

Longdene Homecare Limited

Longdene Homecare Ltd (Surrey Heath & Berkshire)

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

Longdene Homecare Ltd (Surrey Heath & Berkshire) is a domiciliary care agency that was supporting 75 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 healthcare conditions.

People's experience of using this service:

People received their care from consistent staff who knew their needs well. People had established positive relationships with their regular care workers and enjoyed their company. Staff were kind and caring and treated people with respect.

Staff received the training they needed to provide safe care. This included all elements of mandatory training during their induction and regular refresher training in key areas. Staff met regularly with their managers for supervision, which enabled them to discuss their performance and any further training needs.

Staff understood their roles in safeguarding people from abuse and felt able to speak up about any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed. Potential risks to people and staff had been assessed and measures put in place to minimise these. Medicines were managed safely and staff maintained appropriate standards of infection control.

Staff monitored people's health and reported any concerns they had about people's wellbeing. This enabled people's relatives or the management team to arrange appropriate healthcare input. The agency worked effectively with other professionals, such as GPs, district nurses and pharmacists, to ensure people received the care they needed.

People's care plans were personalised and reflected their individual needs and preferences. Care plans were regularly reviewed to take account of any changes in people's needs. 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.

The management team had a good oversight of the service and provided good support to care staff. The provider had appropriate quality monitoring systems, which included seeking the views of people and families. The care that staff provided was monitored through spot checks carried out by the management team.

People knew how to complain and were confident any concerns they raised would be addressed. People who had complained in the past told us the service they received had improved as a result.

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 29 November 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?

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.

Longdene Homecare Ltd (Surrey Heath & Berkshire)

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 site visit. Two inspectors made telephone calls to gather feedback from people.

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 16 May 2019. We visited the office location on this date to see the registered manager and to review care records and 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 four relatives by telephone to hear their views about the care and support provided. Two people sent us feedback about the agency by email. We received feedback from six 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.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any potential risks to people receiving care and staff. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care. Where risks were identified, measures were put in place to mitigate these.
- The agency was in the process of implementing a new app-based call monitoring system. The registered manager said the system had improved the ability of the management team to monitor call completion and to respond to any concerns. The agency had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff attended safeguarding training in their induction and were given information about how to report abuse if necessary. Staff told us the registered manager encouraged them to speak up if they had concerns about people's care or wellbeing. They said the registered manager and the management team followed up any concerns they raised. One member of staff told us, "I feel confident in speaking up if I need to." Another member of staff said, "To speak up is encouraged by the management team and I express my concerns always. The managers responded promptly to any of my concerns."
- If concerns had been raised about the care provided by staff, these had been reported to the relevant agencies, including the CQC and the local authority. Where requested, the provider had investigated concerns and recorded the action taken to address them. The agency had also raised concerns about people's care and treatment from other healthcare providers where necessary. For example, the agency had reported concerns regarding a person's discharge from hospital to home following treatment.
- Staff were instructed to record any accidents or incidents in detail to ensure the factors contributing to the event could be reviewed and actions taken to keep people safe. The PIR stated, 'All staff are aware that incidents, accidents and safeguarding concerns are to be reported to management. Relevant forms are completed and actions followed up by the management to reduce the risk of incidents or accidents occurring in the future.'

Staffing and recruitment

- There were enough staff employed to meet the agency's care commitments. People told us they could rely on staff and most people said staff almost always arrived within the agreed time window. The PIR reported, 'Availability is reviewed regularly against staffing levels before taking new packages to ensure we can continue to give a high standard of care.' The registered manager told us the agency calculated staffing capacity before taking on new packages of care to ensure these could be met. The registered manager said,

"We calculate our capacity hours. We take under by 40/50 hours to cover sickness and holidays."

- The provider's recruitment procedures helped ensure only suitable staff were employed. The PIR stated, 'We complete safe recruitment practices by completing the relevant checks before staff commence work. Our staff have face to face interviews and are not permitted to commence employment until all satisfactory criminal checks have been carried out and references obtained. Our staff files contain full employment history along with two references and a DBS check.' Disclosure and Barring Service (DBS) checks help employers make safer recruitment decisions and include a criminal record check.

- We found evidence to support the PIR statement. We also found that additional checks had been carried out on staff before they started work, including obtaining proof of identity and address and, where necessary, evidence of the right to work in the UK. Following feedback to the registered manager during the site visit, photographs of staff were added to their files.

Using medicines safely

- People who received support with medicines said staff helped them manage this aspect of their care safely. Relatives confirmed that staff ensured their family members received their medicines as prescribed. One person told us, "They look after my medicines for me, which I like as I don't need to worry about it." Another person said, "I take my own tablets but [care worker] always asks me if I've had them." A relative told us, "They always make sure she takes them before they leave, or she would forget."

- Staff received training in medicines management and their practice was assessed on a regular basis by a member of the management team. Staff told us the training they received had given them the knowledge and skills to feel confident in the safe management of medicines. One member of staff said, "I do administer medicines and I am confident to do it safely. I have medication training each year." Another member of staff told us, "I have regular training regarding administration of medications." Staff maintained medicines administration records in people's homes to record the medicines people took. These records were audited regularly by a care co-ordinator to ensure people were receiving their medicines safely.

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped their homes clean and hygienic. They said staff wore gloves and aprons when necessary and maintained good hand-hygiene. Staff attended infection control training in their induction and had access to refresher training in this area. Staff practice in infection control was observed during spot checks carried out by the registered manager.

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

- People's needs had been assessed before they began to use the service to ensure the agency could provide all aspects of their care. The registered manager told us the initial assessment was important opportunity to establish people's needs and preferences about their care. the registered manager said, "We try to get as much detail as possible [at the assessment] about their personal preferences. We get as much detail as possible and that goes into the care plan. It's very thorough." People told us their care assessments had been thorough and had focused on their views about the care they wanted to receive.

- People's care was provided in line with appropriate legislation and best practice. Staff had an induction when they started work, which included all elements of mandatory training. Staff told us their induction had been thorough and that they had shadowed experienced staff to understand people's needs. One member of staff said, "My induction was excellent. It could not have prepared me for every eventuality that I would come across in this line of work but the management are always on hand if the need arises." Another member of staff told us, "I was better prepared for the role after I attended shadowing. I attend all mandatory training every year in order to refresh my knowledge."

- Following the completion of their induction, staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. Staff who returned feedback confirmed they had received all the training they needed to meet people's needs. Staff met regularly with their managers for one-to-one supervision. They said this enabled them to discuss their practice and any issues they had. One member of staff told us, "I always meet my manager for my supervision. Having a supervision is very useful as you can express any issues that need to be resolved." Another member of staff told us, "I do meet my manager for supervision. I think it is useful as I can discuss anything that concerns me."

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

- Staff supported people to maintain good health. Relatives told us staff monitored their family members' health and highlighted any concerns they noticed. One relative said, "They do pick up on things." Another relative told us, "They had some concerns recently so they said to have [family member] checked out and I did." The registered manager said, "Staff will pick up on any redness [of the skin] or if someone is unwell and needs to see a GP."

- The agency worked effectively with other professionals to ensure people's healthcare needs were met,

such as GPs, district nurses and pharmacists. The PIR stated, 'The service has a positive and open relationship with the multidisciplinary team. Referrals to specialist services are made when required such as the Speech and Language Team, Physio, Occupation Therapy, the GP and District Nurses.' We found evidence to support this statement in the care plans we checked.

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

- People's dietary requirements were assessed as part of their initial assessment and any dietary needs recorded in their care plans. People who received support with meals said they were happy with this aspect of their care. Staff attended training in nutrition/hydration in their induction and had access to specialist training where required. Staff were supporting one person who received their nutrition via a percutaneous endoscopic gastrostomy (PEG) system and had received training in the use of this system from the equipment's provider.

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.

- The provider ensured that people's care was provided in line with the MCA. People recorded their consent to their care before their care plans were signed off and said staff asked for their consent on a day-to-day basis. Where necessary, assessments had been carried out to determine whether people had capacity to make decisions about their care. Staff received training on the MCA in their induction and team meetings were used to reinforce their knowledge of this legislation. For example, the team meeting held in March 2019 revisited the five principles of the MCA.

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 told us the staff who visited them were kind and caring. One person told us, "I could not wish for a better service. My carers have great empathy with their clients. They are friendly without being overbearing." Another person said, "It could be invasive but it's not because they do everything possible to be part of the family."
- Relatives said their family members had established positive relationships with their care workers and looked forward to their visits. A relative told us, "[Family member] gets on very well with the carers, she looks forward to them coming." Another relative said of staff, "They are all caring, always asking if she is all right or if they can help with anything. They set her up well for the day." A third relative told us, "Dad's regular carer is absolutely wonderful; very, very good. She goes and cuts flowers from the garden and brings them in for him."
- People received their care from consistent staff, which they said was important to them. One person told us, "They are absolutely lovely people and I always get the same ones." Another person said, "My calls are generally covered by the same two carers. This is good for me. I like to know who will be visiting me."
- Relatives said their family members benefited from knowing the staff who provided their care and support. One relative told us, "It's quite nice that we usually get the same people. It really helps to have that continuity. [Family member] gets anxious if there are too many changes." Another relative said, "[Family member] likes the carers because he knows them now."

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

- Staff treated people with respect. People told us staff maintained their privacy and relatives said staff maintained their family members' dignity. One person said of their care workers, "They are all very gentle." A relative told us, "They are very courteous. They treat [family member] with respect. They are very good in that regard."
- People's religious and cultural needs were respected. For example, staff removed their shoes when entering one person's home and supported the person to wash according to their religious needs. People's individual communication methods were known by staff. The PIR stated, 'Each person using the service has a communication care plan to ensure that staff understand a person's needs and preferences in relation to their communication needs. When people require support with communication, this is documented in their care plan.' For example, staff used picture cards to communicate with one person to establish their wishes

about their care.

- We asked staff what they understood the agency's values to be. Staff responses focused on promoting dignity, independence and individual choice. Responses from staff included, "To treat everyone with respect and dignity at all times. To promote the client's independence as much as possible. Make sure that confidentiality is respected at all times" and, "To support individuals to live their life their way, treating each service user and their families with dignity and respect."
- The agency had appropriate procedures to ensure confidentiality of information was maintained. Staff were introduced to the provider's 'privacy commitment statement' in their induction, which set out how people's information would be used and stored in line with the General Data Protection Regulations (GDPR).
- Staff supported people to maintain their independence where this was important to them. Support plans recorded the aspects of care that people could manage themselves and the areas in which they needed assistance. People confirmed that staff encouraged them to do things for themselves. Staff supported some people to go shopping to enable them to make choices about what they bought. The registered manager had arranged for a ramp to be fitted at a person's home to enable them to access the community independently. The registered manager told us, "We always encourage people to do as much for themselves as they possibly can."

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;

- People's care was planned to meet their individual needs. People told us they were encouraged to be involved in developing their care plans and relatives said their views were listened to. One person told us, "We thrashed the care plan out between us. They checked I was happy with everything."
- Care plans were reviewed regularly to ensure they continued to accurately reflect people's needs. The registered manager told us reviews took place annually unless a change in a person's needs required an earlier review. People's care plans contained information about their lives such as family, friends, hobbies, education and employment. The registered manager told us staff used this information to engage with people about their personal histories.
- Staff told us they were given enough information about people's needs before they began to provide their care. One member of staff said, "I am informed about a new service user before I attend the visit. All the service user's needs are described in the care plan." Another member of staff told us, "We have a care plan to read and the office staff will inform us before we support the service user."
- Staff told us they had enough time to provide people's care according to their individual support plans. They said if people's needs changed, they reported this to the management team who arranged a review and reassessment. One member of staff told us, "We are able to spend the allocated time with our service users. Where there is not enough time then you record and report and our specialist staff member will do a new assessment with the social worker and client." Another member of staff said, "We always stayed the correct length of time for each visit or sometimes spend more time than the allocated time. If I need more time I always request a new assessment."
- People told us staff always stayed for the full length of their scheduled visits and were willing to do additional tasks if needed. One person said of staff, "They stay as long as I need them to." Another person told us, "They always ask what if there is anything they can do before they go." People and relatives said the agency was responsive to requests for changes. One relative told us, "They are always extremely helpful when it comes to changing times of visits due to hospital appointments."

End of life care and support

- The agency was not providing end-of-life at the time of our inspection. The PIR advised that the provider planned to improve end-of-life care planning and staff skills in providing this aspect of care. The PIR stated, 'The service plans to fully review the end of life assessment and care planning process to ensure that information regarding wishes and preferences are gathered at the point of assessment. This includes supporting staff to feel confident to discuss end of life care wishes with people who will be using the service.'

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. People knew how to complain and were confident the registered manager would respond appropriately to any concerns they had. One person told us, "I would know what to do but I can't imagine having to do it." A relative said, "If I had a concern I'd go straight to [registered manager] and she'd be on to it. She's very on the ball." The agency's complaints log demonstrated that complaints had been investigated appropriately by the registered manager and action taken to improve where necessary.
- People who had complained in the past told us action had been taken to resolve their concerns. One relative told us that when the agency began providing their family member's care staff were often late, which made their family member anxious. The relative said they had raised this as a concern with the agency and that the issue had since been resolved. The relative told us, "Things have definitely improved; they are always within the agreed time window now. Overall, we are very happy with them." Another relative said they had complained about the quality of care their family member received from two staff. The relative told us the care their family member received had improved as a result of their complaint, reporting, "Things have got better as they are very careful who they send to us now."

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

- People received consistent, reliable and well-planned care. The agency's management team comprised the registered manager, two care co-ordinators and a field supervisor. Each member of the management team had specific responsibilities, which ensured accountability for key areas such as rota planning, spot checks on staff, auditing and quality monitoring.

- There were effective systems in place to monitor the quality of the service and to identify any emerging themes or concerns. The registered manager knew the service well and understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

- Most people and their relatives told us the management team communicated well with them and that they could always access any information they needed. They said they received information about which staff would be visiting them and were kept up-to-date about any changes. A relative told us, "They are very helpful with anything we ask."

- Two people said the agency's communication with them had not always been effective. One person told us, "I have asked for a staff rota of my calls each week, so I know who to expect at my door. It is variable as to whether they remember to send my rota." Another person said, "They haven't always let me know when they are running late." We shared this feedback with the registered manager, who agreed to address the issues people had raised.

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

- The provider's quality monitoring process included seeking feedback from people who used the service. The provider sent satisfaction surveys to people and their families twice a year and collated the results. The responses to the January 2019 survey provided positive feedback about the care people received and the staff who provided it. Where people had requested changes, such as a change of call time, these had been implemented.

- Staff told us they were well-supported by the registered manager and management team. They said communication was effective and they could always contact a member of the management team when needed. One member of staff told us, "My manager supports me in everything I do. She has always made me

feel a valued member of the team." Another member of staff said, "The agency is well managed by the office staff and my manager. It is easy to communicate with them if there are any issues with the service user."

Continuous learning and improving care; Working in partnership with others

- The care that staff provided was monitored through spot checks at which staff received feedback about their practice. During spot checks the management team checked care workers' skills in communication, moving and handling, medicines administration, health and safety, infection control and record-keeping. Spot checks also encouraged care workers to reflect on their practice, asking them to consider 'What went well?', 'What could have gone better?', and, 'What would you change?'
- One member of staff told us, "I receive spot checks and I know that I am a valued member of the staff from feedback regarding my work." Another member of staff said, "Spot checks are done regularly, and I've received feedback about my work, what is good and what must be improved." A third member of staff told us, "My agency are very supportive. I receive feedback and a spot check every six months."
- Team meetings were used to keep staff up-to-date with their knowledge and skills. For example, at the April 2019 team meeting staff had discussed whistle-blowing, reporting and feedback gathered from people during their recent reviews. The registered manager met with other managers of care services operated 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 signed up for updates from relevant bodies in the sector, such as the Skills for Care registered managers' network and the UK Home Care Association (UKHCA).