

Peabody Trust

South Essex Domiciliary Care

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

South Essex Domiciliary Care is a domiciliary care agency providing personal care to younger and older people with a physical, sensory or learning disability and autism living in their own homes and supported living accommodation. At the time of our inspection there were 20 people receiving a regulated activity.

Not everyone who used the service received a regulated activity. 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.

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

Feedback from families and relatives was positive. A relative told us, "[Person name] is so well looked after." Another relative said, "I would not want them to be anywhere else."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The registered manager enabled staff to develop their skills to provide good quality care. People were supported with diet and nutrition to maintain their well-being. Staff worked well with people, families and professionals to support health and wellbeing.

Care was focused on supporting people to remain independent. Staff supported people to engage in their local community. Care was personalised around people's needs and preferences. Staff reviewed and adapted support as people's needs changed.

The registered manager had systems in place to monitor the service, measure outcomes for people and make improvements where needed

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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.

Right Care:

Care is person-centred and promotes people's dignity, privacy and human rights.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The rating at the last inspection under previous provider was good (published 5 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service and a change in legal entity.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

South Essex Domiciliary Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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

South Essex Domiciliary Care is a domiciliary care agency. It provides personal care to people living in their own flats and specialist housing. This service provides care and support to people living in several 'supported living' settings, as well as in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the offices on the 3 July 2023 and visited 5 people who received support in their homes on the 4 July 2023. The Expert by Experience made phone calls to people and relatives on the 4 July 2023.

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

During the inspection

We communicated with 12 people who used the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager and care staff.

We viewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

At our last inspection under previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training on how to safeguard people. One member of staff said, "If I had a concern, I would call the manager and explain the situation."
- There were policies in place for staff to follow when raising safeguarding concerns. These included how to raise alerts to the local authority and how to track these concerns. The provider had a 'concerns' email that staff could email directly.
- People we saw and spoke to expressed they were happy with the support they received. A relative told us, "[person name] is absolutely safe there, they would not be there if we didn't think so."
- The registered manager had worked with the local authority to investigate safeguarding concerns and worked with them, to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
- People were supported to live as independent lives as possible. Risk assessments helped to mitigate the risks to people by identifying how best to provide support.
- Support plans identified what support people may need whilst spending time in the community and how their mobility may need support. Mental health plans identified how staff could support people safely if they became distressed. Risks associated with personal care and eating and drinking were clear to ensure people had the care they needed to stay safe.
- Staff had received training on how to evacuate people from their home in an event of a fire.
- The registered manager had business contingency plans in place to ensure support remained in place for people following any untoward event.

Staffing and recruitment

- The registered manager told us they considered the needs of people and tried to match staff to people. One relative told us, "[Person name] has had the same care worker for 16 years." Another relative said, "There is enough staff."
- People were supported by a regular staff team who worked on a rota basis. People had pictures of staff so they knew who would be coming to support them.
- The registered manager told us they had a good staff retention rate. There was an internal bank system to utilise additional staff where needed to cover sickness or holidays and on occasion they may use agency staff, but this is rare.
- Appropriate checks were in place before staff started work including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff had been trained in how to administer medicine safely and had their competency to do so regularly checked.
- Where people were supported with medicines, they had a support plan and risk assessment in place for staff to follow.
- Medicines were recorded on a medication administration chart if people required 'as and when'(PRN) medicine there were protocols in place for their administration. This included speaking to a senior manager to ensure medicine was necessary.

Preventing and controlling infection

- Staff had received training in infection prevention control (IPC) and supported people to minimise the risk of infection in their homes.
- The registered manager had systems in place to safely manage infections or infectious disease outbreaks should these happen.
- Staff informed us they had adequate supplies of personal protection equipment (PPE) should they need these.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from accidents/incidents or untoward events. The registered manager said they had not identified any themes and had a report in place to track any events.
- Lessons learned were shared with staff during team meetings and filtered down from management and discussed in staff supervision sessions

Is the service effective?

Our findings

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

At our last inspection under previous provider, we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using service to ensure they could be met. People were involved in all aspects of their care planning and chose how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff felt supported by the provider and registered manager. The provider had a learning and development team to support staff with their learning. Staff said they had been given the opportunity to complete nationally recognised certificates and advance their careers.
- A relative said, "The staff are well trained, they're up to date with everything and they're always doing courses."
- New staff had a full induction to the service. Learning was provided through a mixture of e-learning and face to face training, staff worked shadow shifts to get to know the people they would be supporting. One member of staff said, "The induction was very good. I was able to spend time getting to know people."
- Staff had a probation period during which they completed the Care Certificate and had regular meetings with senior staff to review their progress. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had regular meetings and supervision, where they could discuss any training or support needs, they may require.

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

- Staff supported people with their meals and fluid intake. Staff helped people to plan meals, go shopping and prepare what they chose to eat. One person said, "The food is nice, staff ask me what I want and cook it for me."
- Where needed staff encouraged people to make healthier choices, for example by making homemade food instead of relying on fast food. A relative said, "The doctor is trying to get them onto a healthy eating plan, the staff are good they all do it together."
- Where issues were identified staff followed the advice of speech and language therapist (SALT) to support people safely with eating and drinking. Choking risks assessments were in place where there was a need identified.

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

- Staff supported people to attend health appointments such as GPs, dentists, and opticians. A relative told

us, "Staff go with [person name] every month for their medical appointments."

- Staff supported people to attend any specialist reviews they had with consultants or at the hospital and supported yearly health reviews.
- People had health passports in place describing their medical history, any communication needs and how they liked to be supported should they need to go to hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Staff had received training on MCA and gaining consent from people. Staff encouraged people to make decisions and helped them with offering choices.
- Some people had best interest decisions in place and some people had a Court of Protection with guardians appointed to ensure health and welfare was being protected.
- Staff told us for any finance decisions such as booking a holiday, a proposal was put in place and sent to the guardians for agreement. This meant people were protected from financial abuse.
- Where staff dealt with people's money receipts and records were kept which were audited by management to ensure they were correct.

Is the service caring?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about the level of support they received from staff. One person said, "The staff are nice and kind." A relative told us, "The staff are so caring, they go above and beyond. [Person name] loves them."
- The provider promoted equality and diversity and had recently held a festival with this as the theme. We saw photographs of people enjoying the festival. One person told us, "I liked the bands ABBA and Elvis."
- Staff received training in equality and diversity and people shared their experiences with staff of times when they had been treated unfairly or disrespectfully. The provider found building people's voice into training was very poignant for staff.
- People were supported to practice their religious beliefs and were supported to attend church. One person said, "I go to church on a Sunday and this week after church we are having a meal."

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

- People's care plans were person centred and support was tailored to meet their needs. Staff knew people well and how they liked to be supported.
- Staff supported people to express their views and listened to how they wanted to receive support. Each person had a key worker who worked closely with them.
- Staff had monthly meetings with people to discuss what was working well for them, what they enjoyed doing, what they would like to do, if anything was upsetting them and if they liked living at the service.
- People's relatives were involved in discussing their care. One relative told us, "The staff tell us about any appointments and involve us in decisions on care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. One relative said, "When we come to visit the staff give us privacy."
- Staff supported people to choose how they wished to have their rooms or flats re-decorated by the landlord. A relative said, "Staff have done [person name] place up nice. They had a colour chart and helped to choose all the colours."
- Staff supported people to maintain their independence. A relative told us how staff had helped their loved one with using stairs. They said, "All the staff are well trained and professional, [person name] life has opened up with their support."

Is the service responsive?

Our findings

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

At our last inspection with the previous provider we rated this key question outstanding. At this inspection the rating has changed to 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

- Before people started using the service a full assessment of their care needs was completed to see if they could be met by the service. If people were moving to a shared home, consideration was given to whether their personalities would match with the people already living at the home.
- Support plans were person centred and detailed, providing staff with all the information they needed to support people, how they wished to be supported.
- People were involved in their care, staff had regular conversations with them to review their support needs and to plan with them activities or goals they wanted to achieve.

Meeting people's communication needs

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

- Support plans were in place to help people's communication needs. Staff knew people well and how to best communicate with them.
- Staff received training to work with people who may have communication difficulties and use tools such as, objects of reference, photographs, symbols, talking mats, Makaton and communication passports.
- The provider used easy read formats on documents and font size that is helpful for people with dyslexia or learning difficulties.
- Staff supported people to have reviews with opticians and hearing checks where needed.

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

- People were supported to maintain relationships with family and friends and to have full social lives. One relative said, "They have a better social life than I have ever had. The only reason I call before going around is to make sure they are in."
- People were supported to stay in touch with their relatives through phone calls and visits to them. One relative told us they lived a distance away but their loved one was coming to stay for a week's visit soon.
- The registered manager told us how they had supported a person get back in touch with a relative they had lost contact with for a number of years and how they had helped people stay in touch with relatives living abroad.

- Staff supported people to attend activities they enjoyed doing. One person said, "I like to go shopping and then for something to eat." Another person told us they liked going to an exercise class. Where people had an interest in college staff supported them to attend. A relative told us, "They go to college twice a week and shopping."
- Where people were able to have Motability cars staff supported them with these to enable them to access the community and trips out more easily.
- The registered manager told us staff were always looking for activities in the community or new groups that they thought people might like to attend.
- Staff supported people to go on holidays of their choice. One person said, "I like horses, I am going on holiday soon to see 2." The carer explained they had been away on holiday to a place with horses that they had enjoyed this so much they had arranged to go again. The person we spoke with was very happy about this trip in a couple of weeks' time.
- Another person told us they were on holiday at Butlins, they sounded really happy and said of the staff member with them, "They are perfect."
- The provider organised activities and competitions for people to get involved with in their homes. These included art, craft and gardening competitions. We saw 2 people had won a competition for their artwork which was displayed in their home and they proudly had a certificate displayed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place to respond to complaints. Relatives we spoke with told us they were confident to raise any concerns they may have. One relative said, "I'd have absolutely no concerns about complaining, not that I like confrontation but no worries to complain, the manager is very approachable."

End of life care and support

- There was nobody actively being supported with end of life care. The registered manager told us they did support people to make decisions about funeral plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection with the previous provider we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback was positive from relatives and people. One relative said, "All the staff are just like family to me." Another relative said, "The staff are brilliant, I can't fault them."
- People were supported to live full and active lives. This was demonstrated in the varying activities people were supported to enjoy and the person-centred support plans.
- People and relatives told us they were happy with the support they received. One person said, "I am very good, my carer is very nice and gets on with me." A relative said, "[Person name] is very happy and content."
- The providers values were promoted with staff. These included to be kind, do the right thing, celebrate diversity and love new ideas.
- Staff shared the providers values to support people maintain their independence. One member of staff said, "I support people to be as independent as possible to enjoy life, to enable choice to do whatever they want to do."

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

- The staffing structure provided the registered manager with senior staff in a position to oversee services and offer support to people and staff.
- Staff were clear about their roles and received regular supervision and had meetings with senior staff.
- The provider had policy and procedures in place for staff to follow to meet regulatory requirements.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- The registered manager engaged with people and staff on a regular basis. This included visiting people to gain their feedback on care.
- Staff regularly engaged with people and gained their views and feedback through meetings and reviews of care needs.
- The provider sent out surveys to people, relatives, and staff to gain an insight on the care being provided and levels of satisfaction.

- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to audit care being provided and to maintain oversight of the service.
- Staff were supported with training and development to help their career progression and develop the skills they needed to support people.
- Staff actively sought out community activities that people may enjoy and worked closely with community projects and other providers for people to attend these.
- Where needed people were supported to access support from health professionals such as occupational therapist, social workers and GPs.