

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?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 12 September 2017 and was announced. We gave the registered manager 24 hours' notice of the inspection because it is a small service and the registered manager is often out of the office supporting staff. We needed to be sure that someone would be in.

Homecare Southlodge provides support and personal care to people, some of whom have dementia and learning disabilities, in their own homes. At the time of our inspection six people were using the service.

This service had changed their location and therefore was re-registered with the CQC as a new service. This is the first inspection for this service which was registered in September 2016.

The service had a registered manager in place. 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.

At this inspection we found that the service provided staff with the Mental Capacity Act 2005 (MCA) training, however staff had limited knowledge in applying the principles in practice. There was a risk that staff had not worked within the MCA and therefore people were not appropriately supported to make their own decisions when needed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were provided with on-going advice and guidance from the management team as required. However, staff had not received regular one-to-one supervision and appraisal meetings with the registered manager to discuss their developmental needs. We have made a recommendation about this.

Staff had the knowledge and skills to meet people's care needs. They undertook regular training courses as appropriate for their role. People chose what they wanted to eat and drink and staff assisted people in preparing their meals. People were up-to-date with their routine health appointments and received professional support as appropriate.

People were provided with safe care at the service. Staff followed safeguarding vulnerable adult's procedures and reported their concerns in line with the service's policies and procedures. Risk assessments were carried out to ensure that people had the necessary support to manage risks. Staffing levels provided were sufficient which ensured that people had the support they required. The service followed safe staff recruitment processes. People were assisted to take their medicines as prescribed.

Staff followed people's care plans to meet their individual needs. People were involved and made decisions about the care they wanted to receive. The service encouraged people's relatives to take part in their care planning. We found that staff were caring and respected people's dignity when providing personal care.

People had support to stay independent for as long as it was possible.

The service responded to people's care needs as necessary. Staff used daily notes to record activities taking place at the service and shared this information with the team. People were encouraged to take part in the initial assessment process which ensured their participation in the care planning. People and their relatives were provided with opportunities to share their experiences and to provide feedback about the service.

Staff told us the registered manager was approachable and provided good leadership at the service. Regular team meetings were used to discuss people's well-being and the support they required. Systems were in place to keep staff informed about the service's policies and the procedures to ensure consistent care. The registered manager observed staff's performance and took actions to address the issues identified.

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. The staff team supported people to stay safe from the risk of abuse and potential harm. People had risk assessments in place which meant that the risks were identified and managed.

The service provided enough staff to support people with their care needs. Staff recruitment procedures included appropriate checks to make sure applicants were safe to work with people.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff attended the Mental Capacity Act 2005 (MCA) training, but had limited knowledge to ensure they supported people appropriately to make their own decisions.

Staff did not receive regular supervision and appraisal to support them in their caring role. We have made a recommendation about these.

Staff encouraged people to prepare their own meals that met their nutritional needs. People had support with their health appointments as necessary.

Is the service caring?

Good ●

The service was caring. Staff treated people with respect and their privacy and dignity were maintained.

People were encouraged to be as independent as possible and to learn new skills.

Is the service responsive?

Good ●

The service was responsive. People had support to plan their care and support as necessary.

Staff appropriately recorded and shared information which ensured that actions were taken as required and important information was not missed.

People had opportunities to give their views about the service and changes were made as necessary.

Is the service well-led?

The service was well-led. There were good working relationships between the staff team which promoted effective support for people using the service.

The service carried out checks and audits to monitor the quality of the services provided for people. Staff were supported to share their experiences that encouraged open culture at the organisation.

Good ●

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 checked 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 12 September 2017 and was carried out by one inspector. Prior to the inspection we called the service to let them know that we will be coming to inspect them. We gave the service 24 hours' notice of the inspection because the location is a domiciliary service; we needed to be sure that they would be in.

Before the inspection, we viewed the information we held about the service. This included statutory notifications received. A notification is information about important events which the service is required to send us by law.

During our visit we spoke with the registered manager. We reviewed people's records and looked at four care plans, four staff records, medicine administration sheets, meeting minutes and other records related to the maintenance and management of the service.

After the inspection we contacted three relatives and one health and social care professional for their feedback about the service. We also made calls to five staff to find out their views about the care provided for people.

Is the service safe?

Our findings

People were provided with safe care at the service. A relative said, "I am not worried about anything, carers provide good care." Another family member told us they asked the registered manager for "regular carers and this had been provided" for their relative to ensure their safety. A health and social care professional said the service was "more than satisfactory."

People were protected from the risk of abuse. Records showed that staff had attended training in safeguarding vulnerable people. We saw they used the gained knowledge in practice. Staff were aware of signs of potential harm to people and told us what actions they would take if an allegation of an abuse was made. Staff said they reported their concerns to the management team as soon as they suspected any signs of abuse and if the matter was urgent they called 999. The registered manager would then contact a local authority to put a protection plan in place. This ensured that actions were taken quickly and people remained safe. During the inspection we found that the safeguarding procedures were followed to protect a person to be safe from poor care.

The service supported people to manage risks as necessary. The management team carried out risk assessments to identify and manage the potential risks to people, for example in relation to their mobility. We saw a person being referred to the social services for support to manage increased risks around their finances. Records showed that the risk assessments were updated regularly and when people's needs changed. Staff monitored people's behaviour and made appropriate records following any incidents. They identified triggers that caused the challenging behaviour and put a protection plan in place to reduce the risks to people. For example, staff encouraged a person to communicate and express their needs.

There was enough staff to meet people's individual needs. Relatives said the service provided people with the required number of staff. The registered manager assessed staffing levels based on the dependency levels of people using the service. We saw that the support hours were increased when people required additional support, for example with their health needs.

The service followed safe staff recruitment practices to ensure that staff had the necessary knowledge and skills to support people with their needs. Staff told us they filled in a job application form and attended an interview prior to starting working at the service. Records showed the service carried out criminal records checks to ensure staff were recruited safely. The registered manager kept all necessary records to monitor staff that required work permission, which ensured they had legal rights to work at the service. The service's policy stated that each employee should provide two references prior to starting working at the service. However, we found that some staff only had one reference available from their previous employer. The registered manager told us they employed people with one reference if it was satisfactory as the requested references were not always sent back. We viewed the references that were received and all of them provided positive feedback about the employees.

Staff supported people to manage their medicines safely. People received their medicines in blister packs. Staff helped people to take their medicines at the times they required them and the correct dose. Medicines

administration sheets were up-to-date and signed by staff as required. The registered manager regularly reviewed the medicines' administration sheets to ensure that people were supported to take their medicines as prescribed. Care records had information about the assistance people required to take their medicines.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We found that staff had attended training on the MCA. However, we talked to the staff about the MCA and found that out of five staff one staff member had a very limited understanding about the MCA. It appeared to us that two staff members had not heard about the MCA. One staff member said they were making decisions for people if they couldn't make it themselves. We found that at the time of inspection the staff team supported a person with fluctuating capacity. This meant that the service had not appropriately trained and prepared their staff in understanding the requirements of the MCA. There was a risk that the decisions made on people's behalf were not in their best interests.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received on-going support from the management team. Staff said the registered manager was approachable and they felt free to discuss their concerns. A staff member told us they talked to the registered manager when they felt they required additional resources to support people. Staff contacted the registered manager for advice on urgent matters and regularly updated them about the activities taking place at the service. The registered manager told us that staff were provided with on-going support to identify their professional goals for delivering effective care for people. However, we saw that staff had not received regular one-to-one support through supervision and appraisal meetings. We recommend that the provider seeks guidance on best practice in relation to staff one-to-one support through supervision and appraisal meetings.

Staff had completed other mandatory training as necessary for their role. The staff training records showed and the registered manager told us that staff undertook training in health and safety, food hygiene, manual handling and medicines management. Staff said they attended additional training where people required support with their specific care needs. This included training regarding learning disabilities and dementia. The registered manager told us that all training was provided to staff before they started supporting people, which ensured that staff had the necessary knowledge and skills to support people.

People had support to make choices about the food they wanted to eat. Staff told us they discussed menu options with people daily. They assisted people to cook and buy their preferred meals. Records showed the support people required with their meals. We saw a sitting position recommended for a person during their

meal times. Staff were aware of people's nutritional needs and made daily records of their food intake. This ensured that people had their nutritional needs identified and supported as necessary.

People were supported to attend to their health needs as necessary. Relatives told us the service made referrals to the appropriate health or social care professional where people's needs had changed. A health and social care professional said the staff team assessed people's needs "very accurately" and directed them to the GP where needed. We saw people having a district nurse and a chiropodist visiting them regularly. Staff said they assisted people to book and attend their medical appointments if they required support. Staff also held a regular meeting with health and social care professionals to discuss people's individual care needs. During these meetings a plan of action was agreed and actions implemented to support people with their medical needs.

Is the service caring?

Our findings

We found that the service attended to people's needs with care. A family member said the staff were "sensitive and left him [their relative] on his own when he wanted to." Another relative noted, "The carers are getting on very well, which makes a big difference" to the people receiving support. A health and social care professional said the staff "know exactly what they [people] want."

People had the necessary support to meet their individual needs. Care records had information on people's care and support needs. People had their communication and mobility needs identified and addressed. We saw that support was provided to meet people's personal preferences, for example the assistance a person wanted with their household chores. The family members told us their relatives were supported by the staff who knew their needs well. We found that staff were aware of what was important to people and supported them according to their choices. Staff told us they encouraged people to carry out activities that they liked. For example, they supported a person to take a dog for a walk when they wanted to. The registered manager told us they matched staff based on people's needs, which ensured they had the required qualities to provide good care.

People were involved in making decisions about their care. Relatives told us they were regularly approached by the management team to discuss the changes they wanted to make, including support times. A relative said, "The manager was always listening to what he [a person they support] wants." The registered manager told us they regularly talked to people about their support needs and encouraged them to contribute to their care planning. This ensured that people were provided with opportunities to discuss how they wanted to be supported.

Staff supported people to maintain contact with their relatives as much as they wished to. Family members told us they were regularly contacted by the service for updates about their relatives' well-being. One relative said, "They [staff] call me all the time, sometimes twice a day." Staff confirmed they regularly talked to the families, which ensured their involvement in people's care.

Confidentiality principals were followed to support people to keep sensitive to them information safe. We saw that people's care records were kept in a locked cabinet and only accessed by authorised staff. We observed that the registered manager shared information about people only on a need to know basis. During the inspection the registered manager received a phone call and said they will call back to discuss the person when they were on their own.

Relatives told us that staff were kind and attended to people's care with respect. One family member said their relative's dignity was respected and there "hasn't been one situation where he [the relative] felt embarrassed" when receiving support with their personal care. Another relative noted, "The carers are always telling us what they are doing", which made their family member feel, "comfortable and relaxed." The registered manager said they continuously talked to staff about their duty to promote people's dignity. This included supporting people to cover their body as necessary.

Staff told us they supported people to maintain their independence skills. A health and social care professional said the staff team "suggests easier and therefore better ways" to support people, and at the same time they "encourage independence." One staff member said they involved people in cleaning their home. Another staff told us they helped a person to fill a cup with hot water due to the risks around their coordination, but encouraged them to make the rest of the tea themselves.

Is the service responsive?

Our findings

We found that the service was responsive to people's care needs. A relative said, "I am satisfied with their service, carers are there when we need them." Another relative said, "The manager calls us to let us know what is happening." A health and social care professional told us the service was, "outstanding, staff are responsive and engage with clients well."

The service used different systems to record activities taking place, which enabled the staff team to share information as necessary. A health and social care professional said the staff team were "good at handovers when changing shifts." Staff told us the team worked together and they passed on information to each other as necessary. Staff completed daily notes documenting how the care and support was delivered to people, including the assistance people received with their morning and evening routines. This information was shared with the staff team during the shift handovers to ensure continuity of care provided for people. The staff team also used an electronic system for communicating the changes taking place at the service. Staff accessed the system via their phones, which meant the information was passed on to the staff team quickly when required. For example, if people had changes to their medicines.

People were involved in the initial assessment and planning of their care. Relatives told us the registered manager asked people about their expectations and how they wanted to be supported. A family member told us their relative had a "good care plan." Another family member said they were "worried to make changes to the care plan, but the manager said it is a live document and has to be updated all the time." The registered manager contacted other agencies involved to collect historical information about the people, which ensured they had a good understanding about people's care needs. Records viewed were detailed and described the support people required. This meant that staff had access to the necessary information about people. However, we found that people's care records lacked information on people's likes and dislikes and personal history. We discussed this with the registered manager who told us that these facts were not always available to them and the staff team continually collected this information. The management team agreed to review and update the data they had.

Relatives told us that people knew who they could speak to if they had any concerns about the care they received. Relatives noted that they would know if their family members were not happy with the services provided. Relatives said they had no current concerns about the care being delivered to people. Staff told us they encouraged people to talk to them about the changes they wanted to make. One staff member said they regularly reminded people about their right to complain. This ensured that people had the necessary support to raise their concerns when needed.

Relatives were encouraged to provide feedback about the service. Relative's told us the registered manager addressed their complaints appropriately and actions were taken quickly to ensure good care for people. We viewed the feedback surveys completed by people and their relatives in 2016. The responses were positive and people were happy with the services provided. In one of the surveys a family member noted, "Exceptional care" was provided to people and staff were "kind and professional."

Is the service well-led?

Our findings

A relative said they rated the service "10 out of 10." A staff member told us, "What I really like about the managers is that if I report something they look for ways to solve the problem, they respond straightaway." One other staff said, "Standards of staff is quite high. It is a key to work in a team that knows what they are doing." A health and social care professional told us the registered manager was "excellent."

The service had a registered manager in post. Relatives told us the registered manager was approachable and always available to talk to when needed. A family member noted to us they were "delighted with the manager who is more than good." Staff said the registered manager provided good leadership at the service. A staff member noted, "The manager listens and has good organisational skills." Another staff member said, "The manager is fair and treats everyone equally." The registered manager worked together with the care co-ordinator to support the staff team. The management team provided a 24 hour on-call service if staff required advice on urgent matters.

The registered manager knew their responsibilities and carried out their duties as required. The registered manager was aware of their registration requirements with the Care Quality Commission (CQC) and knew the different forms of statutory notifications they had to submit to CQC as required by law. The registered manager had a good understanding about people's care and support needs. A staff member said, "The manager is fantastic the way she carries out her duties."

Staff were encouraged to give feedback about the services provided to people. Regular staff meetings were facilitated to discuss service's good practice. Discussions included staff's compassion and competence in their role. Staff told us they were encouraged to talk if there was something that concerned them and actions were taken to address issues identified. This included new equipment being requested for a person after their mobility deteriorated. The management team contacted staff prior to the staff meeting to ask them about the topics they wanted to discuss at the meeting. All staff had the staff meeting minutes sent to them, which ensured they knew what was discussed and agreed at the meeting.

The registered manager ensured that staff were up-to-date with the service's policies and procedures. E-mails were used to send staff the policies. Staff sent back an acknowledgement after they had familiarised themselves with the policies, which included procedures on moving and handling and emergency evacuation. This ensured that all staff were informed about the changes taking place at the service.

There were quality assurance systems in place to monitor the care being delivered to people. Records showed that care plans were updated regularly, which ensured that people had their support needs reviewed as necessary. The registered manager carried out unannounced visits to people's homes to check that staff were completing their duties as required. They observed if staff were wearing appropriate clothing when providing care to people. We saw an action plan in place where improvements were required to improve the quality of care being delivered. This included completion of additional training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service had not appropriately trained and prepared their staff in understanding the requirements of the MCA. There was a risk that the decisions made on people's behalf were not in their best interests.