

Smeaton Healthcare Limited

Smeaton Healthcare (Cornwall)

Inspection report

Office 10, Unit 11, Kerns House
Threemilestone Industrial Estate
Truro
TR4 9LE

Date of publication:
14 January 2022

Tel: 01872229865
Website: www.smeatonhealthcare.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Smeaton Healthcare (Cornwall) is a domiciliary care agency providing personal care to people with a range of needs, in their own homes. 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. At the time of the inspection, two people occasionally received minimal personal care; and two people received personal care every day as well as support to follow interests and/ or social activities.

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

The service had been operating since October 2020. People and their relatives gave positive feedback about their experience of the service.

People who had large packages of care provided by the service had a team of staff who only worked with them. This had enabled staff to get to know people well and form trusting and caring relationships. Staff's in-depth knowledge of how people communicated and how they liked to spend their time, ensured people had maximum control over their lives and how they spent their time.

Staff supported people in the least restrictive way possible and in their best interests; however records did not always show how people's capacity to make decisions had been assessed.

Staff had received in depth training about people's specific needs and had spot checks of their competence. People, relatives and staff were confident staff understood risks to people and how to keep people safe; but some details were missing from individual's risk assessments.

Staff supported people to maintain their health and understood people's oral health care needs; however, they had not received specific training and people's needs in this area had not been recorded.

Staff were recruited safely and completed a training programme as well as regular spot checks of their practice. This helped ensure they understood and could meet the needs of the people they supported.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

Staff involved relatives in people's care and support and maintained regular communication with key professionals. Relatives and staff told us communication with the registered manager, deputy manager and staff was good and they felt supported.

The registered and deputy managers were passionate about providing a high quality, person centred

service. They and the provider completed a range of checks and audits on the service which enabled them to monitor its quality. Any areas for improvement were acted upon.

We made a recommendation about meeting the principles of the Mental Capacity Act 2005 (MCA).

Following the inspection, the registered manager shared evidence that this recommendation had been implemented.

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

Why we inspected

This service was registered with us on 27/10/2020 and this is the first inspection. This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Smeaton Healthcare (Cornwall)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

One inspector carried out the inspection.

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 performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We announced the inspection on 9 December 2021, started calls to people, relatives and staff, and reviewing documents on 10 December 2021. We provided feedback to the registered manager on 16th December 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager and a care worker.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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 spoke with one person who used the service and a care team leader.

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 had received safeguarding training and understood how to recognise and report possible signs of abuse.
- People and relatives were confident staff supported people in a safe way and protected them from the risk of abuse.

Assessing risk, safety monitoring and management

- Staff understood any risks related to the care of the people they supported as well as how to reduce them. Staff had also received training specific to the needs of the people they were supporting and had regular spot checks of their practice;
- Risk assessments were in place however, certain risks assessments lacked some detail. Following the inspection, the registered manager shared updated risk assessments with us which included clearer, more detailed guidance for staff.
- Staff supported people to understand and balance any risks to themselves, with quality of life.
- Staff shared any concerns they had about people's safety with relatives, relevant professionals and senior staff.

Staffing and recruitment

- Staff were recruited safely. All relevant checks had been completed to help ensure the staff employed by the service were suitable to work with vulnerable adults.
- The service had experienced some staff shortages; however existing staff and management had worked extra shifts to make sure all calls were covered. The registered manager shared an action plan for recruiting more staff.
- Relatives and staff told us support calls had never been missed. Staff explained that the registered and deputy managers had stepped in to cover any sickness.

Using medicines safely

- Staff understood what medicines people took and how to administer them safely.
- Staff received training and spot checks regarding medicines administration.
- The service's electronic system allowed staff to immediately alert the office of any changes or concerns.

Preventing and controlling infection

- Staff followed best practice regarding infection control and ensured people's homes remained clean and tidy.

- There was a policy in place regarding COVID-19. This included staff responsibilities for wearing the correct PPE (personal protective equipment), such as aprons, masks and gloves; taking regular COVID-19 tests and enhanced cleaning.

Learning lessons when things go wrong

- Staff understood how to report incidents and accidents. These were sent electronically to the office, where managers reviewed them for any learning or further actions.
- The registered manager explained that chronologies were completed for each incident or accident to help identify any further actions or improvements.

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

- When people started using the service, a thorough assessment of their needs, wishes and preferences was completed. A relative fed back, "They asked the right questions when we started. They said, 'It's no problem, we're here for you' and explained how they would meet my relative's needs."
- Staff and managers used expertise from relevant health and social care professionals to help ensure they were following best practice.

Staff support: induction, training, skills and experience

- Staff training was comprehensive and up to date. A staff member confirmed, "We've been trained up well."
- Staff told us they were confident and competent at delivering the care and support people required. Spot checks were completed by senior staff to help ensure staff remained competent. A relative confirmed, "They are as competent as can be."
- The people whose care we reviewed had specific staff teams who supported them. These staff had received training specific to the individual's health and care needs. A relative confirmed, "There is a good team around [name of person]"

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

- One person was unable to eat orally. Staff had received training in how to provide nourishment through clinical intervention using a PEG (percutaneous endoscopic gastrostomy). They told us they felt confident doing this.
- Staff understood people's likes and dislikes in relation to food as well as any safety measures to follow whilst people were eating.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and managers worked closely with other professionals to ensure the care they provided followed best practice and to help resolve any concerns they had about people.

Supporting people to live healthier lives, access healthcare services and support

- One person and a relative confirmed staff provided the correct support with oral health, and staff described involving the GP when they had concerns about one person's oral health.
- However, staff had not received oral healthcare training and people's individual routines and needs were not clearly recorded. Following the inspection, the registered manager shared oral care plans that had been completed for people and confirmed staff were completing oral health care training.
- Staff understood people's health needs and recognised when people were unwell. Appropriate healthcare

professionals were contacted on their behalf, if required.

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 had a good understanding of the MCA, and respected the rights of people who had capacity, to make unwise decisions.
- When people lacked the capacity to make more complicated decisions, staff understood how to enable them to make simpler decisions, like how they wanted to spend their time.
- One person had limited capacity; all decisions had been discussed with key people involved in their life and made in their best interests. However, there was no recorded assessment of their capacity to make each decision.

We recommend the provider seek advice on how to evidence they are meeting the principles of the MCA.

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

- Understanding and meeting people's diverse needs was a key aim of the service. The provider's PIR stated, "We seek to meet the needs of our service users by being able to adapt everything that we do to the individual."
- This was evidenced in people's records and feedback received. One person's care plan stated, "I have an elegant and sophisticated choice in clothes. I have my own style, and this represents my identity." Feedback included, "Without a doubt they support me how I need."
- People's care plans recorded information and needs related to any protected characteristics as well as their health and social care needs.
- A staff newsletter included details about black history month; particularly in relation to the care industry. It also included advice on how to challenge racism.

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

- Staff had developed a good understanding of how people communicated and were skilled at understanding people's wishes.
- One person had a general routine, but liked things done slightly differently every day. Staff respected their decisions and supported them according to their preference each day.

Respecting and promoting people's privacy, dignity and independence

- Dignity and respect were included in spot checks senior staff completed of staff practice.
- Staff provided 24-hour support to one person; however, they were careful to respect the person's need for privacy. They told us they always checked whether the person wanted company or not.
- One person whose independence was very important to them told us staff were helping them keep it.

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 and/or their relatives were involved in developing their care plans to ensure they reflected the support they needed.
- People and their relatives told us staff were skilled at understanding people's choices and needs. Comments included, "Everything I want them to do, they do. I wouldn't change it at all. They're just so good."
- Staff had an in depth understanding of people's needs. However, the care plan for one person, who was not easily able to understand or communicate their needs to staff, did not contain comprehensive detail about their routines and preferences. Following the inspection, the registered manager shared a care plan which contained detailed information about the person's routines and preferences.

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 were asked how they needed information presenting so that they could understand it. The registered manager told us no-one currently had any specific needs but that they would produce information in different formats if required.
- People fed back via a quality assurance survey that they did not always find information from the service easy to understand. As a result, information shared with people had been simplified and broken down into smaller sections.

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

- Staff supported people to spend their time however they chose. They had a good understanding of what people liked doing and were experienced in understanding people's requests. They also told us they encouraged people to go out, to help avoid social isolation.
- Care plans included details of how people liked to spend their time; this helped ensure staff offered opportunities that interested people.

Improving care quality in response to complaints or concerns

- Concerns and complaints were taken seriously and investigated thoroughly to identify any learning. Changes and improvements were implemented as a result.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- The service had policies and procedures in place in the event that people needed end of life care, to help ensure care would be person-centred and support the person to be comfortable.

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

- People and their relatives told us the care and support people received was focused on their individual needs and had a positive impact on their life.
- A relative told us, "I'm a perfectionist and would certainly give them a 9.5 out of 10!" A compliment received by the service included, "I just wanted to let you know that we are very pleased with how things are going. The transition to having care back in the house has gone a lot better than we anticipated and [name of person] now looks forward to seeing [staff]."

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 ethos of the service was to be open, transparent and honest. Relatives were kept well informed of any events or incidents that occurred.
- Staff said they were confident any concerns they raised would be listened to and acted on promptly.

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

- The providers and registered manager completed regular checks and audits of the service. Any areas for improvement were noted, added to the service's improvement plan and actioned.
- The registered and deputy managers were passionate about delivering a high-quality service. A relative told us, "I have worked in care and it all comes down to management. The managers are on the ball. They make sure records are up to date, they touch base regularly; I am impressed with them."

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

- The provider's PIR stated, "We find that when we, as a provider, provide a positive experience for our carers this transpires into the care they deliver to our service users." Staff confirmed they felt supported. Comments included, "The communication with the office is great, they are interested in who you are caring for, they are interested in you as a carer. They are supportive" and "They are really good, really helpful, always on the end of the phone and happy to listen." A relative added, "The managers seem to have a good relationship with staff. They seem very approachable. They do support staff and handle any problems professionally."
- Compliments about staff from each other, people, relatives or professionals were recorded and shared

with staff.

- Where appropriate, relatives had access to the electronic records of the care their family member had received. This helped ensure they remained up to date and aided communication.

Continuous learning and improving care

- There was a culture of improvement within the service. Records, staff practice, audits and checks were regularly reviewed for learning. This was then shared with staff.
- As a result of an internal review, dignity was added to all team meeting agendas and an advert sent to staff for dignity champions.
- Staff told us they felt confident asking for advice or suggesting changes to improve the service.

Working in partnership with others

- Staff were in regular contact with people's relatives, relevant healthcare professionals, the office and the rest of the staff team. This helped everyone stay up to date with people's needs.