

Southlodge care Limited

Homecare Southlodge

Inspection report

Vestry Hall
London Road
Mitcham
Surrey
CR4 3UD

Date of inspection visit:
22 July 2022

Date of publication:
23 August 2022

Tel: 07738939529

Website: www.homecaresouthlodge.co.uk

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

About the service

Homecare Southlodge is a domiciliary care agency providing regulated activity personal care to 13 older people, some of which had disabilities. Care was delivered to people in their own homes.

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

People received safe care, with any potential risks managed well. Medicines were safely administered with the provider ensuring any accidents or incidents were appropriately responded to. Staff understood how to safeguard people from the risk of abuse. Staff were safely recruited.

Staff received appropriate training and supervision to enable them to carry out their roles. People received additional support from healthcare professionals and were supported to maintain healthy diets.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were compassionate and knew their jobs well. People felt well cared for and that their privacy and dignity was respected. Where they were able to, people were supported to be independent.

Care records were personalised and guided staff to ensure they could respond to individualised need. People were supported to express their end of life wishes. Any complaints were appropriately responded to.

The registered manager had good oversight and management of the service. They understood their responsibilities and worked in partnership to achieve positive outcomes.

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 good (published 18 December 2019)

Why we inspected

This inspection was based on the previous rating of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Homecare Southlodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors. An Expert by Experience made calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 July 22 and ended on 29 July 22. We visited the location's office on 22 July 22.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We looked at three people's care records, three staff files and a range of other documents relating to the running of the service. Following our inspection we received feedback from one person, eight relatives and four care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff were clear on the actions they needed to take to raise any concerns.
- The provider ensured they liaised with the local authority safeguarding team in relation to any concerns; and put support measures in place to ensure people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were clear in monitoring potential risks and how to manage them. Where one person was at risk of falls there was clear guidance on the measures staff needed to put in place to reduce the likelihood of this occurring.
- Relatives told us that their family members felt safe when staff were supporting them and that they monitored and supported them well.

Staffing and recruitment

- Staff were safely recruited by the service. This included suitable references, record of employment history and a Disclosure and Barring Service (DBS) check. A DBS check provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were allocated enough time to get to calls and told us they called the office if they were ever running late. One person said, "I am very happy with the carers and feel safe in their care. The arrive on time and stay the complete call time." A staff member said, "I specifically ask for my rota to be of a realistic and reasonable nature."

Using medicines safely

- People were well supported with their medicines. At the time of inspection, we noted some area of best practice that could be improved. We raised this with the registered manager who immediately took this feedback on board and developed their medicines recording.
- The registered manager carried out regular checks to ensure that any omissions in medicines recording were promptly identified.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager ensured there was robust oversight of incidents and accidents. Records showed that a full investigation was carried out, with any actions arising clearly followed up and recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving care. The registered manager ensured that a full assessment of need was carried out, including feedback from relatives.
- When people were placed by the local authority the provider reviewed their presenting needs and ensured they devised a care plan that met their care needs.

Staff support: induction, training, skills and experience

- Staff received training and induction that enabled them to carry out their role effectively. The providers induction was carried out in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We reviewed the provider training matrix and found that staff were up to date in a range of mandatory topics. In addition to this, specialist training was provided to meet the specific needs of individuals receiving care. Relatives told us, "They [staff] always follow and complete the care plan tasks. They are well trained."
- Staff felt well supported. A staff member said, "I have had the induction training online at the beginning of lockdown during 2020. This consisted of safeguarding, health and safety, first aid and hygiene. My physical training was done this year for manual handling. Management are supportive if any personal issues arise."

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

- People were well supported with their dietary needs. Care records specifically stated the support people needed at mealtimes. Where one person was at risk of choking clear steps were in place to ensure staff knew how to position and monitor the person to reduce risk.
- Care records clearly detailed their meal and drink preferences. Specialist diets, such as a soft textured diet was clearly detailed in one person's care plan.

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

- The provider liaised with other healthcare professionals to address people's support needs throughout their care packages. This included support from district nurses and local GP surgeries. Where people required input from occupational therapists there was clear guidelines in place to ensure staff were able to support them well.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care records detailed whether people had the capacity to make decisions in relation to their care. Staff were clear on the principles of the MCA. A staff member said, "We have to first assume that the person has capacity, do not treat the person as if they are incapable of making their own choices until all steps have been implemented to help them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by the staff that cared for them. Comments from people and relatives included, "The carer is kind, respectful and caring", "They [staff] are very kind and respectful and she gets on well with them" and "They [staff] are very good and respect his privacy."
- Any cultural needs were recorded within people's care records. For example, where one person required certain foods there was clear guidance for staff in relation to this.

Supporting people to express their views and be involved in making decisions about their care

- People's views were reflected in how they wished to receive their care. Records showed that people and those important to them were consulted on how they wanted to receive their personal care.
- Care plans were regularly reviewed to ensure that where people's needs changed staff were clear in how people liked to be cared for. A relative said, "They [staff] follow the care plan which was reviewed April 2022. He [person] uses a hoist, for which the carers are well trained."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care records clearly detailed how staff needed to preserve people's dignity when delivering personal care. This included guidance such as, 'Gain consent and explain what is happening. Close the curtains and doors.'
- Staff supported people to do things for themselves wherever they were able to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- People were supported to express their end of life wishes, and this was recorded within their care plan.
- Where people or their relatives had chosen not to discuss their preferences, this was not always clearly recorded. We raised this with the registered manager who took action to address this. We will review their progress at our next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care that people received was personalised and reflected their preferences. This included their likes and dislikes in their care routine as well as the activities they chose to participate in. Relatives told us, "Very responsive to her needs as she is bedbound. I have no concerns or complaints" and "They [staff] follow care plan in a responsive way."
- Staff were clear on the purpose of care plans and how they supported them to carry out their roles. Comments included, "Care plans helps care team to customise the level and type of support for each person based on their individual care needs" and "The care plans are up- to- date information that includes the personal profile, risk assessments, log books, food/fluid charts, body maps."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a suitable AIS policy in place to support staff as to how to ensure information was accessible to people. Care records detailed whether people had a sensory impairment.

Improving care quality in response to complaints or concerns

- The provider ensured that complaints were appropriately responded to. A clear policy was in place to ensure timeframes for response were adhered to.
- At the time of our inspection there were no open complaints. We reviewed records of concerns and found they had been responded to in a timely manner.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager ensured that service was person-centred and that staff supported people to achieve good outcomes. Staff told us, "I am happy with management. Very comfortable to work with our team" and "The manager is approachable."
- People and relatives felt the service was well-led. A recent comment from a relative stated, "[Registered manager] is always very efficient and helpful when we have questions." They also told us, "The company is well organised and the manager brilliant. I have the managers phone number and they always respond quickly. I would recommend them" and "The company is organised well and very involved with the people's welfare."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood how to respond to any incidents or complaints with transparency; and knew of the need to apologise where the provider was at fault.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
- The registered manager carried out regular quality assurance checks to review service delivery and ensure that any improvements were made. People's care records were up to date and reviewed whenever people's needs changed.
 - Daily record logs and MAR were regularly reviewed by management to check for accuracy and to ensure staff were recording care delivery and that it was delivered in line with people's care needs.

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

- People, their relatives and staff were fully consulted on their views of their service. This included regular questionnaires to seek people and relative views and feedback. We reviewed the most recent survey and the results were positive.
- Recent relative feedback stated, 'Staff are really good timekeepers and are trustworthy and honest' and 'Staff are really good listeners and bring a joy and kindness which makes mum happy'.

Working in partnership with others

- The registered manager worked alongside partner agencies that funded people's care to ensure their care calls were delivered in line with their assessment of need.