Shaudrey Limited

Essex

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

About the service
Essex (Realcare Health services) is a domiciliary care agency that provides personal care and treatment for disease, disorder and injury to older adults, children and younger adults in their own homes. 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. They were providing personal care to five people at the time of the inspection.

People's experience of using this service and what we found
At the previous inspection we found breaches to managing medicines safely and quality assurance. At this inspection we found the service had improved in these areas and were no longer in breach.

The service was able to work with people who were at the end of their life. We have made a recommendation about recording end of life wishes as this was not systematically completed as best practice guidance recommends.

There were safeguarding systems and processes in place that kept people safe. Risks to people were monitored and mitigated against. There were robust recruitment processes in place and sufficient staff to support people. Staff understood the need for infection prevention. The service sought to learn lessons when there were incidents and accidents.

People's needs were assessed before they used the service to determine if the service could support people or not. Staff were supported through induction, training, and supervision. People were supported appropriately with their nutrition and hydration. Staff worked with other agencies, including health professionals, to provide effective care. 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.

People were well treated and policies and procedures at the service supported equality and human rights. People expressed their views and had input into their care. People's privacy and dignity were respected. People were encouraged to be independent.

People's care plans were personalised and provided instructions, so staff could provide them with care in a way they preferred. People's communication needs were met. People were supported to partake in activities. People and relatives knew how to make complaints, though there had been no complaints since our last inspection.

People thought highly of the service management. Staff knew their roles and responsibilities. People and staff were able to feedback about the service and be involved with decision making about care.

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 and only previous rating for this service was requires improvement (published 28 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information 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 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.

Essex

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

At the time of the inspection the provider was in the process of recruiting a registered manager to be registered with the Care Quality Commission. This means that they and the provider would be 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. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the nominated individual who was based at the service office, though as a nurse they

sometimes covered other staff when necessary. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medicine administration records. We looked at six staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We spoke with two people who used the service and two relatives about their experience of the care provided. We also spoke with two further members of staff; both of whom were nurses.

Good

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure there were effective systems in place for the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● People were supported safely with their medicines. One relative said, "[Family member] is on [medicine] pumps which require specialist training that has been provided and staff are effective at doing this." Staff confirmed their knowledge of medicines administration. One staff member said, "It is the right patient, right route, right meds and the right dose at the right time." There was a medicines policy in place. Staff were trained on how to administer medicines and equipment that assisted with medicines. Staff were also competency assessed to ensure they knew what they were doing.
● Staff completed Medication Administration Records (MAR) charts to record medicines administered and these charts were audited by management. We looked at MAR charts and their audits and saw these had been completed correctly. MAR charts and care plans contained specific information about the risks to individuals regarding the medicines being taken. The service was following their policy and procedures, including when to provide medicine as and when required.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe with staff. One person said, "Yes definitely [I feel safe with staff]." There was a safeguarding policy which provided information on what to do if abuse was suspected. Staff members received training and knew what to do if they suspected abuse. One staff member told us safeguarding was, "To protect vulnerable people from any possible forms of harm."
● The nominated individual told us there had been no safeguarding concerns raised since our last inspection. We saw no evidence to contradict what they told us.

Assessing risk, safety monitoring and management
● The service completed assessments with people to monitor risk of harm to them. These assessments were personalised to people's needs and preferences and included areas such as specific medical conditions or what to do when people completed external activities outside their homes. They identified risks to people and mitigated against them occurring as much as possible. We noted that in some cases the service had adopted risk assessments created by relatives as these were very personalised, detailed and thorough.

Staffing and recruitment

● People and relatives told us staff attended calls on time. One relative said, "There has been sometimes they have been late, but they've sorted it out quickly." We looked at staff numbers and how the service managed calls and saw that there were enough staff to complete calls. There were also measures in place to ensure that if there was staff absence, calls could be covered by other staff.

● The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles and there were various systems to monitor and ensure ongoing checks were completed. We also saw that people and their relatives were offered the opportunity to interview staff, so they were involved who provided care.

Preventing and controlling infection

● Staff understood the need to prevent and control infection. One relative said, "They wear gloves and aprons and wash their hands as well." Staff confirmed their knowledge and one staff member said, "We use universal infection control measures; treat everyone as a source. We use personal protective equipment, we always wash our hands, educate the patient too, isolation too if necessary." There was a policy in place, training provided to staff and there were measures to ensure equipment used was cleaned regularly to prevent the risk of infection.

Learning lessons when things go wrong

● Staff understood the importance of reporting when things went wrong. Accidents and incidents were recorded appropriately by the service. We noted staff and management actions following any incident sought to ensure the safety of people and that risk of reoccurrence was reduced. The nominated individual followed up with people, relatives and staff following incidents to ensure lessons could be learned where things had gone wrong.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 before they began using the service. One person said, "[Staff] came and saw me in hospital to assess me." Assessments sought to ensure that people's care was delivered in line with appropriate best practice and covered different areas of people's lives where they needed support. This support covered people's health concerns and needs, their preferences, their social relationships and other information that supported the service provide care.

Staff support: induction, training, skills and experience

● Staff told us, and records confirmed staff received inductions when they started work. This was so they knew what they were supposed to be doing when they began working with people. One staff member said, "We sat down with [nominated individual] discussed the polices, discussed the job role and description. Looked at my training and completed a tick list and discussed what to do if there are any problems." Staff shadowed experienced staff or relatives to understand how to work with people correctly. Staff also completed induction training and went through policies and procedures with the service management.

● People and relatives told us they thought staff had the skills and experience to do their jobs. One person told us, "Oh yes, they definitely know what they're doing." Staff completed training the provider arranged, this also included training that was specific to people's care needs. For example, we saw that staff had been trained on specialist equipment [Percutaneous Endoscopic Gastrostomy – feeding tube] that ensured people received nutrition and medicines through a tube. Training was offered face to face and online.

● Staff told us they received support from the management at the service. One staff member said, "We get supervisions. [nominated individual] really supports us well and they want us to develop ourselves." Staff received supervision, appraisals and had ongoing spot checks completed with them to see how they performed in their jobs.

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

● People and relatives told us people they were supported with food. One person said, "I get fed by the PEG in the tummy and they feed me three times a day. Oh yes they know what they're doing." Care plans contained information about people's dietary needs and preferences that staff followed. Other documents and policies also supported the service's nutrition and hydration practice including weight monitoring charts, food and fluid charts and specialist equipment monitoring charts.

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

● The service worked with other agencies to provide effective timely care and this included healthcare

services. One person told us, "They [staff] talk with my GP and other doctors." Staff confirmed this and one staff member said, "We talk to GP and dietician as the care is directed by the dieticians mostly. We work hand in hand with them, we discuss weight gain and weight loss." The service communicated with and recorded relevant information from health care professionals. We saw evidence of interaction with district nurses and GPs, as well other healthcare professionals. We also saw records of contact with other professionals such as social workers which demonstrated the work the service did with other agencies.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty 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
● People told us staff sought their consent before providing care. One person said, "Oh yes they always ask my permission."
● Staff understood the need for consent and acting in people's best interests. One staff member told us their understanding of the MCA and said, "We constantly assess for capacity." Staff received training on the MCA ,care plans contained consent agreements and, where necessary, provided further information about how to work with people who had capacity issues.

Good

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 and relatives told us staff treated people in a caring way. One relative told us, "Yes they are caring, they come in to my house and they don't make it feel like it's clinical. They feel like part of the home, they make it feel normal, they have a caring normal side." We saw numerous compliments the service had received through feedback, often from people happy with their care. For example, one compliment we read said, "They help me in all aspects of my life."
- Policies at the service promoted equality and supported people's human rights. We saw equal opportunities and human rights policies. These policies cited relevant law and sought to uphold people's human rights by providing staff with explicit guidance on how people should be treated. These policies were reflected in the service user guide and service user rights charter given to all people who used the service.
- Staff told us they were happy working with people who had diverse needs. One staff member spoke about how they worked with people of different culture and diversity. They said, "Through getting to know them. We find out their background and try to promote it as much as possible. One of our service users is a [person of faith] and likes to go to [place of faith] and we go with her as well."

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

- People and relatives told us they were involved in creating their care plans. The nominated individual showed us a care plan that had been created by a relative and implemented by the service. The relative confirmed their involvement and they said, "It's a unique care plan." Another person told they were involved in decisions about their care. They said. "I'm involved in decisions about my care."
- Care plans were personalised and signed by people or their relatives. This meant that people were involved in decisions about their care and staff knew how best to support them.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. One person told us, "Yes they do respect my privacy." Another said, "Yes, definitely [respect my dignity and privacy]." Staff confirmed they respected people's privacy and dignity. One staff member said, "Treating people with dignity means showing them respect and being respectful of their choices and their culture." We saw that people's confidential information was stored on password protected computers or in lockable filing cabinets. There were policies to support data protection and people's confidentiality.
- Staff sought to promote people's independence. One staff member told us "Try to encourage them to do as much as possible and help and support where necessary, ask if they want to partake in particular activity and support accordingly." Policies and service documentation sought to promote and encourage people's

independence and choices.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

● The service provided care that met people's needs and preferences. One person told us, "I get the support I need."

● People's care was recorded in their care plans. Care plans were personalised and detailed. They contained specific information about people's needs and preferences. Care plans often contained specific personalised instructions on how to care for people's medical concerns and how best to work with them in ways they liked. For example, we saw one person's care plan stated their exact size of nasogastric feeding tube, how to secure it to their face with specifically named adhesives, as well other signs of risk to be mindful about. This meant anyone reading it would know exactly how to work with the person and their equipment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service supported people with their communication needs. Communication needs were recorded in people's care plans. In one example, staff had built a rapport with the people they worked with and told us they were able to understand what some people wanted to communicate, even though they could no longer talk. The nominated individual was able to show us how they could make arrangements for specialist equipment for people to assist with meeting their communication needs, should it be necessary.

Supporting people to develop and maintain relationships to avoid social isolation

● The service sought to ensure people could develop relationships and avoid social isolation. One relative told us, "[Family member's] mobility skills are fine, and they will play with her and do what she likes to do." We saw evidence in care plans that where possible, people were supported to attend activities they liked to do, such as attending church, so that their social needs could be met.

Improving care quality in response to complaints or concerns

● People and relatives knew how to make complaints and told us they would feel able to do so. One relative told us, " They are very responsive if I had problems they'd get back to me straight away. [Staff] would sort it out straight away." There was a complaints policy in place that was shared with people and relatives. The service had received no complaints since our last inspection, though we were able to see how they had responded to a concern raised in a feedback survey. The service could demonstrate they acted in a

responsive and appropriate manner when dealing with the concern.

End of life care and support

● At the time of our inspection there was no one who was at end of life, however the nominated individual told us they would be able to support people who were. The service had an end of life policy and staff had received training on end of life care and support. Staff were able to tell us what effective end of life care would look like and we saw documentation that would support people at end of life. However, the service did not routinely capture people's end of life wishes due to their often working with children.

We would recommend the service follow best practice guidance on recording people's end of life wishes.

Good

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

At our last inspection the provider had failed to implement systems to assess, monitor and improve the quality of care at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● The provider completed audits to monitor the safety and assure the quality of their care. At the previous inspection there had been no audits or capture of feedback. At this inspection we saw various quality assurance measures including medicines administration audits, a home audit tool and spot checks. There were also competency checks on staff to ensure they understood medicine administration and checking for vital signs. These systems assured the provider that people using the service were receiving the care they should.
● People told us they were able to provide feedback on the service. One person said, "[Staff] called recently and asked was I satisfied." A relative said, "Yes [director] did one recently [referring to a quality questionnaire]." People fed back on the quality of service they received through quality monitoring, at spot checks and at care review meetings. Feedback and monitoring we saw indicated that people felt supported by the service. For example, one feedback form we read said, "Couldn't be better."
● Staff were able to feedback on the service through surveys and also attended meetings. One staff survey we saw said, "I feel part of the team and feel supported." Surveys were positive and highlighted staff felt supported. We also saw staff meeting minutes which staff also told us were beneficial. One staff member said, "We discuss anything to improve the quality of care with patients and anything to enhance our skills." Minutes of meetings showed staff and managers discussed client's needs, training, use of equipment, as well as numerous other topics.
● People thought highly of the service and its management. One person said, "I think they are absolutely marvellous." A relative said about the nominated individual and sole director of the service, "[Director] is

great and is readily available. They are very calming." The service had a statement of purpose and a service user guide. Both these documents highlighted the aims of the service, to provide quality person-centred care to people in their own homes.

● Staff understood their roles and working within regulatory requirements. Staff files held job descriptions and inductions provided new staff with an understanding of what their roles entailed. The nominated individual, who was the sole director of the service with responsibility for ensuring it carried out regulated activity, knew their responsibility with respect to notifying the local authority and CQC of incidents and when things went wrong.

● The nominated individual understood and acted responsively when things went wrong. We looked at incidents within the service and saw that they had replied to these in a professional manner and took responsibility for the care provided.

Working with others

● The service had professional and peer relationships with other health and social care providers, including local authorities and clinical commissioning groups. These relationships were maintained to the benefit of people using the service.