

Shauna Health Care Service Solutions Limited

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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

About the service

Shauna Health Care Service Solutions Limited is a domiciliary care service which provides support to older people and younger adults some of whom have a physical disability, sensory impairment or dementia. At the time of the inspection 21 people were being supported with 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

Staff understood their responsibility to wear Personal Protective Equipment (PPE) when supporting people to keep them safe and comply with government guidance.

People were supported by staff who had received safeguarding training and demonstrated a good understanding of how to keep people safe from harm or abuse. Risks in people's lives were assessed and managed with their involvement.

The service had a recruitment and selection process that helped reduce the risk of unsuitable staff supporting people. Staff had an induction and an ongoing programme of training which helped them meet people's individual needs. The service understood the importance of keeping people healthy by timely contact with health professionals.

Staff asked for people's consent before offering to support them. Where people lacked capacity to make particular decisions, they were supported by staff who were trained and worked in line with the principles of the Mental Capacity Act 2005.

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 told us staff were always kind, caring and respectful. They enjoyed their company and felt listened to. Relatives described the positive contribution staff had made to their family member's quality of life.

Staff had been trained to support people who required end of life care. Relatives and professionals spoke positively about the sensitive and supportive approach provided at this time.

Staff told us they got on well with colleagues and enjoyed working for the service. They all felt very well supported by the manager who encouraged feedback and provided opportunities for professional development. A range of audits were undertaken to help maintain the quality of the service and identify where improvements could be made.

The service had established and maintained good working relationships with other agencies and was working with system partners to support people's successful discharge from hospital.

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 22/07/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention and control, moving and repositioning and end of life care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Responsive sections of this full report.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Shauna Health Care Service Solutions Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the registered manager would be available to speak with us.

Inspection activity started on 8 April 2021 and ended on 12 April 2021. We visited the office location on 8 April 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We reviewed feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a senior carer and support workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, training and quality assurance records. We spoke with three health and social care professionals who regularly liaise with the service. We considered their feedback when making our judgements in this report.

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.

Preventing and controlling infection

- At this inspection we found no provider failings with regards to preventing and controlling infection. Staff had access to all required Personal Protective Equipment (PPE) such as disposable aprons and gloves. People told us staff wore these when supporting them. Relatives told us, "The [staff] wear their mask, gloves and aprons whenever they visit" and "PPE is always worn." There had been one occasion brought to the attention of the registered manager where a staff member had not worn their mask correctly. The staff member received refresher training, reflective supervision and the team were reminded of the importance of wearing PPE in line with government guidance. In addition, spot checks had increased to ensure compliance.
- Staff had received training in infection prevention and control including in relation to COVID-19 and understood their responsibilities in this area. There was an up to date infection control policy in place. A relative expressed, "They were really quick to respond to what I needed to do when I tested positive for COVID-19 to keep my [family member] safe."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People had risk assessments which detailed the control measures required to help them minimise the risks in their lives without being restrictive. Risk assessments were completed for areas such as medicines, falls and skin integrity. Where required, actions plans were put in place to help manage identified risks. A relative advised, "They will reposition [family member] in bed and are very careful."
- General environmental risks were also considered including those related to the person's property, food hygiene and fire.
- People told us they felt safe with the care provided. A person said, "They look after me well and do everything that is needed." Relative comments included, "My [family member] is very safe with the carers", "I am always here when the carers arrive and can see my [family member] is safe with them" and, "The one thing I really like about [family member's] care is the continuity, the same carer, it keeps [family member] safe."
- People were protected by staff who demonstrated a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff understood how to raise concerns internally and to external agencies such as the CQC and local authority.
- The service recorded and analysed accidents and incidents. This was used to identify themes in order to reduce the chance of them happening again. Learning was shared with the staff via regular updates, team meetings and supervision.

Staffing and recruitment

- There were enough staff to support the number of people they visited and provide consistency of care. A relative expressed, "There is good continuity of care. Having the same carers makes my [family member] feel comfortable with them being here." Another relative said, "We have got to know them very well."
- Staff arrived on time for visits and stayed for the assessed time. Daily notes recorded arrival and departure times from people's properties, and these were audited by the registered manager. Relatives told us, "They are always on time and have never missed any calls", "The care staff always arrive at the correct time and handover" and, "The staff always stay for the time they are supposed to."
- Mapping software was used to calculate approximate travel times between care visits although this was subject to weather conditions, road works and health emergencies. This planning helped staff to remain punctual and travel safely around the community.
- The service had robust recruitment practices in place. This helped ensure people were supported by staff with the necessary skills, values and good character.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed. A relative said, "They always check to ensure [family member] has taken [family member's] medicines and it has been recorded. They are really on the ball."
- People were supported with their medicines by staff who had received the necessary training and competency assessments.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Daily notes confirmed best practice was being followed such as not leaving medicines out for people who were unable to safely self-administer.

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

- People had an assessment prior to them receiving a service. This captured their needs, abilities and their preferences. A relative said, "They meet all my [family member's] needs and this has made a big difference to [family member]."
- People received care and support which was planned and delivered in line with current legislation and good practice guidance. A relative expressed, "The care they provide keeps my [family member] at home with me."

Staff support: induction, training, skills and experience

- Staff received an induction which included mandatory training and a set period of shadowing more experienced carers. If staff were unsure after their induction this was repeated until they felt sufficiently competent and confident in their role.
- Formal competency checks were undertaken by the management to maintain standards and determine any additional training requirements. Checks covered areas such as medicines, timeliness and infection control. These were complimented by spot checks as and when required.
- Staff received training to help them meet people's specific needs. This included: basic life support, moving and repositioning, dementia care, medicines and COVID-19 awareness. Although national restrictions had prevented face to face moving and repositioning training, the registered manager was arranging this with restrictions easing. At this inspection we found no provider failings with regards to support with moving and repositioning. One staff member said, "I have had enough training. The manager makes it a priority." A relative said, "We are so lucky to have such excellent, well trained and kind carers."
- Staff received supervision where they were actively encouraged to reflect on their practice and consider their professional development. Staff confirmed they had been supported to progress.

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 encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. People and their daily notes confirmed this. Where people had a compromised dietary intake, the service liaised with relevant professionals in a timely way. A relative told us, "They give [a dietary supplement drink] to build [family member] up and leave snacks in each room to encourage [family member] to eat and drink."
- Staff received food hygiene training which helped them to keep people safe.
- The service understood the importance and benefits to people of effective contact with health and social

care professionals to help maintain people's health and well-being. A health professional commented, "They supported a person who came home after a stroke. The family were very pleased with the care. The carers were brilliant with [name]. They followed the advice I gave." A relative expressed, "The district nurses recently commented that my [family member's] care is extremely good and [family member's] skin is excellent. My [family member's] catheter care is wonderful." Another relative stated, "After my [family member] was discharged from hospital there has been a noticeable improvement in [family member's] health with the support of the care staff."

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.

- Staff understood the importance of seeking consent before helping people. Staff provided examples where they would seek consent which included support with medicines and personal care. A relative said, "They interact very well and always ask [family member] if it is ok to carry out a task before they do so."
- People's care plans noted if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. These detailed the scope of the authority these representatives had. However, there were some instances where we noted relatives had signed to give consent to care for family members who were deemed to have capacity. This was a records discrepancy rather than a shortfall in practice as the registered manager demonstrated a robust understanding of situations in which people could legally give consent on behalf of those needing care. The registered manager agreed to review people's records to resolve this.
- Staff had a good understanding of how to support people to make their own decisions. Staff understood what action was required to work in people's best interests when they lacked capacity to make specific decisions and did not have legal representatives. This included consulting with family, advocates and professionals.

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 were supported by staff who were kind and caring. A relative said, "They are always so polite. They treat [family member] so kindly and are very respectful." Another relative said the staff were, "So, so caring and thoughtful."
- Staff had a good understanding of the individual approach required to enable people to be involved as partners in achieving their goals. A relative told us, "The carers will encourage [family member] to take [family member's medicines] to reduce [family member's] anxiety and they require patience to do this. They are very encouraging and treat my [family member] with respect." A staff member offered, "If a person lives with dementia you need to be patient and give them time to process information. Patience is key."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to express their views about the care and support they received. One staff member acknowledged that people living with dementia may still have some capacity to make specific decisions. They expressed, "They may do things, just slower, and may be confused with too many choices."
- Staff understood how to support and maintain people's privacy and dignity. A staff member said, "If I am helping someone with personal care, I would cover them with a towel for their dignity. If they need privacy when using the toilet, I would monitor from a distance and give them time." A relative said, "They consider [family member's] privacy and always cover [family member] when dealing with personal care so it's all very dignified."
- People were actively encouraged and supported to remain as independent as possible and live the lives they wanted to live. Relatives commented, "They are keeping my [family member's] skills alive as best they can by involving [family] in daily tasks." Another relative said, "The care company has really helped us keep [family member] independent." A staff member explained, "Everyone wants some form of independence. It is good to promote that."

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 were supported in line with their assessed care needs and preferences. These were clearly detailed in their care plans and reviewed. Staff told us, "The care plans give us a good outline of what we need to do on each visit. A relative said, "We have a very comprehensive care plan that I was involved with. The carers record everything that happens when looking after my [family member] so it can be reviewed as things have been changing." Another relative offered, "The care they provide is very good as they know what [family member] likes and dislikes."
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they offered including helping them maintain their appearance, sense of self-worth and having a preferred gender of carer. Daily notes confirmed this.

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 care plans documented their preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. This information was detailed on emergency grab sheets.

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 encouraged and, where required, supported to maintain contact with family, friends and links with the community. For example, when people had events to attend, such as local day centres or church, staff supported them to be ready in time.
- Staff understood the importance of helping people to stay emotionally well. One relative said, "They put on [family member's] favourite radio station so there is music in the background." Another relative told us, "They keep [family member's] spirits up and joke and chat away with [family member]."

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was included as part of people's welcome pack which was held in their homes. Complaints were handled in line with this policy.

- Records showed that when a complaint was raised about a staff member not wearing PPE correctly this was swiftly and robustly investigated by the service and the necessary action taken.

End of life care and support

- At this inspection we found no provider failings with regards to support with end of life care. Staff had been trained to support people in the last stages of their life. Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously and had received positive feedback. A staff member said, "I got invited to one person's funeral. The family said they were appreciative of my work." Another staff member offered, "When supporting people on palliative care I try to give them hope. Support them to be positive minded and take each day as it comes."
- A social care professional told us, "They worked with a client who recently passed away. I did a review last month. Their service was brilliant. The client was very happy as was their [relative]. I was happy with the care they provided." A relative advised us, "Throughout the final weeks of my [family member's] life we have had wonderful care and support for [family member]. It was very comforting that we had such kind and compassionate carers that helped my [family member] and us as a family."

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

- There was a positive and supportive culture at the service. Staff told us, "All are friendly here. We are like a family", "I would describe the culture as friendly and professional" and, "It is a good company. They are one of the best I've worked for. I'm very happy." Relatives commented, "The [registered manager] will come and knock on the door and pop into see [family member] and see how [family member] is doing" and "It is a very friendly 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

- The registered manager had a good understanding of their role. They said it was, "To support staff, clients and families. Make sure the service is well led and safe. Make sure the team learn every day."
- Staff were clear about their roles and responsibilities. One staff member expressed, "For me the work I do is all about the clients. What I do reflects on the company."
- Staff told us they got on with their colleagues and felt supported by the registered manager. Their comments included, "The best thing is I get to use my ability. I feel tremendously supported by the manager" and, "We get so much help from the manager." A relative said, "The [registered] manager and her staff work very hard and I would highly recommend them."
- The registered manager had ensured all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding team. This is a legal requirement.
- The registered manager demonstrated a good understanding of the duty of candour. They explained it involved, "Owning up if anything happens and apologize. To say the truth about what has happened." There was evidence the service had done this when required.

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

- The service regularly sought feedback via questionnaires to help identify what they were doing well and where they could improve. Comments were universally positive and included, "The service is really good. The care is good and helpful", "Reliable and managers are good and friendly" and, "The company is well run. Occasionally there is the odd hiccup, but the problems have been quickly addressed."
- Staff and relatives spoke positively about the registered manager. Staff comments included, "[Name of registered manager] is lovely. [Name of registered manager] listens, is definitely approachable and seeks all

our opinions before doing things" and "The manager has a big heart and cares for people." A relative said, "[Name of registered manager] is brilliant." Another relative said, "I feel very confident with the [registered] manager's ability."

- The service assessed whether staff had any characteristics or health conditions that placed them at more risk. Where identified, reasonable adjustments were offered. For example, one staff member told us, "I didn't feel safe with the pandemic as I have [a particular condition]. The manager met with me and supported me to have some more training to help. They gave me extra support. I felt very supported by them."

Continuous learning and improving care

- Staff professional development was encouraged and supported. One staff member told us, "They asked me to do a level five diploma [management qualification in health and social care]. I was so happy. I was overwhelmed. They are supportive with continuing professional development. I had a level four when I started here." The registered manager was undertaking a level 5 diploma and confirmed three of the care staff were also being supported to do this.

- Quality assurance systems were in place and helped ensure service quality was maintained and any issues were identified in a timely way with the necessary follow up actions taken. Regular audits included care plans, quality of daily notes, medicines records and infection control compliance.

Working in partnership with others

- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with community nurses, GPs, social workers, occupational therapists and care commissioners.

- The service had partnered with the local authority to support people to move back home from hospital. This was helping to support the wider health and social care system during the COVID-19 pandemic. A professional told us, "They are very accommodating even with just a few hours' notice. They are supportive and communication is good."