

Shadz Care Ltd

Shadz Care

Inspection report

Unit 2
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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

Shadz Care is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service to younger people, people with mental health needs and people with a learning disability or autistic spectrum disorder. At the time of the inspection ten people were being supported by the service, three of which received personal care.

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

Staff understood how to identify and report any potential harm or the risk of this occurring. Risks to people were identified, recorded and managed. One relative told us staff responded well to concerns, such as signs of a pressure sore area developing, and how quick staff contacted a GP and took action.

Trained and competent staff administered and managed people's medicines whilst promoting people's independence to do this themselves.

A robust process helped ensure staff were supported to develop skills to safely meet people's assessed needs. Staff followed effective procedures which promoted good infection prevention and control (IPC) practices.

There was an open culture, and lessons were learned and shared amongst the staff team, and others involved in people's care, when things went wrong.

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. A relative told us staff were very good at looking at what their family member needed support with, but doing less as the person gained independence.

Staff focused on the needs of the person and respected people's choice of communication whilst also upholding confidentiality. This helped ensure every person was treated equally well.

People's care was compassionate, respectful, and staff promoted independence and privacy as much as possible. One person said, "Staff are really friendly and understanding."

Concerns were acted on before they became a complaint and compliments were used to recognise good practice. Policies and procedures were in place for end of life care, and staff knew what actions to take if this care was needed.

The registered manager understood their responsibilities, and supported staff to promote the provider's values about being open and honest. People, their relatives and staff had a say in how the service was run and managed.

Monitoring systems and oversight of the service were effective in driving improvements. The provider worked well with others involved in people's care to help ensure good outcomes for them.

Rating at last inspection

This service was registered with us on 20 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

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

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 ●

Shadz 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

We gave the service four days' 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 also needed to ensure people could consent to us speaking with them. Inspection activity started on 5 November 2021 and ended when we visited the office location on 10 November 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported to us such as deaths. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback from two social workers and a health professional. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two people's relatives. We spoke with five staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at two people's care records and two staff files in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, incidents, staff training and supervision planning records and medicines administration records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify, report and act on any concerns about safeguarding people without discrimination. However, the registered manager had not reported all incidents to the local safeguarding team. Although actions had been taken including referral to a person's GP and review of medicines, this lack of reporting meant the risk to people might not be managed as safely as it could have been. The registered manager told us they now understood the need to report to the local authority as well as the Care Quality Commission (CQC).
- Staff knew they could contact the registered manager, and the local authority safeguarding team. One person told us they felt safe as they trusted the staff. A staff member said, "If I noticed a change of the person's mood or if I found any unexplained bruising, I would raise a concern with the [registered] manager or the CQC."
- People praised staff about the ways they kept them safe. For instance, storing medicines or items that could harm people, securely.

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, skin integrity, emotions and wellbeing were identified and managed well.
- People were supported to take risks in a safe way without unnecessary restrictions. Examples included accessing and use of sharp objects under supervision of staff.
- Risks were reviewed regularly, and changes were made to help ensure staff had the latest information. For instance, strategies staff used if people were at risk of harm, and up-to-date risks assessments with guidance for staff how to keep people safe. One person said, "[Staff] know me well and when to intervene."
- The actions taken by staff and the management team had significantly reduced risks to people. This meant people could go out more and be independent in doing this knowing staff were on hand if needed. One person told us the continuity of their staff team, staff's comprehensive knowledge of their health condition and the involvement of other professionals had transformed their life.

Staffing and recruitment

- The provider's robust process and how staff were chosen ensured the most suitable and skilled staff were recruited to work with people.
- Monitoring of staff recruitment ensured that all necessary checks had been completed. One staff member said, "I had an interview over the phone due to the COVID-19 pandemic. I had to provide a full employment history and explain a few gaps."
- People told us they always had enough staff who undertook their care and support without rushing. One

person told us how the registered manager involved them with staff interviews, and being able to choose which staff were most suited. The person said, "My [staff] help me live a normal life as possible. It's really nice being out and about."

- Staff were deployed in a way which meant people's needs were met more safely. A relative said, "The staff are very skilled. They know what to do to keep my [family member] safe. It is very important they get on with each other. They do."

Using medicines safely

- Trained and competent staff administered people's prescribed medicines safely. Guidance was provided to staff for medicines which had to be administered at a specific time. This also included clear guidelines where relatives supported people and staff were not present.

- Staff were kept up to date with guidance for administering medicines in the community. This included topical skin creams and medicines to be used in an emergency. One person told us how they chose how their medicines were stored, how they helped prepare them, and also completed a weekly check of their stock of medicines.

- People were supported as much as possible to take their medicines independently. One staff member told us, "I get medicines out and then [person] takes them. I then record this on the person's MAR (medicines administration record) chart."

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.

- Staff were trained how to prevent infections and how to correctly wear and use personal protective equipment (PPE). One person said, "[Staff] always wear their masks, gloves and aprons. They put any used PPE in the bin outside or take it away with them. They help me to test if I have COVID-19."

- Staff ensured they maintained good standards of hygiene including regular hand washing.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred, and took action to help prevent recurrences. When incidents occurred, prompt and effective actions were taken. For example, contacting a health professional or 111 service and acting on advice given. This meant staff saw value in reporting any issues.

- The registered manager told us about how open staff were in reporting incidents, such as, for medicines administration, and other incidents which had the potential to cause harm. A relative told us, "Staff were very good at identifying the wrong prescription of a medicine and letting me know my [family member] was safe."

- Staff told us that they were kept informed about changes following an incident, learning was had, and monitoring of this was completed to help ensure incidents didn't reoccur. This showed that there was an open learning culture.

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

- A thorough and comprehensive assessment of people's needs was undertaken based on national standards, such as for younger people, mental health, stroke awareness and autism.
- People's needs were then met by staff who understood how best to meet these. One relative said their family member's health condition had improved because staff fully understood what worked well. The relative told us, "Staff are fantastic with communicating and phone me if worried. They quickly pick up if things are not quite right." This meant the person's needs were met more effectively.
- Staff ensured people's choices were respected without discrimination. Examples of this included the use of strategies to keep people safe, and staff's practical application of equality and diversity policies.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs, and were supported to develop further skills. These included the completion of nationally recognised qualifications in care.
- Staff also undertook training on specialist subjects including various health conditions.
- Staff praised the support the registered manager provided including meaningful supervision. This could be when providing care and support or through reflective practice. One staff member told us, "I was helped to understand my training. The support has been perfect. If I ask for additional help, I get it."

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

- People were, as far as practicable, supported to eat and drink independently and to make healthy choices. One relative told us that because of staff's skills and perseverance, their family member could now prepare meals. Staff helped with putting together healthy eating options and shopping lists and assisted the person with their shopping and meal preparation. Now, less staff support was needed.
- The registered manager told us how they supported people to eat and drink independently. One person told us how much pleasure they got being able to do this after staff had been so patient showing them cooking skills.
- Systems were in place to ensure people at risk of malnutrition ate and drank enough.

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

- The registered manager and staff team ensured that people's transitions to the service were seamless. This included clear plans and strategies for any crisis interventions for people at risk of harm.
- A health professional told us, "A phased transition plan was devised with consultation between me, [registered manager] and the person. I found this inspiring to be so client focused. The person was included

in all decisions concerning the staff team and risk strategies that had been put together." A social worker said the registered manager had agreed how people would be supported before they began using the service.

- People benefitted from this. For example, in one situation the person experienced a much higher quality of life with support to help them deal with overwhelming situations and experiences.
- Staff and people's representatives, such as family members, supported people to access healthcare services. One relative told us, "Staff ring me if needed. I can trust them if healthcare support is needed."
- People who had ongoing healthcare support were able to continue living at home. One person said, "I have not had to go to hospital due to the support staff give me. I feel safe, trust them and rely on them requesting [healthcare professional] support."

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 were confident in the application of the MCA and its five key principles. One staff member said, "I give people a choice of a few items. I use knowledge I have about them encourage people by explaining options. I might say do you fancy shower. It will cool you down. We have developed a dialogue to encourage the person." This meant people made choices with the right amount of support.
- Staff were skilled in offering people a choice where people might make unsafe or unwise decisions. The registered manager told us about supporting people to make decisions to help keep them safer.
- People were supported to make decisions that were in their best interest. For example, healthy eating, and when to seek support around taking risks in a safe way.

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

- Staff supported people to live a life they wanted, at home, and listened to what people said. Staff did this respectfully, with kindness and compassion.
- Staff knew the finer points of people's care and precisely what made the biggest positive difference. One person told us how good staff were at recognising anxiety. Staff responded to this in a way which meant the person felt they really mattered. Staff listened and acted on what people told them whatever means the person used to communicate. A relative said, "Knowing my family member is less anxious means a lot. It also means they don't need [healthcare] support."
- Staff gave people enough time, without rushing, to reduce anxieties, and letting the person take the lead. A staff member said, "For some people rushing them could be the worst thing possible. I know I can take as long as the person needs. It isn't about restricting them, it's about giving them the tools to be independent." We found that this had resulted in people gaining skills such as coping mechanisms for anxiety and also being able to cook meals at home.

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

- Staff took every opportunity to involve people in their care and ensured people were listened to equally well. People were also supported with relatives or other advocates to determine how best to support and care for the person.
- Staff took time to identify what people were telling them. This could be through body language, emotions, the mood of the person, or the person telling staff how they felt. One person said, "It's important for me to have staff I get on with and I do have now. [Provider] has transformed my life. I was [unwell] and they have made it possible for me to live independently. My support is gradually reducing which is what I want."

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, with privacy and in a way which promoted independence.
- One person said, "Staff know me very well and have given me continuity of care. There is no discrimination. I plan my day but staff help me if I am bored. I enjoy doing [pastime] with them."
- Staff were consistent in their approach to people's care by ensuring people could do as much for themselves as possible. One staff member told us, "It's about giving people skills to live more independently. It can take a while to do this, but doing things gradually has better outcomes in the long run."

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 care plans were developed with the person or their representative, and gave a detailed record of what individualised care meant to the person.
- Records and guidance for staff included what the person's interests were, what made a difference to their lives, and best way for staff to help people achieve their goals. Examples included support to cope with emotions, supporting people's pastimes such as talking about pets, and giving people private time when this was the best option.
- Staff took account of people's interest, pastimes and hobbies. One relative told us that their family member being able to do a particular pastime meant a great deal as it was a part of the person's life.

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.

- Staff had a good understanding about each person's communication needs and how best to support people to be heard, listened to and cared for in a person centred way. One staff member told us how they either wrote things down to communicate, or knew what the person's body language or emotions were telling them.
- One example included giving a person set timescales to reduce, or prevent, escalation in emotions. A relative told us they had gained comfort with how caring staff were and said, "Knowing my [family member] is much safer now, as staff listen to everything they see and hear means the world to us."
- In another situation a health professional told us that there had been a huge reduction in the frustration previously experienced by a person to now having, "Positive text messages from staff asking for any new projects [person] could be involved in". This meant worries and anxieties for the person in communicating their wishes were removed.

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint, and compliments were used to identify what worked well. Staff knew what could constitute a complaint and how to support people access the complaints process.
- People told us regular communications with the registered manager meant that small issues were resolved, and actions taken to mitigate any future risk of recurrence. One person told us they felt happier

because the provider listened to their concerns, were part of staff interview processes, and involved them in the care plan and changed it into the words the person liked.

End of life care and support

- At the time of our inspection no person was in receipt, or in need of, end of life care.
- Policies and procedures and staff with knowledge and experience of end of life care were in place if this was needed.

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 explained many of the things they had helped people achieve including help with creating a shopping list, help with cooking, cleaning, on-line activities and access to the internet. The registered manager told us, "These things had a positive impact on people to live better lives and the ability to do more tasks by themselves.
- People and their relatives all praised the provider for achieving good outcomes. Examples included supporting people with multiple needs to stay at home, and rarely having to attend hospital.

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

- Staff told us they were supported to be honest, open and report any concerns. This reporting had led the registered manager removing the risk of secondary dispensing of medicines. They had implemented changes so that when people went away with relatives there was a safe process for managing people's medicines.
- Staff were given information about changes to people's care in an accessible way, such as staff who might need reasonable adjustments to their support. This was for learning that was had following incidents. Staff then knew what needed to be done differently or better next time. As a result, people's care records and support were kept up to date.
- The registered manager monitored the culture of the service and staff team by various means, including working with staff, and undertaking unannounced observations of their work. One staff member said their support from the registered manager truly was individual. The staff member told us they had received all the support they needed.

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

- The registered manager understood their responsibilities, and supported staff to have the same high standards and values.
- Staff were reminded of their responsibilities if things went wrong as well as being praised when things went well. For instance, compliments from people's social workers. One social worker told us, "[Registered] manager is organised, approachable, timely and from my perspective the ideal manager. They and their staff team are very open to suggestions. We have weekly liaison meetings to review care plans."
- The registered manager had notified the CQC about various incidents such as when there had been

incidents involving the management of medicines. However, although prompt action taken ensured people remained safe, there was a delay in notifying us. The provider now understood not to wait until the matter was completely resolved.

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

- People, their relatives or advocate were involved in how their care and support was provided, by whom, and how and when this occurred.
- One person told us, "I feel completely involved in my care and able to influence choices of staff who care for me. Because of this, I completely trust the [registered] manager."
- All practicable means possible were used to ensure people were listened to. This included using technology, e-mails, text messaging, staff interactions with people during the provision of care, and information from relatives and advocates. A social worker told us, "All of my clients say the [management and staff team] are all very caring, kind, knowledgeable, supportive and professional."

Continuous learning and improving care

- Effective monitoring systems in place included a range of audits and governance of the service in identifying and implementing improvements.
- Areas monitored included medicines administration, daily care notes and incidents. The provider analysed these for trends, such as the time of incidents. The registered manager implemented effective actions, so medicines were administered on time. This meant people experienced a more positive outcome.
- People told us that the systems in place helped ensure that their quality of care remained high and met their needs. A social worker told us that the provider had used national standards for caring for autistic people and this meant the person's care package was now established and more effective. This sentiment about the quality of the service was echoed by all those we spoke with or received feedback from.

Working in partnership with others

- The registered manager worked with a wide range of stakeholders involved in people's care. These commissioners, various health professionals and social workers were all complimentary about how joined up people's care and support was.
- The success of this joined up working meant people could remain living safely and well at home. One relative told us, "The key to my [family member's] successful placement has been good communication. I genuinely believe the care will get less and may one day just need a phone call once a day."
- A social worker had complimented the provider and registered manager for being very approachable, open to suggestions, amenable and an effective communicator. A professional involved in people's care told us they wished they could use the provider for all their clients as, "Shadz Care goes above and beyond other services I work with."