

Southlodge care Limited

# Homecare Southlodge

## 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

We undertook an announced inspection on 23 August 2016. This was the first time the service had been inspected. The provider registered this location with the Care Quality Commission on 14 July 2015.

Homecare Southlodge provides support and personal care to people in their own homes. At the time of our inspection three people were receiving a service.

A registered manager was in post. 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 received the support they required. The registered manager assessed people's support needs and identified any risks to their safety and welfare. They developed care plans with input from people, and their relatives, about the support they required and how they wanted it to be delivered. Plans were in place to manage and mitigate the risks to people's safety.

Staff were knowledgeable about the people they supported, their wishes and preferences. Staff asked for people's permission before providing care and adhered to the Mental Capacity Act 2005.

Staff supported people as and when required with their medicines and meal preparation. Staff were aware of the health professionals involved in people's care and liaised with them if they had any concerns about a person's health.

Staff treated people respectfully, and maintained people's privacy and dignity.

There were sufficient staff to provide people with the support they required. There was consistency in the staff supporting people, and people were familiar with their care workers. Staff attended visits on time and stayed the required amount of time to undertake their duties.

Staff received regular training and supervision to ensure they had the knowledge and skills to undertake their roles. The registered manager monitored the quality of support provided and addressed any areas requiring improvement with the individual staff member. The registered manager welcomed feedback about service provision and there were processes in place to obtain people's views about the support received.

At the time of our inspection the registered manager was not aware of all of the requirements of their registration with the Care Quality Commission, and one statutory notification about a key event that occurred had not been received. This was addressed on the day of the inspection.

## 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. Staff were aware of their responsibilities to safeguard people from harm, and reported any concerns to the local authority safeguarding team. Risks to people's safety had been identified, and plans were in place to manage and mitigate these risks.

There were sufficient staff to provide people with support. Staff were punctual and stayed the required amount of time.

People who required it received support with their medicines, and safe practice was followed in regards to administration and recording of medicines.

### Is the service effective?

Good ●

The service was effective. Staff received the training and supervision they required to ensure they had the knowledge and skills to undertake their duties.

Staff adhered to the Mental Capacity Act 2005, and obtained people's consent before providing support.

Staff supported people with meal preparation, as and when required. Staff were aware of the health professionals involved in people's care and liaised with them when necessary.

### Is the service caring?

Good ●

The service was caring. Caring and positive relationships had been developed and maintained between staff and people receiving a service. There was consistency in the staff allocation and people received support from staff they were familiar with.

Staff respected people's privacy and dignity. They involved people in their care, and delivered care in line with their preferences.

Staff were aware of people's end of life wishes.

### Is the service responsive?

Good ●

The service was responsive. People received the support they required. Assessments were undertaken to identify people's support needs, and care plans were developed with people to outline how they wanted the support to be delivered. Care records showed that people received support in line with their care plans.

People, and their relatives, were aware of how to make a complaint. Complaints received had been recorded and investigated appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led. The registered manager provided support to their staff team. They welcomed feedback from staff, people using the service, and their relatives about service provision. Feedback received was listened to and acted upon.

The registered manager had processes in place to monitor the quality of care provision, and support provided to staff.

At the time of the inspection the registered manager was not aware of their requirements regarding the submission of statutory notifications to the CQC. However, this was addressed on the day.

# Homecare Southlodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. These were notifications about key events that occurred at the service. We also sent questionnaires to people using the service and staff for their feedback. We received completed questionnaires from one person and five staff.

During the inspection we visited the service's office and spoke with the registered manager. We reviewed the care records for the three people using the service and three staff records. We also looked at records relating to the management of the service including findings from spot checks, and satisfaction surveys.

After the inspection we spoke with one person's relative and three care workers.

## Is the service safe?

### Our findings

Staff supported people to remain safe, and to maintain their health and welfare. Staff were aware of the signs and symptoms that a person was possibly being abused or harmed. There were procedures in place to report any concerns and we saw that these were followed. The registered manager investigated signs of injury, including unexplained bruising, to identify how it occurred and whether there was any possible abuse. When required the registered manager liaised with the local authority safeguarding team to report concerns, so safeguarding procedures could be followed to protect the person from additional harm. The registered manager also organised for a member of the local authority safeguarding team to speak at a team meeting, to further support staff in their understanding of their responsibilities.

Staff we spoke with were aware of their responsibility to report and record incidents. The incident records we viewed included information about the incident and what action was taken to minimise the risk from recurring. The registered manager undertook additional investigations as required to investigate how incidents occurred to ensure additional support was provided to both the person and staff. If required, the registered manager recommended additional training for staff to attend in relation to conflict resolution and behaviour management. The incident records showed that staff liaised with healthcare professionals if they had concerns that a person had sustained an injury or they felt their health needs had changed and they required an updated assessment, for example by the occupational therapist in regards to people's mobility.

As part of the assessment process the registered manager reviewed and identified the risks to people's safety and welfare. This included risks associated with their mobility, the risk of developing pressure ulcers, malnutrition and risks associated with the individual, including in relation to health diagnoses. Management plans were in place to mitigate the risks identified. This included ensuring people had the required equipment in place, such as mobility frames and pressure relieving equipment. For people who required 24 hour care, staff were instructed to ensure they were frequently repositioned to redistribute pressure to different parts of their body and protect their skin from breaking down. However, care records did not state what was meant by 'frequently'. We spoke with the registered manager about this and they said they would add clarity to care records to ensure people received the support they required.

There were sufficient staff to meet people's needs. The registered manager allocated 'teams' of staff to support each person. Some people required 24 hour support and this was provided. In addition a second staff member undertook 'drop in' sessions to enable people to receive support with their personal care safely. One person required set calls a day. The people and staff we received feedback from confirmed that staff attended visits on time and stayed the required length of time.

The registered manager had employed additional staff to ensure that sufficient numbers would be available to meet any increase in demand. We saw that safe recruitment practices were followed to ensure staff were suitable to work at the service. This included checking their experiences and qualifications, obtaining references from previous employers, checking people's ID and eligibility to work in the UK, and undertaking criminal record checks.

People, who required it, received support with their medicines. Staff were clear about what medicines people were required to take, the dose and when they should take them. This information was included in people's care records and their medicine administration records (MAR). Staff informed us they signed the MAR when they administered the medicines, and the archived MARs we viewed were completed correctly.

## Is the service effective?

### Our findings

People were supported by staff that had the knowledge and skills to undertake their role. An induction process was in place to support new employees. This included familiarising themselves with the provider's policies and procedures, completing their mandatory training and shadowing more experienced staff members. In addition, some staff new to a caring role were being supported to complete the Care Certificate. The Care Certificate is a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their roles within a care setting.

Staff were required to complete training which the provider considered mandatory before starting work. This included training on safeguarding adults, health and safety, fire safety, equality and diversity, infection control, food hygiene, basic life support, moving and handling and complaints. Some staff had also completed training on medicines administration and supporting people with dementia. In addition staff were able to access training through the local authority and Skills for Care. Skills for Care is a national organisation that provides practical tools and support to help adult social care organisations develop their workforce.

Staff received the support they required to undertake their roles. Processes were in place to supervise staff. This included on the job supervision and meetings with the registered manager. The supervision processes enabled staff to discuss their roles and identify any additional support they required. The supervision records we viewed showed the registered manager addressed any performance concerns and reviewed staff's compliance with their mandatory training requirements.

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. Staff were aware of and adhered to the Mental Capacity Act 2005. They respected people's decisions and obtained their consent prior to providing personal care and support. The registered manager liaised with the local authority when they had concerns about a person's capacity to make decisions, and supplied them with information they required to support applications to the court of protection when it was assessed that a person was no longer able to manage an area of their care themselves.

Some people using the service required support with meal preparation. Staff told us they made meals in line with people's choices. People's care records outlined their dietary requirements. However, we saw that one person was diabetic, and whilst their care record stated they needed a diabetic diet there was no information to staff about what this involved. We spoke with the registered manager about this and they said they would ensure this additional information was included in the person's records so staff were able to provide meals which met their health needs.



There were concerns that some people's appetite was declining. Staff kept food and fluid charts to monitor people's intake and this was monitored by the registered manager. We saw from the daily records we viewed that people were provided with drinks and staff were informed to always leave a drink within a person's reach so they were protected from the risk of dehydration.

Details were included in people's care records of the health professionals involved in their care. Staff told us they liaised with the person's GP or the district nurse if they had any concerns about a person's health, and we saw records that confirmed this was done. Staff were aware of the signs and symptoms that a person's health was deteriorating, including in relation to their skin integrity and communicated this with the registered manager, so appropriate action could be taken.

## Is the service caring?

### Our findings

People had developed positive caring relationships with staff, as they were supported by staff who were familiar to them. Due to the allocation of staff to teams, there was consistency in the staff providing support to people. One person's relative confirmed that the same care staff came to support their family member and this had enabled them to build a relationship with them. They told us, "[The staff] are superb", "They couldn't do better."

Feedback the registered manager had received confirmed that staff introduced themselves to people, and listened to people's views and opinions. People felt involved and that they received good quality care. Some of the comments received included, "[Staff members] were excellent carers. We were very grateful to have [the registered manager] in control of mum's care. She was supportive, sympathetic and extremely professional." Another comment was, "The care my mother received from Southlodge agency was exceptional. Carers were so kind and professional. Their support made a huge difference to my mother's quality of life."

Staff knew the people they were supporting and how they liked to be supported. They were aware of their preferences and the interests they had. They involved people in decisions and respected their wishes. One person's relative told us, "[The staff] know how to treat him."

Information was collected as part of the assessment process about a person's culture, religion and sexuality so staff could support them with their individual needs.

Staff were aware of who was important in people's lives, including family members and friends. One person wanted support to visit their friend, and this was provided to enable the person to socialise and maintain this relationship.

Information was included in people's care records regarding communication and how to communicate with people so they understood what was being said and could be involved in decisions. This included information about whether the person used glasses or hearing aids, and whether there were any limitations to their sight or hearing. The staff we spoke with were aware of the support people required in these areas, and to give people time to respond to requests.

Care staff were respectful of people's privacy, and the feedback we received from people confirmed this. They told us of the measures they took to support a person's privacy during personal care, including ensuring curtains and doors were closed, and using towels to maintain a person's dignity whilst personal care was carried out.

Staff had discussed with most people their end of life preferences and what support they would like with their end of life care. Care records stated and staff were aware of people's wishes should they need to support the person at that time. Some people were receiving support from the palliative care team and the local hospice, and were receiving regular pain relief and symptom control. Staff liaised with the

professionals involved in their care if they felt the person was in pain.

## Is the service responsive?

### Our findings

One person commented on their questionnaire, "I have nothing but admiration in the way [the service] looks after me. I think it's the best service." One staff member commented on their questionnaire, "I'm happy with my agency because they provide all the necessary information to give quality and complete care." This comment was echoed in the feedback we received directly from staff. They told us the registered manager ensured they had all the necessary information they required to provide people with the support they required, and this information was captured in people's care records for them to refer to.

The registered manager liaised with the referring agency for all new referrals to obtain as much information as possible about people's care and support needs. They also arranged to meet with the people, and their relatives if appropriate, to discuss their care needs in further detail and their preference for how the care was delivered. Care plans were developed with the person to ensure their views and opinions were included. On the whole the care plans were detailed and outlined the level of support people required with different tasks. This included in relation to their personal care, their physical health and their mental health. The registered manager reviewed the support delivered every eight weeks to ensure it still met the person's needs, and liaised with the funding authority if they felt the person's needs had changed and they either needed more or less support.

Care and support was provided in line with people's care plans. Staff were aware of the level of support people required, and encouraged them to do as much for themselves as possible. Staff were aware of what support people needed, including in relation to continence care, their dementia and how to manage behaviour that could challenge staff. We viewed the archived daily records held at the service and saw that detailed records were kept showing that appropriate support was provided. Some people required additional records to be kept to monitor their food and fluid intake, and in regards to continence care, and we saw that these were maintained and recorded appropriately.

A complaints process was in place and this was made accessible to people and their relatives. People and relatives we spoke to and received feedback from said they had not needed to make a complaint but would feel able to raise concerns with the staff and/or registered manager if and when they arose. We viewed the complaints received and saw that these were addressed promptly. The registered manager organised to meet with the complainant and/or the person involved to further understand their concerns and to ensure the action they took satisfied those concerns.

## Is the service well-led?

### Our findings

One person's relative told us the registered manager is "lovely" and that if their regular care worker was unable to attend the registered manager would often come to support their family member. They felt able to speak with the registered manager and have open and honest conversations with them.

The registered manager asked people for their views and opinions about the service, through quarterly satisfaction surveys and regular monitoring calls. We saw that feedback received was acted on. This included people requesting staff wear name badges as they could not always remember the names of the staff supporting them. We saw records to all staff from the registered manager reminding them of the importance of wearing their identification badges whilst at people's homes.

Staff told us they were "well supported" by the registered manager. They felt able to express any concerns or worries they had, and that these would be listened to and that the registered manager would take the necessary action to address them.

There was a small cohesive staff team, with the registered manager providing direct support to each staff member. Staff told us they were able to approach the registered manager if they needed any advice or support. Some people using the service required 24 hour support. An on call system was in place so staff could access the registered manager or an experienced care worker if they had any concerns about the person or the care delivered out of office hours.

Staff were supported to remain safe and they received training in lone working practices to protect themselves. The registered manager told us they texted staff daily to ensure they were safe and well. They also mentioned that staff were quick to inform them if another staff member had not turned up for their visit, so the registered manager could check on their safety.

The registered manager undertook spot checks to review the quality of care provided, and review staff's compliance with the provider's policies and procedures. We viewed the findings from the spot checks completed which showed that staff were providing people with the support they required. However, some staff were not adhering to the provider's requirements. Again, the registered manager reminded staff of the importance of wearing their uniform and identification badges. The registered manager informed us they had also identified that some staff were not keeping sufficient records and they were addressing this with them through their supervision arrangements.

The registered manager also had processes in place to review the quality of their staffing and requirements relating to safe staffing practice. For example, they had a tracker in place to review staff's training and supervision compliance, and to keep track of staff's visa expiry dates.

At the time of our inspection the registered manager was not familiar with all of the requirements of their registration with the Care Quality Commission (CQC). They were not aware of all the statutory notifications they were required to submit and where to find these. During the inspection we informed the registered

manager of the different notifications required and where to find these on the CQC website. The same day the registered manager completed and submitted the statutory notification required about a key event that occurred.