

Longdene Homecare Limited

Longdene Homecare Ltd - North Surrey

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

The inspection took place on 9 September 2016 and was announced.

Longdene Homecare Ltd - North Surrey provides care and support to people in their own homes. The service provided personal care to 72 people at the time of our inspection.

People felt safe when staff supported them and told us they could rely on their care workers. They said staff understood their needs and any risks involved in their care. Risk assessments had been carried out to ensure people receiving care and the staff supporting them were safe. Incidents and accidents were recorded and analysed to identify what action could be taken to prevent a recurrence. Staff understood how to respond in the event of an emergency and there were plans in place to address the needs of those people most at risk if their care was interrupted. People received their medicines safely.

People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed only suitable staff to work at the agency. Staff received training in safeguarding and were aware of their responsibilities to report any concerns they had about potential abuse.

Staff received the training and support they needed to do their jobs. All staff attended an induction when they started work and met regularly with their line manager to receive feedback about their performance and to discuss their training needs. Staff received training in core areas during their induction and ongoing refresher training thereafter.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005, which meant people's care was provided in line with the Act. Mental capacity assessments had been carried out to establish whether people had the capacity to consent to decisions about their care. Where people lacked capacity, best interests meetings were held to ensure they received the support they needed to make decisions.

People's nutritional needs were assessed before they began to use the service and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking a care plan had been developed to detail the support they required. The quality of meal preparation was checked by the management team during spot checks.

The agency worked co-operatively with people's families to ensure their healthcare needs were met. Relatives told us staff were observant of any changes in their family member's needs and said the provider contacted them if they had any concerns about people's health or welfare.

People were supported by kind and caring staff. People said their care workers were polite, friendly and treated them with respect. They told us their care workers provided their care in an unhurried way and

encouraged them to be as independent as possible. Relatives said care workers were caring in their approach and sensitive to their family members' needs.

People received a service that was responsive to their needs. People's needs were assessed before they began to use the service and an individual care plan drawn up. People were encouraged to be involved in the development of their care plans and the provider reviewed plans regularly to ensure they continued to reflect people's needs and preferences. Staff were willing to be flexible to provide the service people needed.

The provider had a complaints procedure, which was given to people when they started to use the service. We found that any complaints received had been investigated appropriately and that complaints were used to improve the service people received.

People, relatives and staff were encouraged to give their views about the service and these were listened to. People and their relatives told us the management team contacted them regularly to ask for their feedback and took action to address any issues they raised. People told us the agency was well run and that they had always been able to contact the office when they needed to.

Staff told us they received good support from the management team, including when they were working out-of-hours. There were systems in place for staff to share information about people's needs and about good practice, including regular team meetings and focused workshops. The registered manager maintained a good overview of the service and ensured they communicated regularly with people who used the service, their relatives and staff.

There were effective quality monitoring systems in place and the registered manager developed an action plan to address any shortfalls identified. The provider's governance audits checked key aspects of the service and the quality monitoring system included spot checks on staff providing people's care. Care and medicines records maintained by staff were returned to the office regularly for auditing by the management team.

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.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were safe.

Staff attended training in safeguarding and were aware their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Care workers had access to the induction, training and support they needed.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

Staff responded appropriately if people became unwell.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

Care workers understood people's needs and how they preferred their support to be provided.

Care workers respected people's choices and treated them with

respect.

People were as involved in planning their care as they wished to be.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans were personalised and provided detailed guidance for staff about people's individual needs.

Care plans were reviewed regularly to ensure they continued to reflect people's needs.

Complaints were investigated and appropriately and used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

People who used the service, their relatives and staff were encouraged to express their views and these were listened to.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the provider's response.

The provider had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

Longdene Homecare Ltd - North Surrey

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 was 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 9 September 2016. The provider was given 24 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. One inspector undertook the site visit and one inspector made telephone calls to a sample of people who used the service, their relatives and staff. We spoke with seven people who used the service and four of their relatives to hear their views about the care they received. We spoke with five staff members about the induction, training and support they received.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the agency's office and spoke with the registered manager. We checked care records for six people, including their assessments, care plans and risk assessments. We checked five staff files and other records relating to the management of the service, including staff training and supervision records, staff meeting minutes, the complaints log and quality monitoring checks and audits.

The last inspection of this service was on 2 January 2014 when we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said staff understood their needs and they felt reassured by the presence of staff. One person told us, "I feel very safe with them." Another person said, "I can't fault them. They help me a lot and I feel safer with them around." Relatives were confident their family members were safe when receiving care and that staff understood any risks involved in their care. One relative told us, "The staff are wonderful, I certainly trust them to keep Mum safe." Another relative said, "She used to have a lot of falls at home but that doesn't happen now we have help. That's been a real improvement."

People told us that they could rely on their care workers and that their care workers spent enough time with them to provide the care they needed. One person told us, "They always arrive on time" and another person said, "They almost always arrive when they should." A third person told us, "Sometimes they can be a bit late but not much. I don't mind at all. When they get here they never seem rushed." A fourth person said, "They take their time with me. I never feel they are rushing to get out of the door."

Relatives told us that care workers were always on time unless they had been delayed due to another person's needs at a previous call. They said the agency always contacted them or their family member to let them know if a care worker was running late. Staff told us they had enough time to provide people's care in an unhurried way. They said their rotas were planned to allow them sufficient travelling time between visits. One member of staff told us, "I don't feel rushed. Some days are busier than others but it's okay." Another member of staff said, "I give people as long as they need. Sometimes that means running a little late but I always let the next person know." A third member of staff told us, "If there are any traffic delays, we let each other know. We do get enough travel time built into our visits though, so it's usually okay."

All the staff told us they had undertaken adult safeguarding training within the last year. All were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I think the safeguarding training was good." Another staff member said, "It has helped me to know what to be on the lookout for out there." Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. People told us that staff took appropriate steps to keep their property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know.

Staff understood how to respond in the event of an emergency to keep people safe. Staff told us they had been briefed on how to respond in emergency situations and were aware of the procedures necessary to maintain people's safety. One staff member told us, "This happened to me recently. There was an emergency with one of the people I visit. I had to call 999, then the office. We are trained to do this." The provider had developed contingency plans to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk and put plans in place to prioritise the delivery of their care in the event of an

emergency.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Any incidents or accidents that occurred were recorded and analysed by the registered manager to identify what action could be taken to prevent a recurrence.

The provider carried out appropriate checks to ensure they employed only suitable staff. The provider recruited care staff from the UK and overseas. UK-based staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff recruited from overseas were interviewed by the registered manager in their home country. If the registered manager appointed an applicant, the provider checked their right to work status and obtained a police check from their country of origin.

People received their medicines safely. Staff had been trained in the safe management of medicines and their competency had been assessed. The way in which staff supported people with medicines was assessed at spot checks carried out by a member of the management team. People confirmed staff supported them to take their medicines safely and on time. One person said, "I take a lot of tablets and the staff help me. I couldn't manage them on my own." Another person told us, "I manage my tablets myself but the staff always remind me." Medication administration records were maintained for each person. These records were audited regularly by the management team to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

People received their care from regular staff who understood their needs. People told us that they always knew which care worker was visiting them and that they knew their regular care workers well. They said having consistent care workers was important to them. One person told us, "I see the same faces, which I like. It means I don't have to explain the same things all the time." Another person said, "The staff that come do vary a bit but it's not a different person every time, I wouldn't like that at all. Mostly, it's the same person, except if they're on holiday."

Staff received the training and support they needed to do their jobs. All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff received regular refresher training in core areas, including safeguarding, health and safety, medicines, fire safety, infection control and moving and handling. The agency's training co-ordinator monitored staff training to ensure all staff were up to date with their refresher training in line with the provider's training policy.

The registered manager told us a senior member of staff was allocated to mentor a new starter through their induction. The registered manager said the induction was used to train new staff in providing the individual elements of people's care and to set out the provider's expectations of staff in terms of their behaviour and practice. Staff told us the induction process had been useful and that they received the training they needed to meet people's needs. One member of staff said, "I wasn't new to care but I shadowed someone for three days when I started. The training was good too." Another member of staff told us, "I did an induction. I did feel really well supported by staff and the manager. I'm doing NVQ three now." A third member of staff said, "I think the training we get helps us do the job well. I find it useful. There could always be more but the training is very good."

Each member of staff met regularly with their line manager for one-to-one supervision and had an annual appraisal. Staff told us this provided opportunities to receive feedback about their performance and to discuss their training needs. One member of staff said, "I get supervision regularly but I can speak to my manager any time I need to." Another staff member told us, "Supervision is useful because it gives us time to talk about how we are doing and anything we need."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff understood their responsibilities in relation to the MCA. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. People were asked to record their consent to their care and we saw signed consent forms in people's care records. Where people lacked the capacity to give their consent, the registered manager was aware that a best interests meeting should be held to discuss their care. Care records contained evidence that mental

capacity assessments had been carried out where necessary to establish whether people had the capacity to consent to decisions about their care. Care workers understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. People told us their care workers always asked for their permission before they provided their care. One person said, "They always ask me before they do anything."

People told us they had been involved in developing their care plans and relatives said they had been consulted about their family member's care. Care records demonstrated that people receiving care and their families had returned their care plan to the provider once they had seen and agreed it. One person told us, "My husband and I sat down with them at the beginning to work out what we needed. We've been seen the care plan a few times since then to look at it again." Another person said, "I do feel involved. I've always been able to ask for changes to the care plan."

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Care workers received refresher training in nutrition every two years. The management team monitored meal preparation during the regular spot checks they carried out on care staff.

The agency worked co-operatively with people's families to ensure their healthcare needs were met. The registered manager said care workers had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. Care workers provided examples of how they had responded when they had noticed deterioration in someone's health, which included making the person safe and contacting the office. Relatives confirmed that staff were observant of any changes in their family member's needs and that the provider contacted them if they had any concerns about people's health or welfare.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us that staff were compassionate and genuinely cared about their welfare. One person said, "The staff are really nice and caring. I get on very well with them all." Another person told us, "They really do care, all of them. They are a lovely bunch." A third person said, "The staff are all very kind. It's like friends visiting when they arrive."

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were caring in their approach and sensitive to their family members' needs. Relatives told us that staff knew how their family members preferred their care to be provided. One relative told us, "The carers have all been very good; they are all kind and considerate." Another relative said of their family member, "She's very happy with them. There is no way she could have stayed at home without their help."

People told us the care workers who visited them were polite, courteous and treated them with respect. They said their care workers always had time to provide their care in an unhurried way. One person told us, "I'm very happy with them. They have a good attitude. They are polite and hard-working." Another person said, "They are very respectful. They don't rush me and they're never rude." A third person told us, "They always treat me with respect. I wouldn't have it any other way." People and their relatives said care workers were respectful of their property. One person told us, "They are very respectful of my home. They are careful to keep things clean and tidy." A relative said, "They are always respectful and behave like guests in our home."

The registered manager told us that the principles of dignity and respect were discussed with staff in their induction and that spot checks on care workers assessed whether they treated people with dignity and respect when providing their care. Staff were clear that dignity and respect constituted an important element of people's care and how to promote these values in their work. One member of staff told us, "We are in people's homes so we always have to have that in mind." Another member of staff said, "We make sure people are treated with respect. We care for them like they are family."

People told us their care workers supported them to be as independent as possible. One person said, "I've been told I can improve my mobility and when the staff come that always seems to be what they concentrate on." Relatives told us staff worked hard to improve their family members' independence. One relative said, "I've been impressed by the way they have encouraged Mum to be independent. I didn't think she would be able to do some of things she can do now." Another relative told us, "They support her to remain independent where she can. They help when they need to but otherwise they just keep an eye on her." A third relative said, "That's an area they are really strong in. They are very caring but not in a 'Mumsie' way. If she can do it, they'll encourage her to get on with it." Care workers told us the provider had instilled in them the importance of supporting people to maintain their independence. One care worker said, "We encourage people to do what they can for themselves."

People told us they were as involved in planning their care as they wished to be. Relatives said they were consulted about their family members' ongoing care needs and that the provider contacted them if their

needs changed. One relative told us, "They always get in touch if there's been a change or they need information about something." People's wishes regarding end of life care were recorded in their care plans and staff attended training in providing end of life care.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

Is the service responsive?

Our findings

The care people received reflected their individual preferences and was responsive to their needs. The agency was flexible if people requested changes to their care package and staff were willing to adapt to people's needs. One person told us, "I wanted to change the hours they visited me as they no longer suited. They were great and we moved things around." People said their care workers always followed their care plans and were willing to do other tasks if needed. One person told us, "The carers are always happy to do little extra things. If I ask them, they will do it."

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care. People and their relatives told us they had been involved in the assessment process. They said the person carrying out their assessment had been thorough and keen to ensure the assessment was an accurate reflection of their needs and wishes.

Each person had an individual care plan drawn up from their initial assessment. Care plans provided detailed guidance for staff about the support required at each visit and the way people preferred things to be done. Care plans also identified the outcomes the person receiving care wished to achieve and the support they needed to these goals.

The registered manager told us care plans were reviewed a minimum of once each year with the involvement of the person and their family, or more often if people's needs changed, for example following a fall. This was confirmed by the care plans we checked. We found that all aspects of people's plans were reviewed, including mobility, communication, nutrition/hydration, personal care and medicines. Care workers told us they were always updated about any changes to people's care plans.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The people and relatives we spoke with knew how to raise a complaint or concern with the provider and felt confident issues would be resolved as a result. One relative told us, "I don't have any complaints but if I did, I know they would listen. I'm very confident in that." Another relative said, "I would feel comfortable raising anything with the carers or speaking to [registered manager]."

We found that any complaints received had been investigated appropriately and that action had been taken to resolve the issues raised. We saw evidence that the provider used complaints to improve the service people received and to improve staff practice. For example a care worker involved in one complaint had the opportunity to discuss the incident at supervision and to discuss how they could adapt their approach to improve the care they provided.

Is the service well-led?

Our findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People told us they were asked for feedback about their care by telephone or at spot checks carried out by the management team. They said they also received satisfaction surveys regularly. One person told us, "They are always asking if things are okay. I got a questionnaire to fill out too." Another person said, "I filled out a questionnaire a while back. I told them I was very satisfied."

The registered manager told us that satisfaction surveys were distributed to people several times a year. Once the results of each survey had been collated, the registered manager wrote to each person sharing the results with them and setting out the actions the provider would take to address any issues people had raised. The registered manager provided examples of how the provider had responded to people's feedback. A previous survey had identified that staff recruited from abroad did not prepare traditional British food in the way people preferred. The provider supplied information and training for staff about British food and culture, which had improved their ability to meet people's needs. We checked the results of the most recent surveys, returned in June 2016. These provided positive feedback about the continuity of care people received, the positivity of staff and the way in which staff promoted dignity, respect and independence.

Staff told us the registered manager was approachable and available if they needed to speak with them. They said they had always had access to management support, including out-of-hours. There were systems in place for staff to share information about people's needs and about good practice. Team meetings took place every three months. The registered manager told us these meetings were used to ensure that staff were providing care consistently and in line with good practice guidelines. We checked the minutes of the last team meeting and found staff had discussed best practice principles in the use of feeding tubes, the application of creams and promoting people's dignity. The registered manager said that occasional workshops were provided for staff which focused on an individual aspect of their work, such as good practice in record keeping.

The registered manager had a good overview of the service and was committed to supporting staff to do their jobs. The registered manager told us they remained involved in the delivery of care because they found this a valuable way of getting to know people and gauge their experience. The registered manager said they aimed to set a good example to care staff through their own care practice. The registered manager told us, "I lead by example. I started as a care worker. You can do it if you are passionate about it. I try to develop each member of staff the same way."

There were effective systems of quality monitoring in place. The provider's representative carried out a governance audit each month. The registered manager was required to draw up an action plan to address any shortfalls identified in these audits, which was monitored regularly. The most recent governance audit had checked care plans and reviews were complete and accurate, staff supervisions and spot checks were up to date, and any complaints or safeguarding referrals were being managed appropriately. The registered manager told us they also supplied information to the local authority Quality Assurance team to inform their

monitoring of the service.

The agency's quality monitoring systems included making spot checks on staff providing people's care. A member of the management team visited people's homes by arrangement to check that care workers provided people's care safely and in line with their care plan, promoted people's independence and treated them with dignity and respect. The management team also checked staff practice in moving and handling, medicines administration, meal preparation and record keeping. Feedback from these checks was recorded and provided to the care worker. Any action required to address shortfalls identified was also recorded.

The registered manager told us they had allocated responsibility for key areas of the service to individual members of the management team to improve accountability. For example one of the care co-ordinators was responsible for ensuring all care plans, staff supervisions and spot checks were up to date.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. Care notes and medication administration records were returned regularly to the office for auditing. We saw evidence that these were checked and monitored by the registered manager and that appropriate action had been taken where shortfalls were identified. For example the registered manager had identified that one person's care notes did not contain sufficient detail. The registered manager had spoken with the member of staff responsible to address this issue and to improve practice.