

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 provides personal care to people in their own homes. People who received a service included those living with frailty, mobility needs and health conditions such as dementia. At the time of this inspection the agency was providing a service to 65 people.

The inspection took place on 12 September 2016, and was announced.

At the time of our visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe with staff from Longdene Homecare. Staff had a clear understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Medicines were administered by competent staff and any changes to people's medicines were prescribed by the person's GP.

The service had a business contingency plan that identified how the service would function in the event of an emergency such as adverse weather conditions.

People had care plans in place for identified care and supports needs. We found that staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. Staff responded to changes in people's care needs.

Staff understood the importance of promoting independence and this was reinforced in people's care plans. People were supported to express their views and to be involved in making decisions about their care and support. People told us that staff were responsive in changing the times of their visits and accommodating last minute appointments when needed.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. All new staff completed an induction programme at the start of their employment. Training was provided during induction and then on an on-going basis. Staff had received appropriate support that promoted their development. People told us they felt supported and staff knew what they were doing.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear understanding of the Mental Capacity Act (MCA) as well as their responsibilities in respect of this. People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with the support being provided on a regular basis. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People were supported to have the food and drink of their choice. The support people received varied depending on people's individual circumstances. Staff were available to support people to attend healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Positive, caring relationships had been developed with people. Everyone told us they were treated with kindness and respect by the staff who supported them. Staff were respectful of people's privacy and maintained their dignity.

People and their relatives told us they were aware of the formal complaint procedure and they were confident that the registered provider or staff would address concerns if they had any.

People and their relatives said that staff provided a good service. Staff told us that they felt fully supported by the management team. They said that the registered manager and senior staff were approachable and kept them informed of any changes to the service.

The provider had systems in place to regularly assess and monitor the quality of the care provided. People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service.

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.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities in relation to this.

Risk assessments were in place to provide direction to staff and promote people's safety.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. There were sufficient numbers of staff to meet people's needs.

People's medicines were administered and stored safely.

Is the service effective?

Good ●

The service was effective.

People's care and support promoted their well-being in accordance to their needs.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People valued the relationships they had with staff and expressed satisfaction with the care they received.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before care was delivered by the service and on a continuous basis.

Information regarding people's care and support was recorded and reviewed.

People were encouraged to voice their concerns or complaints about the service.

Is the service well-led?

Good 

The service was well-led.

The provider actively sought, encouraged and supported people's and staffs involvement in the improvement of the service.

People told us the staff were friendly, supportive and management were always visible and approachable.

The provider had systems in place to regularly assess and monitor the quality of care and support people received.

Longdene Homecare Ltd (Surrey Heath & Berkshire)

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 2016 and was announced. The provider was given 48 hours' notice because we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 gathered information about the service by contacting the local authority safeguarding and quality assurance teams. We also reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

When visiting the agency office we spoke to the registered manager, manager and operation director.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for six people, medicines administration records and other records relating to the management of the domiciliary care agency which included staff training, support and employment records, quality assurance audits, and incident reports

After the inspection, we spoke by telephone with two people who received care and support, two relatives and two care staff.

We last inspected the service on 12 April 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe with the staff who provided care and support. A person told us, "Oh yes, I feel very safe with the staff, they are very good." Another person told us, "I feel safe with the staff."

People were protected from the risk of abuse. Staff were aware of the signs and what to do if they suspected any abuse. The service held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Information on identifying abuse and the action that should be taken was also freely available to people.

Risks to people were managed safely and in accordance with their needs. Assessments were undertaken to assess any risks to people and to the staff who supported them. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These included where people were at risk of injuries, falls or from self-medicating. One person was at risk of pressure sores because they often refused help with personal care meaning staff would not always be able to check their skin integrity. The risk assessment instructed staff to look out for other signs such as whether the person could sit comfortably, or if they showed signs of any pain or discomfort. Staff were informed to report any changes to the manager so that healthcare professionals could be informed. Another person required staff to support them to access the community, however it was identified they could become disorientated or anxious. Staff were given guidance on how to monitor and reassure them to reduce the risk of this happening.

Some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Assessments included what equipment should be used, who provided this and when it was last serviced. Staff said they had read the risk assessments and knew what to do in accordance with people's needs.

The information from the provider's PIR stated the service, in response to recent concerns, were in the process of reviewing people who may be at risk of self-neglect or harm, they had developed person-centred protection plans to reduce the risk of harm. The information we reviewed confirmed that the protection plans for people were in place.

There was a system to manage and report incidents, accidents and safeguarding concerns. Members of staff told us they would report concerns to the registered manager. Incidents were reviewed which enabled staff to take action to minimise or prevent further incidents occurring in the future. Each accident had an accident form completed, which included immediate action taken. One person had fallen at night time and used their community alarm to contact emergency services. Staff reported the incident and it was documented so that staff could be more vigilant of falling hazards when supporting this person. The service had a business contingency plan that identified how the service would function in the event of an emergency such as adverse weather conditions.

Robust recruitment processes were in place and had been followed to protect people from being cared for

by unsuitable staff. The provider ensured that the relevant checks were carried out as stated in the regulations. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included employment history, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

There were sufficient numbers of staff available to meet people's needs safely. Staffing levels were determined by the number of people using the service and their needs. People told us they knew the staff and generally received a service from a group of known workers. They also said that if staff felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and all tasks completed to their satisfaction. Staff assisted people in a range of ways from getting up in the morning or retiring to bed in the evening, supporting them in their personal care needs and providing moving and handling support where people's mobility placed them at risk. A person told us, "I know the staff well and they know me. I get the same staff and I am very happy with the staff." Another person told us, "There was an issue about a year ago with staff not turning up, but since we have had the new carers there have not been any missed calls. The two staff we have now have been excellent."

People told us they were happy with the support they received with their medicines. People confirmed that they received their prescribed medicines in a timely manner from staff and that their medicines were stored securely in their own homes. Staff were able to describe how they supported people with their medicines. Only staff who had attended training in the safe management of medicines were authorised to administer medicines. Any changes to people's medicines were prescribed by the person's GP.

Arrangements were in place to record medicines. The medicines administration records (MAR) were accurate and contained no gaps or errors. A medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive and which to avoid. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was guidance for people who were on PRN (as needed) medicines. PRN records included dosage details and the reason they may require them.

Is the service effective?

Our findings

People felt staff were trained and competent in their work. A person told us, "My carer always asks if I want anything else doing before they leave me." Another person told us, "Staff meet my needs."

People received care and support by competent staff. The provider ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. New staff confirmed that they attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One staff member said, "The induction training was very useful and helped me do my work." The provider's records confirmed there was a training programme in place that included courses that were relevant to the needs of people who received a service from the agency. Staff had received training in areas that included manual handling, personal care, food hygiene and safe administration of medicines. Training was delivered in different formats such as online learning, DVDs and face to face training courses. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received appropriate support that promoted their professional development. Staff confirmed they had regular meetings with their line manager to discuss their work and performance. Documentation confirmed that regular supervision and annual appraisals took place with staff. Management observed staff in practice to review the quality of care delivered and any observations were discussed with staff with the aim of improving the care they offered to people. Management liaised with and obtained guidance and best practice techniques from external agencies to help support staff practices.

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's rights were protected. The majority of the people using the service had the capacity to make decisions for themselves. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. For instance one person had been declining care and records showed that staff were working alongside healthcare professionals to establish the person's ability to consent. We saw information that staff were working with the person in a way in which they were happy; by building a rapport with them the person had been occasionally allowing staff to provide them with personal care. This was in line with the MCA which guided staff to ensure practice and decisions were made in people's best interests.

People confirmed they had consented to the care they received. A person told us, "They always ask for my permission." They told us that staff checked with them that they were happy with the support being provided on a regular basis. Staff maximised people's decision making capacity by seeking reassurance that

people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People were supported at mealtimes to have food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Some staff reheated food and ensured meals were accessible to people, whilst others required greater support where staff prepared and served meals, snacks and drinks.

People's records contained information about their dietary requirements. One person was diabetic and their records stated, "(Person) cannot eat sweet foods or sugary snacks. Encourage a varied and balanced diet." Staff recorded in daily notes what this person had eaten, so this could be monitored.

People had access to healthcare professionals such as doctors, district or specialist nurses, and other health and social care professionals to support their well-being. Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Outcomes of people's visits to healthcare professionals were recorded in their care records.

Staff were given clear guidance from healthcare professionals and staff followed this guidance. For instance one person's records contained guidance from a consultant in relation to the person and their digestion. Daily notes showed staff were following this guidance. Another person had a plan in place with district nurses to prevent them from developing pressure sores. They had prescribed creams which were administered by staff as well as regular repositioning of the person.

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the staff who provided care. A person told us, "My carer is lovely, they always do extra things for me when I ask." Another person told us, "Staff are very friendly and caring. They always visit me at the right times." Positive, caring relationships had been developed with people. One person told us, "Staff respect my beliefs and me."

People were involved in making decisions about their care and support needs. People told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. They said that having consistent staff enabled them to get to know the staff and staff get to know them and their family.

Staff knew the people they supported. They were able to describe people's likes, dislikes and interests and the care and support they needed. Information in care plans included how a person liked to be spoken to and how they would react to questions or situations. For instance where a person could easily become distressed their records stated, 'use a calm approach and should (person) become distressed, care workers should give them time to calm down, offer them a cup of tea'.

People were able to make choices about their care and support, such as when to get up in the morning, what to eat and what to wear. Staff said they understood the importance of promoting independence and choice. One staff member said, "I will always ask people to try themselves, like asking them if they want to wash their own face, if they can't or don't want to I will do it for them but I always ask." People had the right to refuse treatment or care and this information was recorded in their care plans. For example, when people refused health care, however staff were working with professionals to ensure people did receive the care they needed. If people refused care alternative plans were in place and this was reported to senior staff so action could be taken. .

People told us that staff treated them with respect, and maintained their dignity. One person told us, "They [staff] respect me as a person." Staff understood the importance of respecting people's dignity, privacy and independence. Staff told us they gave people privacy and dignity whilst they undertook aspects of personal care. One staff member told us, "I will ensure that the curtains are closed and any exposed body parts are covered to preserve people's dignity."

People were supported to express their views and to be involved in making decisions about their care and support. People and their relatives told us they were fully included in making decisions about their care and support.

Is the service responsive?

Our findings

People were satisfied with the service provided and their needs were responded to in a timely manner. One person told us, "I chose to have a female; I could choose to have who I want to look after me." A relative told us that their family member specifically chose male members of staff.

Pre-assessments were carried out before care was delivered to ensure people's needs could be met. These were reviewed once the person had adjusted to the care being provided. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information.

People received care that was responsive to their individual needs and preferences. People told us that staff were responsive in changing the times of their visits and accommodating last minute appointments when needed. Most of the support provided by staff was for personal care, cleaning, meal preparation or administration of medicines. Some people required additional support such as shopping or going out which staff undertook. Records contained information to enable good communication between people and staff. One person was originally from Spain and they were usually sent a staff member who spoke Spanish. In their review the person said, '(Staff member) is very good; speaks Spanish.'

Staff were kept informed about the changes in visits and the support people required. One person told us, "I felt I needed an extra fifteen minutes on one particular visit each week and this was put in place. It was to give more time for staff to get my shopping." Staff said they felt they had enough information in care plans but generally relied on talking to people regarding their likes and dislikes and how they wanted things done. Changes to people's care was recorded in their care record. People and relatives confirmed that the care plans were discussed with them and they could make changes to the care plans.

People were encouraged to give their views and raise concerns or complaints. People and their relatives told us they were aware of the complaint procedure and that they were confident that the registered manager would address concerns if they had any. We reviewed the complaints log and noted that one formal complaint had been received in the last twelve months. One person had complained that there was a language issue with staff and they found it hard to communicate with them. The registered manager had arranged for alternative staff to visit this person.

The service also recorded compliments. The information from the PIR stated the service had been mentioned in the local paper for delivering outstanding care to a person at the end of their life. One person told us how, "Happy he is with the service. (Staff member) is warm and very friendly."

Is the service well-led?

Our findings

People and their relatives said that the agency provided a good service. A person told us, "I can always talk to the manager whenever I want to." Another person said, "The amount of support and compassion they have shown has been amazing."

People were involved in how the service was run and their feedback was responded to. A number of people had stated that staff did not stay for the full time. This information was passed on to staff and the registered manager carried out spot checks paying particular attention to the length of visits.

Staff were involved in the running of the service. The provider ensured that staff received appropriate training, team briefings, and management support which reflected their values, all of which were discussed in meetings with their line manager. Staff told us regular staff meetings and supervisions were held and they felt they could make suggestions and that these were listened to.

Staff felt supported by the registered manager and care co-ordinator. They told us, "He's very easy to approach and a very good listener. Both of them listen and will give you a result" and, "I can go to him and in confidence talk about anything that's worrying me. He will ask questions and after a while I realise he is helping me find my own solution." The provider identified the need to recognise and commend staff for the care and support they provided and as such had implemented a staff incentive scheme.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that only people who were involved in people's care could gain access to their private information.

There were a number of systems in place to ensure staff assessed and monitored the quality of care provided to people in their homes. The provider conducted regular spot checks to people's homes to assess the quality of work undertaken by staff and to review environmental risks to people and staff. The provider also reviewed care, accidents and medicine documentation during these checks.

The findings from these audits were collated and an overall action plan was in place to check that timely actions were taken to drive improvements. For example, an audit had identified issues with the care plans and work had commenced on this.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance and safeguarding. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures.