

Rexshi 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

This inspection took place on 3 September 2018 and was announced. The service registered with the Care Quality Commission (CQC) in July 2017 as a new service. This was its first rated inspection.

This service is a domiciliary care agency. The service provides personal care and support to people living in their own houses in the community. The service provides support to older people and younger adults with a range of conditions including physical disabilities and people living with dementia. At the time of the inspection, two people were receiving care and support from the service.

There was a manager in post who registered with CQC in July 2017. The provider was required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any incidences or suspicions of abuse.

Risk assessments were carried out to enable people to keep their independence and receive care with minimum risk to themselves or others. People received their medicines when they needed them from staff who had been trained and had their competency checked.

The provider made sure there was enough staff on duty. We found recruitment procedures were safe with appropriate checks undertaken before new members of staff commenced their employment. This helped to ensure, they were suited to work with vulnerable people.

People received effective care and support from competent and well-trained staff. Staff were knowledgeable about their roles and responsibilities. They had the skills and knowledge required to support people with their care needs. Staff received a thorough induction at the start of their employment and new staff completed a qualification known as the Care Certificate if they did not already hold a relevant qualification. All staff received regular supervision and annual appraisals.

Staff knew the people they were supporting well and provided a personalised service. Care plans were in place detailing how people wished to be supported and included people's likes and dislikes. People's health and nutritional needs were assessed and staff contacted relevant health care professionals for advice as necessary to help maintain people's wellbeing.

Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. The provider and staff had received training on these.

There was also a policy on the mental capacity which was accessible to staff.

People were cared for with kindness and compassion. They were treated with dignity and respect and supported to maintain their independence. Care and support was planned and personalised to each person, which ensured they were able to make choices about their daily lives. Staff supported people to maintain and develop their relationships with those close to them, within their social networks, and members of the community.

People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

People and their relatives told us the registered manager was a good manager. The culture of the service was open and positive. The registered manager was very supportive and was committed to providing quality services to people.

The registered manager conducted regular quality assurance assessments to help raise standards and drive improvements. The registered manager told us they were planning this to develop the quality assurance further as the service grows.

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

People were cared for by staff who had been trained in how to recognise and report abuse.

There was enough staff to support people safely and safe recruitment procedures were in place.

Risks people faced in their daily lives were assessed and risk management plans completed to keep people safe and minimise risks.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective

Staff had completed a range of training to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff encouraged and supported people to access health care professionals when needed.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

Is the service caring?

Good ●

The service was caring

Staff were kind and caring and understood people's needs and how best to meet them.

People said staff promoted their independence and their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive

People's care was delivered in a person-centred way and consideration was made for people's choices, wishes and feelings.

People were encouraged to give their views and raise concerns or complaints to assist the service with any improvements needed.

Is the service well-led?

The service was well-led

An open culture was promoted and the management style was described as approachable and supportive.

Staff said it was a good environment to work in and they attended team meetings to keep them updated with changes taking place at the service.

Quality assurance systems were in place and plans for these to be developed as the service grows to drive improvement and raise standards of care.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager would be in. The inspection team consisted of two inspectors.

Inspection site visit activity started on 3 September and ended on 3 September. It included the review of care and support records, risk assessments, staff recruitment files and other documentation in relation to the management and running of the service. We also spoke with people using the service, their relatives, the registered manager and members of staff. We visited the office location on 3 September to see the manager and office staff; to review records and policies and procedures.

Prior to our inspection we looked at the information we held about the service, which included the provider information return (PIR). This is information we require providers to submit at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted Health Watch North East Lincolnshire and North East Lincolnshire safeguarding and commissioning teams for their views of the service and we used their feedback to inform our inspection and judgements. .

At this inspection we spoke with the registered manager, two staff, a person who used the service and a relative.

We looked at two people's care records, including their initial assessments, care plans and risk assessments. We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, recruitment information for three members of staff, staff training records, policies and procedures, complaints, and staff rotas.

Is the service safe?

Our findings

A person we spoke with told us they felt safe and comfortable using the service and that the staff were very nice. A relative we spoke with also expressed satisfaction with the service and told us, "We are very happy with the care [person's name] receives, as it is a bespoke service and the staff are very good." They had no concerns about the safety of their family member.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination, by providing staff with training and by having relevant policies and procedures in place. The registered manager understood their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

All staff spoken with had a good understanding of the different forms of abuse and said they would report any incidents to the registered manager. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and their training records confirmed this. We saw there were appropriate policies and procedures in place, which set out the safeguarding vulnerable adults processes.

Care plans included several individual risk assessments, which considered risks associated with people's environment, their care and treatment, and any other factors. For example, the manager told us about recent successes in the service, as staff had supported people to access showers who had previously been unable to do so. The registered manager told us, "Just because they haven't done it before doesn't mean they can't do it." The registered manager had worked with staff, people and their relatives, to ensure the correct equipment was in place and risk assessments completed to support staff to assess and monitor the potential risks to each person's health and safety. However, the risk assessment did not identify how staff would monitor water temperature to reduce risks of injury. The registered manager told us the risk assessment would be updated immediately. Information shared since the inspection confirms this has been done.

Care plans included actions necessary to reduce any risks to people's health. For example, a person told us, "A member of staff took me to the out of hours GP, as I had an infection and they took me rather than letting me wait a long time for transport to take me. I got sorted very quickly." Staff had specific training to ensure they supported people with their needs and worked closely with a speech and language therapist (SALT), reporting concerns promptly. For example, a member of staff told us one person who had food administered through a tube into the stomach, preferred this to be administered at night, to ensure it did not interfere with activities they may be involved in during the day. Following discussions with the individual and the SALT team were able to support the person with this.

The provider was clear about their responsibilities and role in relation to medicines. The level of support required was recorded in people's individual care plans with guidance on how to manage risks. A medicines policy was available for staff to guide them on how to manage medicines safely. Trained staff administered medicines and recorded this on medication administration records (MARs). A person told us, "Staff support

me with my medication. They do a great job." Records showed staff had been observed to ensure their competency when administering medication. We saw regular audits were completed to ensure people received their prescribed medication safely.

There were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with a uniform and personal protective equipment, including gloves and aprons. People we spoke with confirmed staff always wore gloves when supporting them with personal care tasks. A person told us, "I have a feeding tube in place and the staff ensure that it is always clean." We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

No accidents or incidents had been recorded by the service, but the members of staff we spoke with understood the accident policy and procedure and their responsibilities to raise concerns and report incidents and accidents. They told us they would also discuss any issues with the registered manager. A staff member said, "If anyone had an accident I would let the manager know, but I would also complete the accident records, the diary sheets and make sure the care plan and risk assessment were up to date." The registered manager told us any incidents or accidents would be used to make improvements and lessons learned would be shared with staff through team meetings and supervision.

People confirmed there were always sufficient numbers of staff available to provide the care and support required as detailed within their care plan. Where staff were assigned regular visits, staff stayed for the time allocated to ensure the support required had been completed to meet the person's needs. A person told us, "The staff always stay the amount of time they should, sometimes more." Care was taken to ensure people were supported by the same staff so they could become familiar with their support needs and routines. A relative told us, "The staff are very proactive. They are a small team and we always have somebody when we should."

We looked at three staff recruitment files. We saw the recruitment records included an application form, an interview and two references. All staff had Disclosure and Barring Service check (DBS) check prior to starting their employment with the service. All staff had an induction and shadowing period prior to working independently and had completed the mandatory training required for their role.

Is the service effective?

Our findings

A person who used the service and a relative told us that staff were very skilled and knowledgeable and felt staff provided good care and support. A person told us, "The staff are very good, they go above and beyond what they should do." A relative told us, "They [staff] are brilliant, using the correct moving and handling techniques, they make sure [person's name] is always comfortable."

Staff had completed training that the provider considered mandatory including safeguarding, moving and handling, first aid, food hygiene, infection control and the mental capacity act. Staff had also accessed specialist training to support them to fulfil the responsibilities of their role and meet the needs of the people they supported. Staff told us the manager was very good at accessing training for them and one member of staff said, "The manager is really good. We had training on PEG feeding and Tracheotomy to enable us to support people with nutrition and in case they needed their airway clearing. They always make sure we have the training we need." (PEG is a tube passed into the stomach through the abdominal wall to provide a means of feeding when oral intake is inadequate and a tracheotomy is a small opening in the neck which allows a tube to be inserted to help a person breathe.)

Staff members completed an induction at the start of their employment and also shadowed more experienced staff for a period of two weeks, before being allowed to work alone. The registered manager carried out competency assessments prior to staff working independently. The registered manager ensured staff completed the Care Certificate as part of the induction process which covers standards that staff are expected to adhere to as part of their role. The registered manager has a 'train the trainer' qualification and supported staff to complete the Care Certificate. One member of staff told us they had lots of training both mandatory and specialist which equipped them for their role.

Records showed staff had been given regular supervision, in which information about the people being supported, and any further training staff required were discussed. One completed supervision evidenced that safeguarding had been discussed to determine staff knowledge. The registered manager also completed observations of staff practice every three months and any issues identified would be discussed with staff. The registered manager would also discuss these issues with people receiving the service and their relatives to ensure their needs were being met and a high standard of care was maintained. A member of staff told us they had enough supervision and told us "The registered manager is always there to help and support us." We saw appraisals for staff were arranged for later in the year, which linked to their length of service.

We saw people's needs were assessed to ensure they could achieve positive outcomes. Information obtained was detailed and easy to read. It related to people's personal care and meeting their nutritional and health care needs.

The registered manager regularly reviewed the care people were receiving with them, their relatives and other professionals involved in their care. People had access to their GP and other professionals and staff told us they would support people to appointments if they needed to. A member of staff said, "If a person

needed to go to hospital I would go with them and I would take their care plan and medication administration record and any other relevant information." Another said, "I would contact the district nurse or a chiropodist if they needed me to make appointments for them." One person told us that staff had helped them to contact their GP and also gone to the GP surgery on their behalf to collect prescriptions for them. They said, "The staff are very helpful and very good at sorting things out for me when I can't do them myself, like sorting my medication for me."

Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards (DoLs) and the key requirements of the Mental Capacity Act 2005 (MCA).

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.

We checked whether the service was working within the principles of the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, one person receiving support from the service had these in place. The registered manager was working with relatives to ensure they had copies of all the documentation in the care files for the relevant person.

The service had policies and procedures in place related to the MCA, staff had received appropriate training and the service also had a dignity champion who ensured the dignity principles were embedded in the service. Staff understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. For instance, one member of staff told us, "I always ask for consent, for example, when I am going to use the hoist I always ask if it is okay and explain what I am going to do. One person can't answer but I always talk to them as if they can and sometimes I might get a thumb's up or a facial expression, which tells me they are okay for me to do what I need to do." A relative told us, "Staff work with me and we work as a team when helping [person's name]. Staff are very respectful."

Is the service caring?

Our findings

People received care from staff that were kind and caring. A relative told us, "The staff are very kind, as they chat to [person's name]. They cannot talk but staff still communicate with them and treat them like a person and not just a body." One person said, "The staff are very good I have no complaints."

Staff we spoke with had very good knowledge and understanding of the needs of the people they supported. They informed us that they used the care plans and read them daily to ensure they were up to date with any issues or changes that may have been made. Staff spoke warmly of the people they supported and encouraged them to be as independent as possible. A person told us, "The staff support me with the things I am unable to do myself, and without them I would be in a care home or hospital." A relative told us, "We all work together to support [person's name] to make sure they can stay at home."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Staff recognised people's diverse needs and equality and diversity information such as gender, race, religion, nationality, and sexual orientation were recorded in the care files. People told us they felt the staff protected their privacy and dignity. A person told us, "Staff always knock before they come in" and a relative said, "Staff always make sure the door and curtains are closed, even though there is no one else in the house." Staff confirmed they always knocked before they entered a room and one said, "I always make sure it is okay. I talk to them and if helping with personal care I always ensure they are covered and ask them what they want."

The service had policies and procedures in place which protected people's privacy and dignity. Staff had training in relation to general data protection regulations (GDPR). People's care files had written consent relating to information about their health and well-being and gave permission for this to be shared with professionals involved in their care needs. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in the office to ensure that they were only accessible to those authorised to view them.

People were given information on the service in the form of a service user guide. This detailed the service's philosophy of care and other information on what to expect from staff. Information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld. The manager told us at present no one required additional support in relation to decisions about their care.

Is the service responsive?

Our findings

A person using the service had only positive comments to make about the way staff responded to their needs and preferences, indicating that staff listened to their requests and were always available to spend time supporting them as needed daily. They told us, "I am more than happy with the service I receive from Rexshi, as all the staff are equally as good as each other." A relative also expressed satisfaction with how their family member was supported by staff and said, "They [staff] are very good. We are very happy with the service."

We looked at the way the service assessed and planned for people's needs. We examined two people's care files, they were well structured and contained an index of care records in an easy read format. Care plans were underpinned by a series of risk assessments including those on pressure sores, falls and mild cognitive impairment. They included people's preferences and details about how they wished their support to be delivered in a document titled 'things you need to know.' There was also evidence of health care professionals' involvement and health action plans including those from the speech and language therapist (SALT). There was evidence in people's care files that reviews had taken place.

Some sections in people's care files were not required for example, communication as the person could communicate verbally. We found that whilst people had been closely involved in their person-centred plan, there was little evidence to indicate people had participated in the development of their support plan, which provided guidance for staff on how best to meet people's needs. We discussed these issues with the registered manager, who assured us arrangements would be made to update the care documentation and ensure people's involvement wherever possible in all aspects of the support planning process was documented.

Staff we spoke with told us the support plans were useful. One member of staff said, "I always read the support plans, especially if we have a new person. I like to read them before I do anything so as I know their likes and dislikes, what I am supposed to be doing and how they want me to do it." Staff told us they believed the support plans were person-centred as all the information was centred around the person's needs, and that they monitored people's progress against the plans in place. Staff completed daily diary records and if they found any changes in a person's well-being, staff followed the process in place and informed the registered manager to ensure records were amended in a timely manner.

Staff spoken with had a good knowledge of people's needs and could explain how they provided support that was important to each person. Staff were readily able to describe people's preferences, such as those relating to health and social care needs, personal preferences, and pastimes. Staff told us they had enough time to complete tasks with people and one of them said, "We are not rushed. The company would not allow it. We take our time to ensure people's needs are met, as that's what is important." A person told us, "The staff never rush me, we have a laugh and a joke. They are more like friends." Staff told us the registered manager also provided a telephone number so as they could be contacted out of hours and respond to any queries staff had.

Staff told us the care they provided was person-centred. A member of staff said, "Everyone is an individual and want things doing their way, in an order which they like, and so they decide how we support them." We saw care plans were in an easy read format and contained detailed information about the individual. They did not always have goals and aspirations of the individuals recorded but the manager explained this was due to the complex needs of the people using the service. However, they did record the likes and dislikes of people and evidenced that staff supported people to be involved in activities they enjoyed. For example, one person liked to sit in the garden and staff had ensured this happened regularly due to the nice weather this summer.

Staff also supported people to maintain their relationships and to access the community as much as possible. Staff told us that they encouraged people to go out into the community and one of them said, "We know some people are reluctant to go out but we will say things like 'it is a lovely day you will enjoy it when you go out'. They go out weekly and tell us how much they have enjoyed it." A relative told us they take their loved one out in the car on a regular basis. The registered manager told us one person had a great relationship with a friend and you could see their face light up when they came into the room.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016. It states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and are given any communication support that they need. We looked at how the provider shared information with people to support their rights and help them with decisions and choices. We found there was information in people's support plans in pictorial and easy read formats, which included information about their communication skills to ensure staff were aware of any specific needs. Staff confirmed they were aware of the importance of communicating with people in ways that met their needs and preferences.

People and their relatives told us they would feel confident talking to the registered manager if they had a concern or wished to raise a complaint. A person told us, "I have never had to make a complaint, but I would if I needed to." The provider had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales for addressing issues. The registered manager told us they had not received a complaint about the service in the last 12 months. However, they told us that any complaints would be dealt with in line with the policy and that they had systems in place for recording, investigating, and taking action in response to complaints if needed.

All staff had completed end of life training. There was no end of life care plans in place at the time of our inspection, no one was receiving care of this sort. The registered manager told us that if they were supporting people at the end of their lives they would work with other professionals to ensure positive outcomes for people.

Is the service well-led?

Our findings

Everyone we spoke with said the service was well-led and that the registered manager was very supportive. A person told us, "The manager is very nice, as they come to see me every three to four weeks to check everything is okay. They ask how I am doing." A relative said, "The manager is very caring, as we see her a lot and she is very supportive."

The registered manager was passionate and dedicated to providing quality services to people. The registered manager knew the people using the service well and had a good understanding of their needs and preferences and worked closely with them on a daily basis. They told us, they were totally committed to providing the best service they could deliver, in order to achieve the best outcomes for people.

Staff told us they had received the training they needed and were well supported by the registered manager. The staff said they appreciated being able to readily contact the registered manager and confirmed she was supportive and approachable. For instance, one staff member commented, "The manager is very approachable and very caring." Another member of staff commented, "I love my job. The manager helps you and is very supportive. I believe the service is well-led."

There was a positive culture in the service, as there was a culture of support and cohesiveness amongst the registered manager and staff and the registered manager led by example. There were regular staff meetings which were held at the office. The meetings enabled staff to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. A staff member told us, "You always get the opportunity to have your say in meetings and the manager always listens to your ideas." The registered manager also told us if anything had changed in relation to a person's needs they would communicate this to staff by telephone and email so as to ensure all staff were up to date with any changes in their care.

The service's approach to quality assurance included completion of regular audits to ensure quality in all areas of the service was checked. Audits included checking medicine records were accurately completed, monitoring that care plans were to a good standard and regularly reviewed, and observing staff practices. We note that, the systems in place would benefit from being developed further to identify any common themes and action plans put in place to drive improvements. The registered manager told us that moving forward the quality audits would be improved to ensure the service continued to provide quality services, which met people's needs.

The registered manager encouraged people to give feedback about their experiences of care and support and regularly spoke with them to ensure they were happy with the service they received. People were also given the opportunity to complete customer satisfaction questionnaires. We looked at the questionnaires returned and noted people were satisfied with their service. Relatives had also been invited to complete and submit a satisfaction questionnaire. We noted all had made positive comments about the service. For instance, a relative had written, "We are very happy with the service we receive from Rexshi Ltd. All the staff are kind, helpful and reliable. We like the service that is provided as it gives us a lot of freedom." A person told us, "This service has changed my life, as I was worried about having services at home, but the service

has altered my view of things. I have got people coming to see me who I call friends."

The registered manager had established good connections with local agencies and worked in partnership with health and social care professionals. The registered manager said they were a part of the local safeguarding forum and attended regular meetings and shared good practice.