

Peabody South East Limited

# South Essex Domiciliary

## Care

### Inspection report

11 Northlands Pavement, Pitsea Centre  
Pitsea  
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Tel: 01268498500

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

**About the service:** This service is a domiciliary care agency providing personal care and support to younger and older people with a physical, sensory or learning disability and autism living in their own homes. Some people lived in 'supported living' settings so they could live as independently as possible. People's care and housing were provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care only. At the time of the inspection, it was providing support and care to 74 people.

**People's experience of using this service:** People received an exceptionally responsive service. Staff and management put people at the heart of everything they did and people received a truly personalised service.

Staff had a thorough understanding of people's needs and enabled them to direct their own lives with support. Staff found innovative ways of managing risks alongside people's rights and freedom to have a good quality of life.

People were supported by consistent staff. Enough staff were available to ensure people's wellbeing, safety and security were protected. A robust recruitment and selection process was in place.

People experienced maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were provided with induction, training and supervision to ensure they could meet people's needs. People had their medicines given to them as prescribed and hygiene procedures were followed to prevent the risk of infection.

Positive relationships had developed between people, staff and people's relatives. People and their families were involved with care planning and staff knew people well and could explain their histories and personal preferences.

Support plans included clear guidance for staff, so they could follow a structured approach to providing person centred care. Processes were in place to support people at the end of their life.

The service was very well managed. The provider sought the views of people who used the service and monitored the quality of the service people received. Spot checks, reviews of people's support and audits were carried out on a regular basis to ensure the service delivered high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection:** The previous inspection under the provider Family Mosaic Housing was rated as

Good (23 November 2016).

Why we inspected: This was a planned first inspection of the new provider Peabody South East Limited.

Follow up: We will continue to monitor the service through the information we receive, and inspect the service if risk is indicated.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# South Essex Domiciliary 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of this type of service.

**Service and service type:** This service is a domiciliary care agency providing personal care and support to younger and older people with a physical, sensory or learning disability and autism living in their own homes.

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 five days' notice of the inspection. This was because we needed contact details of people and their families to seek their views about the service. Also, we needed to ensure the registered manager was available. As the registered manager was unavailable, two deputy managers arranged to meet with us to undertake the inspection.

The inspection activity started on 29 May 2019. We visited the office location on 4 June 2019 to meet staff and to review care records and policies and procedures. Emails were sent to staff and professionals and calls made to people who used the service and their families.

**What we did:** Providers are required to send us key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

We spoke with nine people and eight relatives and visited four people at home. We also spoke with two deputy operations managers, one manager, six members of staff and received written information from another four. Information was provided about the service by five professionals.

We looked at information relating to the management of the service, which had been developed and implemented by the provider. This included 10 support plans, 11 staff training and recruitment files and audits and quality assurance records.

The manager sent us additional information after the office visit as requested which we looked at as part of our judgement making.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "I am safe when they come to visit me." A family member said, "I am sure my [relative] feels safe. They are very secure, and staff look after them well. They have a pendant if they need to call for help."
- Staff knew how to recognise abuse and protect people from the risk of harm. They had received relevant training which was linked to the provider's policy and procedures. One staff member said, "I wouldn't hesitate to talk to someone if I felt someone was unsafe. I would know the signs straight away that something wasn't right."

Assessing risk, safety monitoring and management

- Risk assessments were in place which provided clear instructions for staff in how to work in a safe way. These were individualised, and person-centred. A family member said, "The staff help my [relative] keep safe generally and use the hoist safely."
- People were fully involved in discussing any risks to their health, wellbeing and safety as well as that of the staff. This included how to support people with everyday housekeeping tasks as well as accessing community facilities. For example, one person had a support plan which they had agreed to which followed clear guidelines about going long distances without letting the staff know they were safe. This prevented unnecessary calls to the police.

Staffing and recruitment

- People were supported by staff who arrived on time, were consistent and met their needs. Everyone told us staff were very punctual and reliable.
- The rotas were organised, and people knew who would be supporting them. One person said, "The staff are always on time and never miss any visits." A family member said, "The staff do have set times for their visits and they stick to them."
- There were enough staff available for people to have a good service. The provider had arrangements in place for substitute staff should this be needed.
- Appropriate checks had been carried out to ensure the safe recruitment of suitable staff. The registered manager had obtained references and undertaken a Disclosure and Barring Service (DBS) check on staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.

Using medicines safely

- People were receiving their medicines when they should, and as they wanted. For example, easy words and pictures had been developed for a person to show them how each medicine worked, pictures of where in the body it worked, and a clock to show the time to take it. One family member said, "They give my

[relative] their tablets with their breakfast. There are never any problems."

- Policy and procedures were in place which guided staff to understand and follow the correct receipt, storage, administration and disposal of medicines in a safe way.
- People were supported by staff who were trained and competent to administer people's medicines. One staff member told us, "Our managers do regular observations of us in people's homes to check we are doing this right for them."

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and had the correct equipment to use, for example, disposable gloves and aprons.

#### Learning lessons when things go wrong

- The manager told us of lessons they had learnt and the changes which had taken place when things had gone wrong. They had used these as examples to make improvements to people's lives. For example, people who were at risk of choking had guidance from the speech and language therapist about their meals being textured (mashed or pureed) and staff supported people to follow this advice.

# 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.

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 were fully consulted when an assessment of their needs had been carried out and told us they had been involved in regular reviews. One person said, "They always talk to me about what I want, what I want to do and how its organised."
- People were asked their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible. The daily logs illustrated the involvement and choice people made on a daily basis about their day to day lives. One person said, "I have a board in the kitchen to remind me of things. I am baking cakes tomorrow."
- The provider worked in line with good practice guidance and the law. They were a member of several schemes including Dementia Action Alliance, EmPower mentoring scheme, STOMP (Stopping the over medication of people with a learning disability, autism or both with psychotropic medicines) and Basildon Council's Disability Partnership Board.

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

- People told us the staff assisted them with their meals. One person said, "They [staff] help me do batch cooking, so I can freeze some meals and just heat them up later on." A family member said, "My [relative] eats very well, they tell me what they have had for dinner, and they go shopping together."
- Staff knew how to support people to eat and drink in a safe way and could explain how to support people in line with their assessed needs.
- Where people were at risk of choking, staff followed guidance from the speech and language therapy team. People had different ways in which they could enjoy their meals in a safe way, for example, having food cut up, mashed or pureed. A health professional told us, "The staff are consistent and therefore the handover and sharing of information works well. Managers have made efforts to ensure correct and current information is referred to and used. The staff refer to the team when they are concerned about dysphagia or communication concerns."

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

- The staff worked with health, mental health and social care professionals to promote people's health and wellbeing.
- Staff observed and recorded how people were each day, so they could check for any changes which might indicate people needed support to access additional health and social care services.
- Appropriate referrals were made to other professionals, such as GPs, district nursing service and occupational therapy.
- People had information ready in their own accessible format if they needed to visit the hospital. The staff

liaised with an assigned nurse who provided security and support during the hospital visit and any possible stay.

Staff support: induction, training, skills and experience

- People had skilled and experienced staff supporting them. People said, "I think they are very well-trained staff, they look after me very well." A family member said, "My [relative] is deaf and they all use sign language to communicate with them so they are included."
- Staff had a robust induction, which included shadowing, before going on to complete the Care Certificate. The Care Certificate is a set of agreed standards which staff are expected to understand and work within. One staff said, "I am looking forward to starting a sign language course. I see a future career here. Another said, "The induction covered work and health and safety procedures, I felt confident to work unsupervised, but I had a good team to support me if I required any assistance."
- Staff had regular supervision with their manager which was mutually beneficial. Appraisals of staff member's work throughout the year were comprehensive. One staff member said, "We have regular one-to-one meetings and supervisions. My manager is approachable and fair, and I am well supported."
- The provider had a scheme for recognising when staff went the extra mile and put them forward for an award. One manager had written about a staff member, "It might seem like [staff member] is just doing their job and doing it well but it is more than that. [Staff member's] positive and gentle attitude is just an enormous asset to the service and I cannot even find the words to value them enough."

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. We checked whether the service was working within the principles of the MCA.

- Staff had been trained in the principle of the MCA and had a very good knowledge and understanding of people's capacity to make their own choices and decisions. We observed that staff were very respectful and obtained people's consent before undertaking tasks for or with them. One staff told us, "People have the right to make a decision that others would perhaps see as 'unwise'. This does not automatically mean they lack capacity and they should not be treated as such."
- People's consent to their care and support had been obtained and was recorded within people's care plans. When people lacked capacity, appropriate assessments and arrangements had been made, in the person's best interests, and to safeguard their rights. One social care professional told us, "The staff member was present when I went to the service to carry out an MCA assessment and they provided excellent knowledge of the person's needs and supported the person as they appeared anxious."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received kind and compassionate support from staff, who treated them with dignity, respect, and upheld their rights. One person said, "They [staff] never judge me and are very respectful." Another said, "All the staff are very kind and caring. I can ask them anything."
- Both staff and management were fully committed to ensuring people received the best possible care. They had sound values and principles which showed in the day to day outcomes for people they supported. We observed how staff really enjoyed their roles on a visit to people who shared their tenancy. There was easy and friendly banter and humour between the staff and the people they supported which showed respect and mutual caring. One relative said, "The staff do listen to my [relative]. They are more than staff, they are more like family." Another said, "I think they are lovely people. When my [relative] was in hospital, they went to see them every day, even Christmas day."

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

- People were continually involved in everyday decisions about their support. This was evident in their support plans which were very person centred and focussed on their needs and wishes. Staff had the skills to encourage, motivate and get the best from people.
- People had access to advocacy support. We saw comments made by a health care professional thanking the staff for their, "Support and professionalism", when accessing advocacy services for a person who needed acute care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff respected their views and wishes. One family member said, "My [relative] does as much as possible but they [staff] are always in the background keeping an eye on them." Another said, "The staff do respect my [relative's] privacy. They are very patient and understanding." One staff member told us, "We all work in a respectful, caring, compassionate manner. We are honest and truthful with the people we work with and each other. We work together as a team and ensure that we maintain a high standard of care."
- Confidentiality was well maintained at the service, which meant information held about people's health, support needs and medical histories was kept secure. One staff member told us, "I respect people's privacy when they have personal and sexual relationships, get permission before entering their personal space and before accessing their possessions and documents."
- People told us staff supported them to maintain their independence. One person said, "That is the main reason for them visiting, to help me stay independent." One social care professional told us, "In my view, the service is providing person centred care, they treat people fairly, ensuring that their dignity, independence and privacy are maintained. They also support and encourage people to communicate their needs, in order

to ensure their voice is heard."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was exceptionally person centred and focussed on people and the outcomes they wished to achieve in their life. The support plans were written by and with people in a positive, clear, accessible and inclusive way. One example included, "Everybody can be at risk of choking. I am just like you, so being supervised is a must, but in the event of me coming into difficulty, doing nothing is not an option." The daily log was also written by the person, either with the staff or dictated by them for the staff to write. Every page entry was colourful and decorated with stars or hearts depending on how people felt.
- Staff had an excellent understanding of people's social and cultural diversity and promoted their human rights. People's gender, beliefs, culture and lifestyle choices were acknowledged and supported so that they could live their lives to the fullest.
- Staff knew how to meet people's preferences and wishes. They were innovative in suggesting and trying out additional ideas to enhance people's lives. For example, one staff member was teaching a person the value of money by putting the price on the things around them and getting the person to put the amount of money on the items. To do this, they had printed notes and laminated them. It was fun for the person and increased their knowledge and understanding. Another example included support for a person with very low self-esteem who had difficulties accessing the community. The small steps taken by one staff member who worked in a gentle way, by talking, reassuring, going out with and slowly building confidence, allowed the person to access the community with a greater sense of self-worth and energy. We saw many other examples of people having an enhanced sense of wellbeing and exceptional quality of life.
- People's support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued.
- Personal agreements between the staff and people had been developed. These documented what people and staff should do in certain situations to maintain the person's freedom, autonomy and safety. For example, one person often left their home for extended periods of time without letting anyone know they were safe. They were encouraged by staff to take a form of identification for them to remember where they lived and for help to be obtained if needed. One social care professional told us, "I have found this to be one of the best domiciliary care services that I have worked with. I find that the staff are very proactive and progressive in the care and support that they provide.
- People's information and communication needs were identified. They were supported to understand and make sense of everyday things and helped to make decisions using accessible formats. These were standard throughout the service and included large print, pictures, photographs, symbols, and sign language. People were supported to get audio books from the library which they enjoyed. Two people were supported to use 'FaceTime' to communicate with their relatives especially where the distance between them or ill health prevented regular visits. Deaf staff were employed to work with deaf people using the service to ensure they had staff with the skills and culture to respond to them well. The service was meeting the requirements of

the Accessible Information Standard (AIS). The AIS aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.

- People were able to pursue their interests and enjoy an active social life. We saw a range of interests people were supported to enjoy including watching sport, wellbeing treatments, clubs, cinema, and eating out. The provider also organised courses for people to participate in if they wished, such as first aid, confidence building and assertiveness. The service had also supported people to find members of their family who they had lost contact with. For one person, staff had approached the Salvation Army and they had traced the person's relative. Plans were in place for the person to go back to their home town and reunite with their relative.
- The provider was very proactive in supporting people with opportunities to work and volunteer and to find ways in which to be part of a community to reduce isolation and loneliness. We saw many examples, including one person who was supported to combine their love of baking cakes with weekly visits to the local homeless shelter delivering their cakes. This action provided mutual benefit and gave them a sense of worth, value and contribution to their community. The provider had a scheme whereby people who were interested were trained to go to their other services and check the quality of the care provided and feedback their findings. For every hour they worked as a 'Quality Checker', the provider gave them an hour's time back to use as they wanted. One person was busy writing their report and planning what nice things they would do with their well earned support hours.

Improving care quality in response to complaints or concerns

- People were actively encouraged to give their views and raise concerns or complaints. The complaints process was fully accessible to people and they had information provided to them in a way they understood. One person said, "I talk to the staff if I have problems." Family members told us, "No, we have never needed to complain about anything but would complain if we needed to," and "If there was anything to complain about, I would feel able to."
- The provider used concerns and complaints to improve the service. The deputy manager told us about the way they were dealing with one concern and this was in line with their policy and procedure. They said, "We work in a very co-productive way. People and staff work together to ensure they have the best life possible with autonomy and independence." We deal with people's day to day concerns immediately they arise to resolve them quickly. That's what people expect from us."
- Written compliments included, "Thank you for everything you do for me, when I was in hospital and taking me to Mamma Mia. I cannot express how lucky I am to have you in my corner fighting for me. I have a true friend in you and can always rely on you." Another said, "The staff have given me the confidence and opportunity to meet new people, and this has actually made me feel important and safe for once in my life and less confused. I'm in the best place I have ever been in my life and the staff can certainly take credit for that."

End of life care and support

- People were supported in a person-centred way at the end of their life. We saw information which related to a person who had died and the service they had received. Their wishes, choices and funeral arrangements, had been recorded and carried out including the necessary authorisation in place if they did not wish to be resuscitated in the event of a cardiac arrest. The deputy manager told us, "We do not routinely discuss people's end of life care unless they have that diagnosis. However, it has prompted me to look at how we gather people's choices and views before this time, so we are aware of their wishes should anything happen to them."
- Staff had worked proactively with other health and social care professionals such as the palliative care team to ensure people were comfortable and had pain medicines available when they needed them.
- Policies and procedures were in place and some staff had been trained to provide end of life care should it

be needed. Local funeral contactors provided support and training for staff in understanding the dying and funeral process. A confidential telephone help-line for staff was available should they need support.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and family members were very positive about the service. One person said, "Yes very well managed and the support team help me with financial support and benefits advice." A family member said, "Yes, it is definitely well managed. It works very well for us," and, "It all runs very smoothly so I would say it is well managed."
- The management team had a clear vision to deliver high quality care and promote a positive culture that was person centred, inclusive and empowering. The principles of 'Nothing about us without us' and 'People First' were evident in all aspects of the way the service was run.
- Managers were visible in the service and provided excellent role models for staff. They were aware of their duty of candour and were open and transparent. One staff member said, "I have been actively encouraged to think 'out of the box', look at things through fresh eyes, be accountable and they are so supportive. They really are a service that is progressive and proactive."

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

- Staff were clear and enthusiastic about their roles and responsibilities. They managed quality delivery of care, risks and their regulatory requirements. They balanced peoples' safety with their right to freedom. One manager spoke with pride about the staff, they said, "Staff are magic, I'm proud of them. We can make a difference. I am proud of where people have come from and where they are now. Staff are excellent, go way over and above."
- Systems for monitoring the quality of care being experienced were in place. Staff practice was observed on a regular basis to check if they were working in the correct way.
- There was a robust approach to quality assurance. The provider conducted regular audits and improvements were carried out when any issues had been identified. The quality of the service was monitored and assessed consistently.
- The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

- There was an established staff team who worked with different people with a range of diverse needs within the service. Team meetings, individual supervision and training sessions were promoted, and views bought together to champion change. Staff told us they were involved and consulted. One staff member

spoke highly of the provider and could see a future with the service. "I love it, absolutely love it. The people we support are brilliant, colleagues are great and I have the best manager I have ever had. Working here has made me look at life differently. Our ideas are listened to and I'm now more confident."

- Quality assurance surveys were completed, and the findings analysed. Where issues were found, these were dealt with quickly.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they were actively encouraged to share their views and provide feedback about the service.

- People had the opportunity to express their views and be listened to in the annual monitoring review survey. The most recent survey was still being collated, but from what we saw, people were satisfied with the quality of the service provided. Improvements needed were actioned quickly.

- The registered manager worked in partnership with health and social care organisations, providers, charities and voluntary organisations to further develop the service. For example, places of safety had been established for one person who often went missing. These were the local hairdressers and fish and chip shop. The service was informed when the person had turned up there so they could bring them back home. This was all documented in their care plan as a way of improving the person's quality of life.

- The service worked collaboratively with other services, for example, working with the police to look at 'mate and hate' crimes through running workshops to empower people to speak up about hate crimes. The registered manager ensured that good practice was shared and acted on throughout the service.