

Longdene Homecare Limited

CHD Care at Home South West Surrey

Inspection report

Capital House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

CHD Care at Home South West Surrey is a domiciliary care agency providing care and support to people in their own homes. The agency was supporting 77 people at the time of our inspection, seven of whom were receiving live-in care. Most people using the agency were older people, some of whom were living with dementia. Three people using the agency were younger adults with a learning disability.

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

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

People received a safe and reliable service from consistent staff. People told us staff understood their needs and preferences about their care.

Risk assessments were carried out to identify and mitigate any potential hazards involved in people's care. Staff maintained appropriate standards of infection prevention and control (IPC). People's medicines were managed safely. Staff were recruited safely and understood their roles in protecting people from abuse.

The service was well planned and managed. The registered manager and office team communicated effectively with people, their relatives, staff and professionals. The agency had established effective working relationships with other professionals involved in people's care. Staff told us they received good support to do their jobs and felt valued for the work they did.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Requires Improvement (published 1 August 2019) and there was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We carried out an announced comprehensive inspection of this service on 21 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CHD Care at Home South West Surrey on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

CHD Care at Home South West Surrey

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 visit to the agency's office. Four inspectors made telephone calls to people, relatives and staff.

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 24 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 reviewed the information we had received 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. We sought feedback from professionals who had an involvement with the agency.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 27 May 2021 and ended on 3 June 2021. We visited the office location on 27 May 2021 to speak with the registered manager and to review records.

We checked care records for five people, including their assessments, care plans and risk assessments. We looked at four staff files and records of quality monitoring checks and audits.

We spoke with five people who used the service and six relatives by telephone to hear their views about the agency. We received feedback from four staff about the training and support they received to carry out their roles.

After the inspection

The registered manager sent us further information, including staff training records. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection, some people had experienced missed or frequently late calls. Some people's care visits were cut short and staff said they did not always have enough travel time between calls. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found evidence of improvement and the breach had been met. People told us they received a reliable service and that staff punctuality was good. They said they received a telephone call to let them know if staff were running late. One person told us, "Nine out of ten times they are here at the time they said they would be." Another person said, "They usually get here pretty much on time but if they didn't, the office would give me a call."
- Relatives confirmed staff were reliable and told us staff stayed for the full allocated length of the visit. One relative said, "The timing of the [morning] visit is 90% consistent, and never more than fifteen minutes late. The evening visit arrival time tends to be slightly more variable, but never by much, and it certainly does not cause undue concern for [family member]." Another relative told us, "The staff are very diligent about spending all their allotted time with [family member]."
- Staff reported that they had enough travel time between their calls and were always able to stay the scheduled time of a visit. One member of staff told us, "I am always able to stay the full length of the visit. If I ever do leave a client's house under the given time, it's usually because clients like to eat their lunch alone for example, or they're off out for the day."
- Since our last inspection, the provider had implemented electronic systems for staff rostering and care planning. These systems enabled the office team to monitor call attendance and task completion in real time.
- The provider employed enough staff to meet the agency's care commitments. The provider had established links with another agency which could supply staff in an emergency. In addition, the office staff, including the registered manager, were able to provide care should the need arise.
- People received their care from consistent staff, which they said helped them feel safe. One person told us, "I feel safe with them because they know how I need things done. I have three who are excellent, and the others are very good."
- Relatives confirmed that their family members benefited from seeing regular staff. One relative told us, "It's quite a consistent staff team and although [family member] doesn't remember their names, he remembers their faces. They are talking to him all of the time." Another relative said of their family member, "I feel she is very safe with the carers."
- The agency had a business continuity plan which had been reviewed in the light of COVID-19. This included contingency plans to ensure people's care was not disrupted by staff absence. The office team had assessed which people would be most at risk if they did not receive their care visit. For example, people

living with dementia who were living alone.

- The provider operated safe recruitment procedures. The provider obtained provide proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- At our last inspection we found some important information about people's medicines was not recorded. The provider took action to address this during the inspection. However, this showed issues were not being identified and addressed by the provider's auditing processes.
- At this inspection we found evidence of improvement. The electronic care planning system implemented by the provider recorded people's needs in relation to the medicines they took, which meant staff had access to the information they needed.
- The system also alerted the office team if people's medicines were not signed for 90 minutes after their care visit. In addition, the system generated weekly medicines audits and highlighted any errors.
- The medicines audits we checked demonstrated that people received their medicines safely. Where recording errors were identified, these had been investigated by the registered manager and appropriate action taken in response.
- People who received support with their medicines said staff helped them take their medicines as prescribed. Relatives confirmed that staff helped their family members manage their medicines safely. One relative told us, "Staff are well trained in how to prompt people to take their medicines whilst enhancing their independence." Another relative said, "Staff are good at problem-solving. [Family member] has his medicines in a Dosette box and staff saw that he had nearly run out before the next lot were due. They communicated with each other and it was picked up with the GP. They think ahead."
- Staff received training in medicines management and their competency was assessed before they supported people with their medication. Staff practice in this area was also observed at periodic spot checks carried out by the management team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Professionals told us the agency provided safe, reliable care. One professional said, "The agency provides safe care that meets people's individual needs." Another professional told us, "I can say that when dealing with hospital discharges or locality cases, I would have no concerns that the agency wouldn't start or there would be any other issues. I have always felt that this agency was a safe pair of hands, which makes my job easier."
- Risk assessments were carried out to identify and manage any potential hazards involved in people's care. This included risks associated with falls, nutrition, skin integrity and the environment in which care would be provided. Where risks were identified, care plans contained guidance for staff about how to provide people's care safely.
- Systems were in place to ensure lessons were learned from adverse events. Staff recorded accidents and incidents even if they had not been present when the event occurred, for example if they arrived at a visit to find a person on floor following a fall. Incident reports were reviewed by the registered manager and an 'Incident Reflection Form' was completed. These assessed whether an incident could have been managed differently or if any action was needed to reduce the risk of a similar incident happening again.
- The agency had a 'No reply' policy which was implemented if people did not answer their door when staff arrived. This ensured that staff took appropriate action if there was no response when they arrived at a person's home.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. Staff received safeguarding

training in their induction and regular refreshers. Safeguarding was also discussed in one-to-one supervision and at team meetings. The agency's managers attended advanced safeguarding training.

- If staff had raised concerns about people's safety or wellbeing, these had been acted upon by the management team. For example, the management team had raised a safeguarding concern with the local authority about one person who was potentially at risk of financial abuse.
- The agency worked effectively with other relevant agencies to protect people from the risk of abuse. One professional told us, "They communicate with adult social services, making them aware of any possible risks and safeguarding concerns. They provide me with updates in some of my cases that have high risks or safeguarding concerns."
- When requested to do so, the agency had contributed information to safeguarding investigations coordinated by the local authority.

Preventing and controlling infection

- Staff maintained appropriate standards of infection prevention and control (IPC). People and relatives told us staff wore personal protective equipment (PPE) during their visits and maintained social distancing wherever possible. One person said of staff, "They wear mask, apron, gloves; no problems with that." A relative told us, "They all have their aprons, gloves and masks and shoes are taken off at the door."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; How the provider understands and acts on duty of candour responsibility

- At the last inspection, governance systems were not sufficiently robust as they had not identified and addressed shortfalls including inconsistent call times and incomplete medicines records. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found evidence of improvement and the breach had been met. The electronic systems implemented by the provider had improved the ability of the office team to monitor the quality and safety of the service. This had led to improvements in the consistency of call times and the monitoring of medicines.
- The establishment of a consistent office team, including the registered manager, had also contributed to improvements in management oversight and communication. People told us the office team was responsive to any requests they had. They said they could always access the information they needed. One person told us, "I don't have any concerns but if I ask for clarity on anything, they respond very quickly. They are very prompt in resolving any issues." Another person said, "If I had any concerns, I would ring up [registered manager]. I have a number in the folder. I am confident they would do something about any problems."
- The office team met each Monday to discuss any issues that had occurred over the weekend and plan the service for the coming week. The office team also carried out spot checks to monitor the quality of care being provided. All members of the office team provided care in addition to their administrative roles so were in regular contact with the people who used the agency.
- Staff told us the office team ensured effective communication amongst the staff team and responded to any requests they made for equipment or additional support for people. One member of staff said, "We have staff meetings and we use WhatsApp, which is very good. Any problems or equipment we need, it's always dealt with quickly. They always ask us our opinions." Another member of staff told us, "The amazing office team we now have has made it so easy for us staff to communicate any concerns with them. For example, a client's mental health saw a decline. We all communicated, documented and expressed our concerns and very quickly more care was implemented to help support this client." Staff clarified that people's confidential, personal information was kept secure and not discussed on open platforms.
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they had opportunities to give feedback about the care they received through surveys and telephone calls. They said their views were listened to and acted upon.
- The most recent satisfaction surveys had been distributed in April 2021 and returned in May 2021. The feedback people provided about the service they received was very positive. Comments included, "Cheerful, happy staff. Always do their best. Nothing too much trouble", "All staff are professional and friendly" and, "Always enquire if there is anything else they can do to help. Friendly and take time to chat."
- Some relatives told us they worked in partnership with the agency to ensure their family members received the care they needed. One relative said, "They ask for my opinion on how things are going with [family member]. I think we are in a way connected as we all work together to make sure her needs are met. I was heavily involved in [developing] the care plans."
- Other relatives said they relied on the agency to share information with them as they lived some distance from their family members. One relative told us, "CHD has been particularly good at sharing observations with me, something I consider important given I live two hours' drive away from [family member]."
- Staff told us they were well-supported in their roles by the registered manager and office team. They said the registered manager and office team were approachable and available when they needed them. One member of staff told us, "I have always found it very easy to approach [registered manager] if I have had any issues/concerns." Another member of staff said, "We are well-supported. Nothing is too much trouble and they care about how we are."
- Staff told us they felt valued for the work they did. One member of staff said of the office team, "They always check in with me and all other staff members. We receive weekly motivational messages and they show their appreciation for the extra things we all do. I personally always feel like a valued member of the team."

Working in partnership with others

- The agency had established effective links with other professionals involved in people's care, such as local authorities, district nurses and occupational therapists. These links helped ensure people received any professional input and support they needed.
- Professionals told us the agency was well-managed and communicated effectively with them about people's care. One professional said, "In my view the agency is very well organised and managed by management and team. The agency communicate well and the care they provide to vulnerable individuals is great." Another professional told us, "This agency is a good communicator. We have built up a good working relationship with them and the service users seem to be content with no complaints."
- The registered manager had access to information from relevant bodies, such as the UK Homecare Association (UKHA) and Surrey Care Association, to keep up to date with good practice and developments in the care sector.