

P & B Shadwell Ltd

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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

P&B Shadwell Ltd is a domiciliary care service providing care to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 36 people who used the service who received personal care.

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

People and their relatives were complimentary about the service P&B Shadwell Ltd provided and would recommend the service. The management and staff worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

Risks were assessed and managed safely. People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

Staff felt supported and valued in their role by the management team and there were enough staff to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

People's communication needs were detailed in their care plans. Care plans also detailed people's preferences of support, for example, gender of staff. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

Staff understood the importance of gaining consent from people. 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 and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed.

Systems to monitor the quality and safety of the service were in place.

Rating at last inspection

The service was registered with us on 27 February 2020. This was their first inspection.

Why we inspected

This was a planned comprehensive inspection.

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.

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

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 below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

P & B Shadwell Ltd

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

The inspection team consisted of an inspector and an Expert by Experience. 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.

This service is required to have a registered manager. There were two managers registered although one was in the process of cancelling their registration. The other manager registered with the Care Quality Commission was also the provider's nominated individual. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be in the office to support the inspection.

Inspection activity started on 22 June 2022 when we visited the office and ended on 4 July 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. 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 took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of P&B Shadwell Ltd.

We spoke with the provider's nominated individual, the deputy manager and two staff. We received electronic feedback from ten members of staff.

We reviewed a range of records which included risk assessments, medication records for three people and three staff records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

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

- People told us they felt safe and at ease when they received their care. One person said, "I am absolutely safe with the carers, they work very well. I can ask them anything and they'll do it and they are very good at what they do." A relative told us their family member, "Is very safe with the carers, I can't fault them."
- Relatives gave examples of when the service had taken appropriate action to keep their family member safe from harm for example liaising with relevant healthcare professionals if they had concerns. One relative shared how the staff were involved in the wound care arrangements for their family member, "They have been excellent. The District Nurses have praised the way they've cared for the [pressure area]."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I have not had to report anything of concern since working here but I know how to report harm and abuse and how to whistle blow." Whistleblowing is the act of disclosing information about wrongdoing in the workplace to relevant external agencies such as the local authority.
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "My carers always come on time." Another person shared, "The carers come on time; am very happy with their time keeping, I know they spend the full time here." A third person commented on how they were kept informed of a sudden change, "Only, on one occasion was my carer held up but they phoned me and said approximately how long they would be and they were here [at the revised time] communication is good."
- Staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits since the service started operating.

- The majority of staff confirmed they had breaks and sufficient travel time to get to people whom they saw regularly. One member of staff said, "Travel time is factored in to the visits and I don't feel rushed. If I am struggling with the time allocated, I let the management know."
- People told us they had consistency of care but did not get a rota advising which staff to expect in advance, but this was not a problem. One person said, "I have regular carers, it is always the same ones. I know roughly who is coming and when because it is always the same." Another person told us they did not get a rota or information about who to expect but said, "Because it's always the same carers and same time, I don't mind."
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services.

Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear masks, gloves and aprons each time. They keep everything spotlessly clean too. Everything is wiped down with care." Another person told us, "I really like the fact the carers keep a sealed box here with all their PPE in and top it up when needed; very professional." A third person shared, "My carer always puts on their PPE, cleans up after everything and I feel very reassured."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- The management team carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member shared, "I have had the proper training and support I needed to care for and support people."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve a qualification in care. A member of staff commented, "I feel supported in my role there is training and spot checks to make sure you do things properly. There is supervisions, team meetings and group chats so we are aware of any changes."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made when needed. One person shared their experience of when the carers had arrived after they had fallen, "I wasn't hurt but the carers did everything to make sure I was alright, they phoned the office, checked if I needed a doctor, contacted my family."

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 on 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.

- The management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person shared, "The fact the carers always ask me what I want, places me in control from the start, if I don't want a wash, I just say so and they listen carefully to what I want." Another person said, "My carers ask me if there is anything I need. Sometimes I don't want to get out of bed, and they respect that. Before they leave they always make sure I'm alright; it's very reassuring."
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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

- People we spoke with told us they were supported and treated well by the care staff. One person told us, "I think they are all so kind and caring, it's like having family here. I can tell them anything and they always listen, it's beyond what they are supposed to do. They always ask me about what we were talking about the next time they are here." Another person said, "My carers are very kind, very patient, very cheerful and very friendly."
- People's relatives were complimentary about the support and care provided. One relative said, "We are very happy with the carers, they are very kind and very patient. They are very respectful and polite." I'm very happy with the agency. We did previously have another agency which was not good, so we know what works."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "If I ask them [staff] to do something they will always do it. I can ask them anything at all. That gives me control, this is my health and my care, and I feel very much in control." A relative added, "We are very happy with the staff, they do as [family member] asks and that's how it should be."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "All the carers know what they are doing so they clearly understand my care plan." A relative added, "We were very involved in what we wanted the carers to do when this was set up, we have never felt we don't have a say."

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said during personal care, "There isn't any awkwardness at all. The carers know when to turn away and when to hand me the towel to cover myself." Another person said about their carer's discretion, "They are very respectful. It's very good. If there are more people in the house than my [family member], and it's time for personal care they close the door, cover me with a towel; all very respectful."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this.
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

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

- People told us that care staff were considerate of individual preferences, taking account of what was important to the person. One person said, "I feel I have a say in my care every day." Another person shared, "I wasn't comfortable with having male carers to do my personal care and so I don't have any male carers."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "If I notice a person's needs have changed, they are struggling with something they can normally do then I let the office know and a manager will come out and assess. If changes are made, then the care plans are updated and a communication goes out to the carers involved."
- Care plans reflected their preferences over when and how to be supported. For example, one person's care plan stated, "I prefer to have female carers to support me."
- The management team were developing people's care documentation to include more detail in areas such as the person's history, their interests and what individualised care meant to them. This would aid staff in developing a professional relationship and rapport with the person and deliver care and support in line with the person's wishes.
- We discussed with the registered manager that people's daily records were task focused and did not consistently reflect people's mood and social well-being. They advised they were planning to address this with further support and training for staff.

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 management team were aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The management team told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "I have not had to make a complaint, at the start there was an issue with timings, but I spoke to the manager and it is all sorted."

Another person said, "I haven't had to raise any issues or make a complaint but if I felt the need I absolutely would and know who to speak to."

- A complaints policy and procedure were in place. Records showed no formal complaints had been received but where concerns had been made, 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and transparent culture promoted within the service. The management team worked closely with staff and listened and acted on feedback from people and their relatives. This ensured care staff were working in line with expectations.
- Feedback from people and their relatives was complimentary about P&B Shadwell Ltd. They told us they were satisfied with their care arrangements. One person told us, "I am very happy, the carers come on time, it's a reliable service, the times don't change. The carers do what I ask for. The best things are they help me and [I enjoy their] company. I can't think of anything they could do better; it's the right company for me." Another person shared that the agency was, "Very well managed, because the carers always come on time and do what I've requested. I really couldn't manage without them." A relative commented, "I would recommend the service, the carers are excellent."
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was an open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were complimentary about working at the service and several described the management team and their colleagues as supportive and 'being more like a family.' One member of staff shared, "The company is well led, and management are approachable, giving us staff the help we need. They were very visible during the pandemic making sure we had everything we needed and checking we were okay."
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.
- The registered manager was aware of the need to put in place a formal quality assurance system. They told us that were developing a survey questionnaire for all the stakeholders to give their views about the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- There was an established leadership structure in place and staff understood their roles, responsibilities

and duties. Staff performance was monitored through one to one supervision and competency checks.

- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team monitored the safety and quality of the service. This included regular checks and audits for example, medicine administration, care records and accidents and complaints.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.