

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

### About the service

Homecare Southlodge is a domiciliary care agency providing personal care to 20 people at the time of the inspection. This included older people and those with physical or learning disabilities.

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

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

People received a safe service from staff who were safely recruited. Staff understood how to recognise and report potential abuse. Medicines were managed safely to ensure people received them when they needed to. Infection control was effectively managed. Any accidents and incidents were recorded and fully investigated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink as necessary, and the service helped them to engage with healthcare professionals. Staff received regular supervision, training and appraisal to support them to be competent in their roles.

Staff treated people with dignity and respect, whilst encouraging them to be as independent as they were able to be. People and relatives were happy with the care received.

The registered manager supported people, relatives and staff well. Mechanisms were in place for people to provide feedback on the service received, and quality checks were used to drive improvement.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 08 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

# Homecare Southlodge

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

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

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

This inspection was unannounced.

Inspection activity started on 25 November 2019 and ended on 03 December 2019. We visited the office location on 25 November 2019.

### What we did before the inspection

We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

### During the inspection

We spoke with the registered manager. We also reviewed four peoples care records, and where applicable

medicines records. We looked at four staff files and a range of documents in relation to the service including quality checks, and policies and procedures.

After the inspection

We spoke with four relatives and five staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were always safely recruited. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff records now included a record of their employment history, application forms had also been amended to ensure new recruits supplied this information prior to employment commencement.
- Staff had suitable employment references on record to evidence their conduct in previous employment.
- On the whole, staff arrived at their calls on time and notified people or relatives if they were running late to their visit.

### Using medicines safely

- At our last inspection we found that medicines administration records (MAR) were not always completely accurately, nor were medicines lists always in place.
- The provider had acted to ensure people's prescribed medicines were clearly recorded. MAR that we reviewed were up to date and regular checks had been made to check for any inaccuracies with appropriate action taken to identify any improvements.
- A relative said, "They seem to be competent, know how to do them [medicines]. They're quite tricky, but they took on board what I said, and we've had no problems. They [staff] do what we ask them to do."

### Learning lessons when things go wrong

- Incidents and accidents continued to be appropriately investigated, with appropriate action taken to mitigate their reoccurrence. The registered manager reviewed incidents regularly to identify and patterns or trends.

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

- Staff understood how to recognise and report any potential signs of abuse. Records showed that the provider had been prompt to acknowledge and support the investigation of any potential issues.

### Assessing risk, safety monitoring and management

- Risks assessments clearly highlighted people's needs and provided staff with guidance as to how to support people safely.

- Where people had specific needs, risk assessments were adapted to meet these. For example, guidelines were in place to ensure staff used hoist equipment correctly.

#### Preventing and controlling infection

- Staff were provided with adequate supplies of equipment to ensure they could carry out personal care in line with good hygiene practices.
- The provider had a suitable infection control policy in place to guide staff as to how to prevent the spread of infection.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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's care needs were appropriately assessed prior to them commencing the service. This helped to ensure the provider could meet their needs.
- Where necessary, records showed that other agencies such as the local authority had been involved in the review of people's care.

Staff support: induction, training, skills and experience

- Staff were positive about the training they received, and record showed that staff were up to date with the provider's mandatory training requirements.
- Staff felt well supported through regular supervision sessions. They told us, "Yes we do, I had one last month. It's helpful" and "I am happy with the support the management has given me as they provide us online trainings in various modules and they send us to mandatory trainings when we are due."

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

- People were supported with any dietary requirements that they may have. Records provided staff with clear guidance if people required fortified fluids or meals of a particular consistency.
- Staff were clear on how to support people to express their wishes such as, "I normally speak to them and ask if they want to have something to eat or drink. If they refuse, I tell them in a way they would understand it and give them time to take it."

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

- The service supported people to access other healthcare professionals when required. Records showed that any referrals to other agencies had been made promptly, when a change in need had been identified.
- The provider had worked alongside a range of professionals to support people. This included occupational therapists, speech and language therapists and their designated GP.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were clear on the principles of the MCA and the importance of seeking consent from people when working with them.
- Staff comments included, "Assume all mental capacity, you let them express themselves and don't argue with them." Appropriate records in relation to mental capacity were clear within people's care files.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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's relatives felt that staff treated them well whilst caring for them. Comments included, "They are doing good. We have one specific person, she's very caring. We're happy", "I'm impressed" and "Generally very good, we have named people most of the time."
- Staff understood the importance of respecting people's religious or cultural needs. At the time of inspection the staff team were not responsible for supporting anyone with these needs. However, they understood the importance of recognising them and ensuring people felt supported.

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

- People and where necessary their relatives were consulted in relation to their care. Care plans were signed off by people or those important to you.
- Relatives told us they were involved in the development of the care plan and that the service followed this to meet people's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to respect people's privacy and dignity. Comments included, "We have to show them respect and preserve their dignity. They have windows, close curtains and door so no one can see what we are doing" and "You have to let them know what you're doing, make sure doors are closed, cover them with towels."
- A relative said, "Really pleased about that, really supported him from where he was to where he is now. Oh yes, that's the probably the most important thing."
- People were supported to be as independent as they could be, with staff providing examples of the tasks they encouraged people to do for themselves. One relative told us of an improvement in their family members speech since the carers had been engaging with them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we recommended that the provider review people's care plans and ensure they fully reflected people's preferences.
- At this inspection records had been updated to ensure people's likes and dislikes were included. This included meal preferences, their day to day routines and how they liked to be cared for. Each record included a summary sheet, which meant that care staff could access an overview of a person and their care needs with ease.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were beneficial to them. Where people needed support with communication aids, there was guidance in place so that staff knew how to support people in the ways they preferred.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since our last inspection. Regular spot checks and telephone monitoring took place to ensure any day to day issues were promptly addressed.
- A suitable complaints process remained in place so that people, staff or other stakeholders could raise their concerns accordingly.

End of life care and support

- Where necessary, people were supported to express their end of life wishes. This included the recording of a do not resuscitate order when these were in place.
- Records showed that the provider had liaised with Trinity Hospice to ensure appropriate professionals were in place to support people nearing the end of their life where required.

## 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant 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; Continuous learning and improving care

- At our last inspection we found that quality assurance systems were not operated effectively.
- At this inspection the registered manager had acted to ensure that quality checks were regularly conducted and that the quality of care delivery was reviewed. Medicines records were periodically reviewed for accuracy, with sufficient action taken to drive improvements where necessary.
- Staff recruitment processes had improved, and there was regular analysis of incidents and accidents to ensure lesson learnt were shared.

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

- People and their relatives were positive about how the service was managed. Comments included, "Whenever I've emailed or texted she's [registered manager] always responded" and "She [registered manager] is very understanding and co-operative. We have flexibility with her, whenever we ask she accommodates it."
- Staff felt well supported by the registered manager, who not only supported them to carry out their roles but also supported them in visiting people where necessary.

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

- Comments received were positive about the support the service offered, including "They're a godsend" and "In the limited time we've seen them I'm hoping we can use them more really."
- Regular feedback questionnaires were sent out to people and their relatives in order to seek their views. A recent response included the feedback, "Excellent manager who manages with compassion, as a result excellent staff who are compassionate, obliging & caring."

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

- The provider understood their responsibility under the duty of candour, and the importance of taking ownership where things went wrong.
- The registered manager had demonstrated their willingness to improve services in taking sufficient action

to make improvements after our last inspection.

#### Working in partnership with others

- The provider worked with other professionals to ensure the service was able to meet their needs, that staff liaised with healthcare agencies and that they worked in partnership to meet people's needs in a timely manner.