

Smeaton Healthcare Limited

Smeaton Healthcare (Plymouth)

Inspection report

Eclipse House
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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

Smeaton Healthcare (Plymouth) is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes. At the time of our inspection 20 people were receiving personal care from the service.

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.

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

People were kept safe from abuse and harm, by staff who knew how to report any concerns. The service had systems to report and investigate any concerns and had established links with the local authority safeguarding team.

Risk assessments identified how the risks associated with peoples care should be managed, and the action staff should take to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes were in place to ensure only suitable staff were selected to work with people.

Staff had received training to enable them to meet people's needs effectively. We saw that supervision meetings for staff were held regularly and staff felt supported by the management team to perform their role.

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 felt they were treated with kindness and said their privacy and dignity were always respected. People's choices were respected, and staff were committed to supporting people to achieve good outcomes.

The registered manager and staff demonstrated a commitment to deliver person-centred care. People's care plans were personalised and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews.

The provider had systems in place to monitor the quality and safety of the service. The registered manager was committed to ensuring continuous learning was embedded within the service. The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service.

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 27 October 2020 and this is the first inspection.

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 responsive findings below.

Smeaton Healthcare (Plymouth)

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 was made up of one inspector, two Assistant Inspectors 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.

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

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.

Inspection activity started on 29 March 2022 and ended on 5 April 2022. We visited the location's office 29 March 2022.

What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, the provider and the care coordinator. We reviewed a range of records. This included five people's care records and seven medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records, quality assurance records and training records were looked at.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five people who used the service, four relatives and six care staff.

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 of 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 and their relatives told us people were cared for in a safe way. One person told us, "(Person) is safe I feel (they) are in good hands and "I always feel like they know what they are doing. I have a great deal of confidence in this company and the quality of the staff".
- People were cared for by staff that knew how to raise and report safeguarding concerns. Staff knew how to report concerns externally. One staff member said, "First of all, I would report it to my office and if the office did not listen, I would report it to you (The Care Quality Commission). We have all had the safeguarding and whistle blowing policies and we have had the training".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed and recorded. The risk assessments covered areas such as falls, nutrition, seizures, medication and environment. For example, one person was at risk of falls. Their care plan guided staff to ensure they had the correct mobility aids in different parts of their home.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary. A staff member said, "We have an incident report app and I have when we have had concerns previously and it is dealt with immediately".

Staffing and recruitment

- People told us, and staffing rotas confirmed there was enough staff to meet people's needs. People told us staff arrived within the agreed time and were not rushed in the care they provided.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- People's visits were monitored through an electronic system that alerted the registered manager if staff were late or care visits missed. People, relatives and records confirmed people did not experience missed care visits.

Using medicines safely

- Staff were trained to administer medicines and received regular checks by managers to ensure they followed correct procedures. However, we noted these checks were not aligned to The National Institute for Health and Care Excellence (NICE) guidance Managing medicines for adults receiving social care in the

community. We raised this with the registered manager who took immediate action to address this.

- People received their medicines as prescribed. There were systems in place to ensure this was done safely.
- People's medicine care records were detailed, accurate and up to date. They reminded staff of people's required doses and when the medicines needed to be administered.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using personal protective equipment effectively and safely.

Learning lessons when things go wrong

- The registered manager and provider ensured they reflected on occurrences where a lesson could be learnt, and used this as an opportunity to improve the experience for people using the service.
- Staff knew how to report accidents and incidents and told us they received feedback at team meetings and on an individual basis.

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 provider ensured people's needs were assessed before they started with the service to ensure their individual needs could be met.
- People and relatives told us they were involved in the assessment process. One person said, "We met the boss and planned the care, we picked the plan we liked and that is what the carers do. It works really well".
- People's expected outcomes were identified, and assessments took account of current guidance.

Staff support: induction, training, skills and experience

- People felt supported by well trained staff. One person told us, "They all seem well trained. They "double-up" when there is a new one to show them how to use (specific equipment)".
- All staff completed an induction programme when they first started work. Staff told us, and records confirmed that they had the necessary training to support people effectively.
- Staff told us, and records confirmed, that they received regular supervision and appraisals. Staff told us they felt supported in their roles. One member of staff told us, "The communication and support is amazing".

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People's care records demonstrated people were supported with their meals appropriately.
- Records confirmed people were supported by staff to maintain good nutrition and hydration.

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

- Staff worked with other agencies to provide consistent, effective, timely care and support to people to live healthier lives and access healthcare services. People were supported to live healthier lives through regular access to health care professionals such as their GP's. One person described how staff had supported them to access healthcare in a time of need.
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Guidance and advice from healthcare professionals was incorporated into people's care plans.

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

- People and their relatives confirmed that staff obtained consent for people's care and support. One staff member told us, "I always ask people and get their verbal consent for individual tasks and I always write that in my notes as well that they have given me consent".
- People were supported by staff that knew how to apply the principles of The MCA in their roles. One staff member described how they would act in a person's best interest if they had concerns about their capacity to make safe decisions.
- Records confirmed decisions were made in people's best interests and where necessary people were referred to appropriate bodies for decisions to be made.

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 felt staff were caring. They told us, "They are more than kind they can't do enough for me" and "They are my guardian angels".
- Staff knew people well and were passionate about ensuring people felt valued and cared for. One staff member said, "Everyone is out to look after the clients, there are no cutting corners and we never rush, and the clients love that".
- The diverse needs of people using the service were met. This included individual needs relating to disability and gender.

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

- People and their relatives told us they were involved in making decisions about the care being provided. One person told us, "They sit and listen to you properly not like other care agencies I've had".
- Care visits were scheduled and planned to ensure they reflected people's wishes. Two people we spoke with described situations where they had requested changes to their visit times and care needs. Both people told us they felt fully involved in their care and were happy with how both the leadership team and staff had catered for their needs.
- Staff told us they would provide choices during the visit so that the person was involved with their care, for example, what people would like to eat and how they would like their care delivered.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were happy with how staff supported them. One person told us, "I always feel like they know what they are doing".
- Staff were clear how they respected people's dignity. One staff member told us, "My motto is, treat people how you would like to be treated".
- Staff described how they encouraged people they cared for to do what they could do for themselves in order to promote independence.
- People's personal files were kept secure with only designated staff having access which ensured confidentiality. Staff used individual logins to access electronic records.

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's individual care needs had been identified and care plans had been developed and were regularly reviewed with the involvement of people and their family members where appropriate. One person described how they had been involved in a recent review and the outcome of the review.
- Care plans contained detailed information about people's likes and dislikes in order to help staff get to know people and provide person-centred care and support.
- Staff we spoke with were knowledgeable about the person-centred information within people's care records. The information shared with us by the staff matched the information within people's individual care plans.

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.

- People's initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us they were confident that any concerns would be dealt with immediately.

End of life care and support

- At the time of our inspection no one was receiving end of life care (EOLC). Records confirmed that staff had received appropriate training in EOLC.
- The registered manager told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.

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

- The registered manager had supported the staff team to ensure the culture of the service was positive and person centred. Without exception people and staff spoke positively about the management and leadership of the service. Comments included, "Amazing, honestly I have never worked for a company that is so open, communicative and supportive", "The attitudes and behaviours towards us are great", "They are there for you no matter what and ready to help" and "It has been a breath of fresh air working for a company where you feel valued and as part of a team like this one".
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

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 CQC sets out specific requirements that must be followed when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The service was well run and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- The service had strong governance arrangements in place. Both the registered manager and provider recognised the importance of systems being effective to strengthen the quality of the service that people received.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and submitted notifications appropriately to CQC.
- Regular audits were carried out by the registered manager and the provider these included, care plans, risk assessments, medication and the day to day running of the service. Findings from audits were analysed

and actions were taken to drive continuous improvement.

- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of people using the service.

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

- The provider and registered manager involved people in various ways. People had opportunities to, complete surveys or raise any comments via an open-door policy at any time. One person we spoke with told us, "They sit and listen to you properly not like other care agencies. I go in my wheelchair up to their office and have coffee with them. They are 200 percent".
- The registered manager, staff and the provider demonstrated a commitment to providing consideration to peoples protected characteristics.
- Staff told us they were involved in providing feedback through team meetings and supervisions. Staff told us they felt listened to, valued and able to contribute to the improvement of care. Staff told us they were regularly praised for their hard work and commitment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely and in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.