impact of these improvements at the next inspection.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person said, "If I wanted to complain I'd ring up and tell them, I've got a telephone number."
- The provider kept a record of all complaints and their responses. There had been three formal complaints in the last 12 months and these had been investigated and actions were taken to prevent them reoccurring.
- Where one person had raised an issue about communication from staff, this had prompted a supervision

with the staff member and a response was sent to the person.

# 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The governance system was not robust enough to identify and address issues found on this inspection. The provider had identified and started to address the issues with call attendance, but this had not yet fully improved people's experiences by the time of our visit.
- Auditing systems were not always robust. Where we had identified shortfalls in medicines records, audits had not picked these up and action was taken because we identified the concerns on this inspection.

● Checks of records were not consistent because records were not always returned to the office promptly. Two people's medicines records and daily notes had not been returned to the office since February 2019, this showed checks did not take place in a timely manner so any discrepancies could be addressed promptly.

● The impact of this was minimised because care records seen were accurate and up to date. However, the lack of robust auditing meant that if any issues were to arise they would not be identified and addressed promptly.

The shortfalls in governance and auditing were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new manager in post who was in the process of registering with CQC. They had already started to identify and address issues at the service but had only been there for a limited time before our visit.
- People were aware there was a new manager in post and told us they had good contact with the office. Where people told us they had made suggestions, they said staff were responsive to these.
- Staff said they had noted improvements with communication following changes to office staff and management. We observed office staff communicating changes to staff out in the field and providing directions where they visited a person new to the service.
- Staff said they received information about where they were working in a timely manner to ensure they could attend calls.
- Staff had monthly meetings and they told us they found these useful for receiving new messages about their work and training. There was a system to pass on messages to staff by text message and we heard examples of how this had ensured people received care when required, such as following discharge from



hospital.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- There were regular surveys conducted to assess quality of care and gather the feedback of people, relatives and stakeholders.
- Staff felt supported by management and said they were given opportunities to make suggestions at meetings. Records of meetings showed they were used to discuss best practice and share any suggestions. One staff member said, "We can talk to [registered manager] when we need, the communication here is good"
- Individual care records showed work alongside local authority and community health services. The provider was also working with the local authority to identify and implement recent improvements to the service where there had been safeguarding concerns.
- Staff regularly made referrals to important community services such as the community nurses, falls team and the fire service. Staff were able to name points of contact and we saw these areas were discussed in staff meetings.

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 17 HSCA RA Regulations 2014 Good governance  The provider's system to monitor call attendance were not robust and we records were not checked in a timely manner.