

Neil's Healthcare Limited

SRP Healthcare

Inspection report

SRP House
1a Grange Farm Road
Colchester
CO2 8JW

Tel: 03333447172
Website: www.srp-healthcare.co.uk

Date of inspection visit:
20 October 2021

Date of publication:
16 December 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

SRP Healthcare is a small domiciliary care agency based in Essex, providing personal care to people living in their own homes. At the start of the inspection, two people were being supported by the service.

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

Governance and oversight systems in some areas required further development. We did not find this had an impact on the quality of care provided due to the small number of people using the service, but the provider was aware these would need to be embedded going forward. There had been no registered manager in post since April 2020, although the provider had attempted to recruit, this had been unsuccessful.

People received assessments prior to joining the service to ensure their needs could be met. People were actively engaged in meal planning, shopping and preparation to meet their nutritional needs. Staff received induction, shadowing and training to support their development in the role. Supervisions were carried out but not always recorded.

We have made a recommendation about the recording of supervisions for staff development.

Systems and processes were in place to safeguard people from the risk of harm. Risk assessments were carried out, without restricting people's independence. Medicines were managed safely, and people received medicines as prescribed. Infection prevention and control measures were in place, including access to staff COVID-19 testing and personal protective equipment (PPE). Staff were recruited safely, and the relevant employment checks carried out.

Staff were described as caring and compassionate, empowering people to achieve good outcomes to support their health and wellbeing. People were supported to achieve their ambitions and maintain their independence.

Care plans were person-centred and regularly reviewed to ensure they reflected the most up-to-date information on people's care and support needs, choices and preferences. The provider responded to complaints, concerns and incidents to improve outcomes for people. Information was provided to people and their representatives in an accessible way.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximises people's choice, control and independence, through provision of 24-hour support in people's homes and comprehensive care planning.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights, including advocating for people to support them to achieve their ambitions and be independent.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives; feedback from people's relatives stated this to be the case.

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

Rating at last inspection

This service was registered with us on 13/01/2020 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 27 May 2017.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

SRP Healthcare

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 three inspectors.

Service and service type

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

Where a registered manager is in post, 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. The service did not have a manager registered with the Care Quality Commission.

Notice of inspection

We gave a short period of 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.

Due to unforeseen circumstances, the provider was unable to facilitate an office visit for inspectors. The provider was also unable to supply requested records for remote review, which delayed the inspection process. As a result, inspection activity started on 23 June 2021 and ended on 20 October 2021. We visited the office location on 20 October 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and other professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two people's friends or relatives about their experience of the care provided. We spoke with three members of staff including a care worker, the director and the nominated individual. 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 one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to safeguard people from the risk of abuse, including how to report any concerns.
- Where safeguarding issues had been raised in the past, the provider had completed an investigation and taken steps to improve outcomes for people as a result.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were available for staff to access, with plans for reducing or mitigating possible risks so they could support people safely without being overly restrictive.
- The provider's Statement of Purpose explains the service considers, "Individual abilities and any risks to make sure people are as safe as possible while retaining their dignity, independence and control over their lives." This set out the provider's aims and objectives to keep people safe from the risk of harm.
- The provider was aware of government guidance relating to the safe management of COVID-19 and associated risks. This included ensuring staff had access to COVID-19 testing and personal protective equipment (PPE).
- We received feedback staff supported people in a way that encouraged good infection prevention and control (IPC) practice. One person's relative told us, "[Person] is always presentable in clean, ironed clothes and their home is well maintained."
- Records showed staff received training in IPC and COVID-19 awareness to support them in their roles.

Staffing and recruitment

- Staff recruitment checks were completed including employment history, referencing and disclosure and barring (DBS) checks to identify any criminal background. A DBS check enables providers to see whether potential staff are suitable for the role.
- Rotas were designed to ensure staff were available to provide 24 hour live-in care over a period of time for continuity of care and support.

Using medicines safely

- Medicines were being managed safely, including the completion of Medication Administration Record (MAR) charts to show medicines had been given as prescribed.
- The provider carried out monthly audits of MAR charts to check for any gaps and omissions, following up to understand the reasons behind any potential discrepancies and reduce the risk of reoccurrence.

Learning lessons when things go wrong

- The provider told us they had been unable to fully engage with the inspection process due to unforeseen circumstances, but told us they would make improvements to communication of any issues in the future.
- Improvements had been made to the support provided to a person using the service following a safeguarding concern.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments were carried out by the service on people's needs prior to commencing support and care plans developed from the information discussed.
- Care plans were personalised and holistic covering all activities of daily living, reflecting people's choices and preferences and the type and level of support required.
- People's care plans were subject to regular review, involving people and their relatives or other representatives where appropriate.

Staff support: induction, training, skills and experience

- Records showed staff received an induction, shadowing and training to support their development. This included areas of learning such as safeguarding, medication, moving and handling and autism and dementia awareness.
- Supervisions were carried out every three months during 'spot checks' on staff providing care and support, to assess competency and support staff development. However, this was not always documented.

We recommend the provider embeds effective processes for recording all staff supervision and competency checks.

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

- People were actively engaged in the planning, shopping for and cooking of their meals. Staff were available to provide support with this where required.
- Staff received training in food hygiene and safety to enable them to carry out this role.

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

- The provider told us they supported people to access input and advice from other health and social care professionals, such as occupational therapists.
- We saw the service had advocated for a person to help them fulfil their ambition to secure employment, benefiting their wellbeing.

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's wishes were respected in relation to their care and treatment. One person's relative told us, "[SRP Healthcare] always ask our [person] for their views and opinions and listen to them, which is vital when empowering the lives of anyone with a disability."
- Staff received training in the principles of the MCA and on the Deprivation of Liberty Safeguards.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- We received positive feedback about care workers, describing them as kind and caring. One person's relative told us, "[Person] is happy and cared for by their staff team and I cannot praise [care worker] enough for their dedication, compassion, empathy and empowerment of our [person]."
- Where people had provided feedback that staff were not caring or respectful, the provider had taken action to resolve this.
- Care plans showed people's independence was encouraged and promoted, for example clearly setting out which areas of household cleaning people wished to carry out independently.
- Staff received training on equality and diversity to promote their understanding in this area.
- Information supplied by the provider showed they would also seek out guidance on any specific cultural or religious beliefs where required.

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

- People and their family or other representatives were able to express their views and have input into decision making about the care and support provided.
- People were able to enjoy celebrations with their family in their preferred way, for example staff had supported a person to cook a special meal and buy gifts and a card for their relative.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans included key information on how to support people with social inclusion, ambitions, interests and hobbies.
- The provider carried out regular checks to ensure the delivery of care met people's needs and preferences. This included audits on nutrition, wellbeing, body maps, skin integrity, continence, social activities, medication, accidents and incidents and financial support and transactions.

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.

- Information was accessible to people using the service. One person's relative told us, "Both [person], and myself, have always been able to pick up the phone whenever there is a query or concern and receive the reassurance and clarification that is needed."

Improving care quality in response to complaints or concerns

- A complaints procedure was available to people using the service and their representatives. This included information on how to access support from independent advocacy services if required.
- We received feedback from a person's relative that when they had raised a concern in the past, the provider had acted upon it to their satisfaction and improvements had been made to the quality of care as a result.
- The service had also received a number of compliments.

End of life care and support

- At the time of inspection, no one was being supported with end of life care. However, as personalised care planning was in place, this would be identified as part of that process.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The provider had a business continuity plan in place covering instances which could disrupt the service. However, this was not up to date and did not work effectively.
- Key documents could not be accessed by the provider off-site during the inspection process. This is despite the business continuity plan describing plans to ensure remote access. This meant inspectors were unable to view records requested within a reasonable timeframe.
- There was no registered manager in post, and no application had been made to the CQC at the time of inspection. This lack of oversight had impacted upon the development of governance and oversight systems. The provider's representative told us they had been actively recruiting, but had not been able to fill the post.
- Whilst the governance systems in place were not fully established, the provider told us they planned to develop this, and this was seen from documents reviewed. The provider told us they would ensure these systems and processes were in place before taking on more people's care and support.

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 provider's Statement of Purpose set out a commitment to being open and honest when things go wrong, stating, "In the event that we don't get it quite right, we will be open and transparent and admit it and then do our utmost to put it right."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care worker surveys were carried out to seek staff views on the quality and oversight of the service.
- The provider was committed to providing person-centred care for people, and this was seen in the feedback we received and in care records. We received feedback the management team were responsive and approachable, and acted to achieve good outcomes for people using the service.