

Heath Lodge Care Services Limited

# Heath Lodge Care Services Limited Surrey

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Heath Lodge Care Services is a domiciliary care agency which provides personal care to people who live in their own homes. It provides a service to people living with dementia, learning disability of autistic spectrum disorder, mental health condition, physical disability or sensory impairment and younger adults. At the time of our inspection the service was providing care to 69 people.

This announced inspection took place on 1 November 2018.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a registered in post who assisted us with our inspection.

We last carried out a comprehensive inspection of this service on 13 and 14 February 2018 when we rated the service as Inadequate overall. We also took some enforcement action, in the form of warning notices, against the registered provider as we had found continued breaches of regulations from the previous inspection. Following this inspection, the registered provider submitted an action plan telling us how they planned to address our concerns. We carried out this inspection to see if the registered provider had acted in line with their action plan. As such we checked to see if there were sufficient staff, people were receiving safe care and kept free from abuse, people received person-centred care, their consent was sought and good governance was in place. We found overall the service people received had improved, however the registered manager and provider needed to ensure sustainability of those improvements.

Staffing levels at the agency were sufficient, however we found that staff were leaving people early to get to the next person. This was because no travel time was allowed in between calls. People confirmed with us that staff did not stay the full time. The registered manager and senior management took immediate action to address this.

The registered manager was aware of their statutory requirements to notify us any safeguarding concerns or serious injury. Care records for people were very detailed and demonstrated a person-centred approach. People's consent was sought in line with the Mental Capacity Act 2005.

Risks to people were identified and managed and people received the medicines they required. Accidents and incidents were recorded and lessons learnt. Pre-assessments were completed to ensure the agency could provide appropriate care. Where people required food provided to them or input from health care professionals this was done.

People told us staff were kind and caring. They said they had seen staff following good infection control processes. People were cared for by staff who had been recruited through appropriate channels. Staff were

sufficiently trained and supported to manage people's needs. Staff had regular supervisions with their line manager.

The registered manager worked with other professionals to ensure people's needs were met. Complaints and comments received by the registered manager were responded to in an appropriate manner.

The provider's senior management and the registered manager were open and transparent about the shortfalls within the service and committed to continuing to take action to improve. Feedback at our inspection resulted in them taking prompt action to address the lack of travelling time for staff. Quality assurance processes were more robust and despite the short time the registered manager had been in post improvements had already taken place. People, relatives and staff felt the service had improved since the registered manager had taken up post. Staff felt supported and told us the culture within the team had got better.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

During our inspection we found one continued breach of regulation. You can read the action we have asked the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staffing levels were sufficient, but staff did not always stay the full time with people.

People's medicines were managed safely.

Appropriate recruitment checks were carried out to ensure suitable new staff were employed.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded.

Staff understood their roles and responsibilities in safeguarding people.

Infection control processes were followed.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Mental Capacity Act assessments had been carried out for people in line with the legal requirements.

Staff were sufficiently trained and supported by the provider and senior staff so as to ensure they followed best practice.

People had choice over their meals and were supported to access healthcare services.

Assessments were carried out prior to people receiving care from the agency.

**Good** 

### Is the service caring?

The service was caring.

People had good relationships with the staff who supported them.

**Good** 

Staff treated people with dignity and respect and we received positive feedback from people about staff.

People were involved in making decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff followed guidance in people's care plans to help ensure they received appropriate and responsive care. People's care plans were person-centred and detailed.

Complaints and feedback was listened to by the registered manager and acted upon.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

One shortfall identified at our previous inspection had not been addressed, although prompt action was taken following this inspection. This related to staff travelling time.

Internal auditing and monitoring had started to identify shortfalls and the registered manager was taking action to improve the service that people received.

People, relatives and staff were involved in the running of the service.

The registered manager worked with external agencies.

# Heath Lodge Care Services Limited Surrey

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a re-inspection of this service to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide an updated rating for the service under the Care Act 2014.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We announced this inspection to the registered manager, giving them 48 hours' notice. This is because this is the methodology we follow when inspecting community based services.

This inspection took place on 1 November 2018. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of caring for a person living in this type of environment. The expert by experience telephoned 15 people and one relative to receive their views of the agency and the care received.

During our inspection at the office, we spoke with the registered manager, operations manager, the registered providers senior management and six frontline staff. We reviewed a variety of documents which included the care records for six people, four staff files, medicines records and other documentation

relevant to the management of the agency.

# Is the service safe?

## Our findings

At our inspection in February 2018 we rated this domain inadequate. This was because we found concerning shortfalls relating to risks to people, keeping people safe from abuse and a lack of staff. At this inspection we found a number of improvements had been made, however we still identified that staff were not being provided with travelling time. This meant people's calls were being cut short.

Although there were sufficient staff to care for the people using the agency, the registered provider had not ensured that travelling time was included between calls. This resulted in staff leaving people early to get to the next call. A staff member told us, "We don't really schedule in travel time, I know we should. We should stay for the full length of the call, but we are only taking 5-10 minutes (off the call)." Another said, "We are getting better at it (allowing for travel). We do for some but not for everyone." A third said, "The travel time is a problem. We do have calls that overlap." We spoke with the registered manager and senior management about this both during and at the end of the inspection. Following this the registered manager sent us evidence that travelling time had been introduced to staff rotas and that they would be meeting all staff to discuss their duty to ensure they stayed the full time with people.

People commented on the lack of travelling time. They told us that staff members were not allowed travelling time, so it affected the time they were with them. One person told us, "I have 10-15 minutes cut from my call so that the carer can get to the next call." Another said, "Need for travelling time between patient and patient."

There was an on-going recruitment drive underway and the registered manager told us they had new staff starting. A staff member told us, "We need more staff, but we are recruiting." In the meantime, the registered manager told us that field care supervisors and care co-ordinators carried out care. This was confirmed by these staff members.

Due to recently losing two staff members the registered manager had made the decision to involve the local authority reablement team to cover calls over one weekend period. This demonstrated the registered manager had learnt from previous incidents when missed calls happened due to a lack of staff or disorganisation at the office. By being proactive and assessing the situation they had ensured people received the care they needed.

Missed calls to people had been logged and investigations undertaken. We read that a staff meeting had been held as the result of one missed call where correct procedures for adjusting the rota had not been followed. Procedures for dealing with changes to a rota was handed out to staff and staff were reminded of it. Another missed call resulted in a supervision with the staff member involved who had not passed on the change to the carer. 11 people told us they had not experienced a missed call. Of the others we spoke with they said they had experienced a missed call but not recently.

People received the medicines they required and medicines records were audited regularly to ensure staff were following best practice. A recent audit had identified issues with medicines management, but

immediate action was taken to rectify this. One person told us, "The carer gives me my medication. They explain what it is for and give it to me at the right time." Another said, "The carer tells me what it is and pops the pill straight into my mouth every morning and evening." There was a clear and comprehensive medicines policy in place for staff and details of people's medicines were recorded in their care plans. A member of staff told us, "(If someone refused their medicines) I would tell the office and if it had been taken out of the blister pack I would take it to a pharmacy to be destroyed." Another told us, "I have had medicines training. I always observe people taking their meds. It's important to record once I have seen it."

People received care from staff who had been recruited through an appropriate process. We read that references had been sought for prospective staff, previous employment checked and fitness to carry out the role confirmed. In addition, DBS (Disclosure and Barring Service) checks were undertaken to ensure staff were suitable to work in this type of service.

People said staff followed good infection control processes and staff confirmed they had access to personal protective equipment, such as gloves and aprons. A staff member told us, "We are supplied everything we need." Another said, "I've come in to get some sanitizer. I'm uber-fanatic about germs and the spreading of them."

Where people were at risk, the risk had been identified and guidance was in place to help reduce the likelihood of the person being harmed. One person was at risk of self-neglect and there was guidance for staff to encourage them to eat. Another person was registered blind and it was written in their care plan several times, 'do not change the layout of the furniture [name] knows flat well'. A third person was allergic to chemicals and perfumes. Written in their care plan in red was recorded, 'if staff have used gel at a previous call they must wash their hands at the beginning of the call (to this person)'. A further person, who was transferred using a standing hoist, had become unsafe with it. As a result, the situation was reviewed and the person was advised that staff would change to a bed wash until an assessment had been undertaken by an occupational therapist. A staff member said, "A risk can be anything potentially. For example, a frayed carpet that is a health and safety issue. It's all about reporting things like that." We asked staff if there was always two of them when transferring someone. A staff member told us, "There are always two for double-ups. If I'm running late I will let the carer know to hold on."

People were cared for by staff who understood their responsibility in relation to safeguarding. One person told us, "I feel very safe." A safeguarding alert form had been introduced to the service and we read that the process for reporting any concerns was available to staff. Since February 2018, four safeguarding concerns had been raised. These had been reported to the local authority safeguarding team as well as CQC and we found evidence that investigations had taken place of the event by the registered manager. Where appropriate staff underwent spot-check supervisions to follow up on any concerns. A staff member told us, "I'd definitely inform the office. I wouldn't necessarily write something in the book in a person's house though as it's important to keep information confidential."

Accidents and incidents were logged and reviewed. Where these were considered to be safeguarding concerns, appropriate action was taken. A staff member told us, "If there was an accident and I was there I would make sure they (the person) are safe. I would make the family and the manager aware and write it up on an accident form in the office."

## Is the service effective?

### Our findings

At our inspection in February 2018 we found a lack of compliance with the legal requirements in relation to consent. We found at this inspection documentation regarding people's capacity had improved.

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 when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person lacked capacity and there was a detailed capacity assessment in relation to them receiving care. There was also evidence that their family had power of attorney for health and welfare. Each care plan we reviewed had a capacity assessment in it for the person.

A staff member told us, "Everyone has capacity until determined otherwise. You have to respect someone's decision if they have capacity, even if you don't agree with it." Where people had capacity, we noted they had signed their consent to care and their care plan.

Staff had the skills and experience to support people effectively. People we spoke with felt staff were well trained. One person said, "Absolutely – very careful with me." Staff received an induction when they first commenced working for the agency. One staff member said they had a week in the office and then shadowed other staff before working on their own. They told us, "Very detailed." Another told us, "Training is great. It's important so you don't forget the good practice."

Training information showed which staff had done diplomas or national qualifications. Training included food safety, safeguarding, MCA, health and safety, moving and handling, medicines and basic life support. There was also specific training such as catheter and stoma care. We noted that most training was up to date for staff. Where training had expired there was evidence of staff taking refresher training.

Staff were encouraged to progress. One staff member told us, "I am currently doing a national qualification; it's interesting. All the tools are here for us to progress." Another said, "They offered me the role of supervisor. I was a carer before. I felt honoured."

Staff told us that they had regular supervision sessions and felt supported. One staff member said, "I feel supported. If I need anything I know who to come to." Another told us, "I feel supported by the whole team. It's a new role for me and I have a lot to learn."

People had choice over their meals. Most told us they prepared their own food or a family member assisted. Everyone said they had a choice and if the care staff prepared the food, the person decided what they had. Where people required specialist input staff organised this. In addition, staff were knowledgeable about people's specific needs. One person was at risk of choking on lumps of food. The agency had made a referral to the Speech and Language Therapy (SaLT) team, however in the meantime they ensured the person received a soft diet. A staff member told us, "I remind her to chew (to reduce the risk). For example, I'll say

'you've got a soft strawberry coming'. Another staff member told us about a person who was at risk from dehydration, "We had a fluid chart for him. The charts then come into the office for auditing (to check the person was drinking sufficient quantities)."

People were supported to maintain good health and had access to external healthcare support as necessary. One person told us, "I had a rash on my back; I telephoned the doctor who arranged a prescription for me and the carer collected it." Another said, "If concerned, the carer phones the GP." A staff member told us, "I will ask them if they wish me to call the GP or 111, or if someone lacked capacity I would speak to their next of kin." Another said, "If I saw changes (deterioration) in someone, I would report my concerns in case a GP call was needed." Where people had particular health conditions there was supporting national guidance in place for staff. For example, we noted a copy of the NHS Choices bi-polar information in someone's care plan.

Before people received care from the agency an assessment was carried out to help ensure that the service could meet their needs. We noted people's assessments held information about their medical needs, mobility, nutrition and personal care. Information was detailed and covered all aspects of a person's care needs. One person's was very detailed covering every aspect of their care and specific medical condition.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person said, "Very good, can't fault them." Another told us, "Someone always comes. I can rely on the service." People said their needs were being met. One person said, "Girls always happy, always do what I want them to do."

People were able to make decisions about their care. Everyone we spoke with told us they had been involved in their care plan. One person said, "My comments are listened to and the carers cook the food the way I like it." A staff member told us that two people they went to liked to have their make-up done. They said, "They want their full make up on every day and I do it for them. They look lovely and it's important to them."

People were able to retain their independence. One staff member told us, "Just let them (people) do what they want to do. Don't force anyone. Some clients like to do things for themselves and you respect that."

Everyone told us that staff treated them with dignity and respect. One person told us, "They (staff) always reassure me as I am scared and nervous of the hoist. They have time for me." Another said, "Carers are very good – they wash my hair in bed." A third said, "Carers are very polite."

Where people required their calls to be changed, staff respected this. One person told us the agency had adjusted their call as they had a hospital appointment.

People told us staff knew them. One person said, "Understanding of us." Another told us, "Understanding of my allergies." Staff told us people's care plans gave good information about people to help to get to know them. A staff member told us, "If we go to new people we are always given information about them and their needs before we go." Another staff said, "If we pick up care calls for a new client we haven't been to before you can understand the care you need to give."

People's pastimes and hobbies were also recorded in care plans. This helped the person remain independent in how they spent their time and provided staff with information to help ensure people were spend their time as they liked. For example, one person's records stated, 'listen to new or Songs of Praise with my headphones' and another person liked to listen to religious services on the radio.

People were happy with the care they received from individual staff members. One person said, "Individuals at an exceptional level." Another said, "Carers are always cheerful and always willing." A third commented, "Carers are outgoing, friendly and always willing."

## Is the service responsive?

### Our findings

At our inspection in February 2018, we found people's care plans were not person-centred and complaints had not always been recorded or responded to appropriately. We found at this inspection both areas had been addressed.

People's care plans recorded good detail about their needs and care requirements. There were personal histories and backgrounds included to help staff to get to know a person. Each visit was clearly described and it was easy to see exactly what was needed. A staff member said, "We can look in the care plan – they are very detailed and it is very clear what we are expected to do." Information covered mobility, continence, personal care, nutrition, risks and communication. It also included what was important to people such as one person who had stated, 'consistency of staff'. Each care plan included a contingency plan. For example, if there were family members who could carry out the care in the event staff were unable to attend. This enabled the agency to prioritise people. A staff member said, "The care plans are so much more comprehensive."

One person had notes on the food and drink they liked, hobbies they had and music and films they enjoyed. There was also information on visitors/family, previous job and cultural and spiritual faith. Other information included the persons mobility, personal care, nutrition, health and medical, environment and medication. One person had poor mobility, although could weight bear. It was recorded they walked with a stick. Another person had a particular medical condition. The care plan was very comprehensive, giving information to staff on the condition and this person's preferred routine. At present the agency was not providing care to anyone who was on end of life. The registered manager told us they were aware that they needed to have an end of life care plan in place if this was the case.

People had access to information on how to make a complaint and we read that where people had complained, these had been investigated and responded to. We asked people if they felt their concerns were responded to and overall people said that things were actioned immediately. Ten complaints had been received since our last inspection. They included punctuality of a staff member, missed calls, one person not wishing a particular carer and a member of staff appearance. We read that each one had been acknowledged, investigated and responded to by the registered manager. A staff member told us, "I would refer someone to the complaints form in their home. They have all the information in there on how to make a complaint."

Several compliments had been received by the service. This included a family member saying, 'impressed with professionalism, knowledge and willingness to help' and a person stating, '[staff member] is very kind, sweet and caring. It is always nice to have her around', 'best care worker she has ever had. She is always happy to see you and you are doing a brilliant job'. One person had written how they had experienced a massive change in the service, the rotas had improved a lot and they were a lot happier with the service than before. The service had received over 20 compliments since February 2018.

# Is the service well-led?

## Our findings

At our inspection in February 2018 we rated this domain Inadequate. This was because we found continued shortfalls from a previous inspection which had not been addressed. This related to the governance of the service. We found at this inspection improvement had been made and the registered manager had a drive to ensure people received a good service.

However, despite this we continued to find that staff were cutting visits short because of a lack of travelling time. We reviewed a sample of nine staff time sheets and found three staff were not recording times, four staff were leaving five minutes early and two staff were leaving 10 minutes early. In addition, a social care professional reported to us, 'I have just re-read my report from back in May where [the registered manager] confirmed rotas had been reviewed with staff and travel time included so it is disappointing to discover it is not included'.

Following our inspection, the registered manager and senior management sent us evidence that they had taken prompt action to address this. A senior manager had written, "I think this issue re shortening calls is a major criticism and if it is not addressed it could potentially now undo all your hard work. The inspector and the expert who was calling your SUs have discovered that this is still common practice despite it featuring in your last inspection and described as 'financial abuse'." Registered providers should be meeting the standards set out in the regulations and display the characteristics of good care. As such, although action was taken swiftly this poor practice had been allowed to continue following our last inspection. This meant we are unable to give the service a good rating in this or the Safe domain as the change needed to be embedded and sustained. We will check at our next inspection that this is the case.

Audits included spot checks on staff whilst working and telephone calls to people to obtain their feedback. Staff had to ensure timesheets and log sheets were with the office on a Monday so they could be audited. One person had commented during their three-monthly telephone review that they were happy with the care and the staff. They said staff completed tasks and stayed the full time." However, we noted during a spot check carried out by the office on a staff member they had recorded, 'carer did not stay the full hour'.

The lack of good governance in relation to the service people received was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance audits took place to help ensure people received a good level of care. A medicines audit carried out in October 2018 had identified gaps on people's medicines records, poor transcribing of prescription information, a lack of double signatures on handwritten changes to medicines doses and blue, rather than black ink being used. We read as a result of this, refresher medicines training was arranged and staff spoken with and reminded of good medicines management practices. Individual staff also received supervision. This had led to improvements.

Communication had improved. Emails were regularly sent out to staff for all different aspects of the service. We even read an email about the clocks going back (in October) and reminding staff to adjust their watches.

Care co-ordinators were expected to provide the registered manager with a weekly report every Monday morning which included workload and client needs. A staff member told us, "100% improvement. Our paperwork and communication is so much better." A second said, "The communication is much better and we seem to be moving forward."

The registered manager told us they felt the culture within the staff team had improved. They said, "The culture is completely different. There is now teamwork and a management structure. I want them to see me as someone who supports them. We help staff to develop." Staff confirmed there was a better atmosphere within the staff team and in their relationship with the office. In turn the registered manager told us they had, "Incredible support from senior management, including the health and safety, governance and operations management team."

Staff's work was recognised in that the registered manager had introduced a 'carer of the month' award scheme. Staff were given vouchers as a thank you. A staff member told us, "There's been a definite change. I didn't feel valued or supported by the previous manager, but this manager is caring and professional." A second said, "The manager is doing their utmost to get everything up and running."

Staff were aware of the ethos of the service. A staff member told us, "It's all about them (people). We might be the only person they have seen all week and we need to ensure we meet their needs." They added, "We form a good bond with people and give them a sense of contact with the world." A second told us, "I love the job, I love the clients. They are the reason I do the job. I don't work for Heath Lodge, I work for the clients. They are my bosses when I walk through their door."

People had the opportunity to give their feedback via an annual questionnaire. We read the result of this year's survey where 24 responses had been received. People had commented that communication could improve, particularly in relation to staff running late. As a result, all staff were to attend additional customer service training and continual monitoring and improvement on staff communication would take place over a period of time. People however had written numerous positive comments in relation to the staff. One person had written, 'one year on since becoming a user, things are at long last settling down.'

People told us they were asked about the care they received through a telephone call, care review meeting or questionnaire. 10 of the 15 people we spoke with felt the agency was well managed. One person told us, "Think so, it's definitely improved this year."

Staff meetings took place. We read from the last meeting that staff had discussed scheduling, business changes, double-up calls and good timekeeping. Three separate meetings were held on the same topics in order to help staff attend. Separate office staff meetings were also held, the last one being in September where the team discussed teamwork, emails, sharing information, the on-call rota and client rotas. We were provided evidence by the registered manager that they had called an urgent staff meeting in response to our feedback. They had told staff, 'we need to discuss the actions we must take in order to ensure the highest quality of care for our clients' best interest, wellbeing and safety. Please make sure you are attending one of the meetings below... As always, attendance is compulsory and not optional'.

Records relating to people were stored appropriately and securely and the registered manager was aware of their statutory obligation to notify CQC of any serious incident or safeguarding concern relating to a person.

The registered manager worked with external agencies to ensure people received the care they required. The registered manager liaised with the local authority in particular in relation to care packages. We noted the funding authority's assessments of people's needs were in their care plans.

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 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure robust governance of the service.