

Southern Healthcare Specialists Limited

Southern Healthcare Specialists

Inspection report

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Date of inspection visit:
17 May 2019

Date of publication:
27 June 2019

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:

Southern Healthcare Specialists is a home care service. At the time of our inspection it provided personal care services to two people in their own home. The service had been set up to allow them to live independently with complex needs related to their learning and physical disabilities.

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

People's experience of using this service:

People received a service that was safe, effective, caring, responsive and well led.

The service had the characteristics of a good service in all areas.

One person's family member said they "could not be happier" with the service that had been developed from nothing in a short time.

There were detailed and individual assessments to guide staff to protect people from risks to their safety and wellbeing.

There were detailed and individual care plans to guide staff to support people according to their needs and choices.

Staff had developed caring relationships with people they supported.

People's care and support was focused on them living as full and independent a life as possible.

The provider assessed and met people's individual communication needs and responded quickly when people's needs changed.

Rating at last inspection:

This was Southern Healthcare Specialists' first inspection.

Why we inspected:

This was a routine comprehensive inspection carried out within our published timeframe for newly registered services.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 ●

Southern Healthcare Specialists

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:

One inspector carried out this inspection.

Service and service type:

The service is a home care agency. It provides personal care to people living in their own home.

CQC only inspects the personal care service received by people, that is help with tasks related to personal hygiene and eating.

The service had a manager registered with CQC. 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 visit because it is a small service. We needed to be sure the provider and registered manager would be available to speak with us.

Inspection activity started on 16 May 2019 and ended on 17 May 2019. We spoke with a family member by phone on 16 May. On 17 May we visited the provider's office and one person in their home.

What we did:

We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return. This information helps support our

inspections. We reviewed this information before the inspection.

During the inspection we observed the care and support of one person and spoke with family members of both people. We spoke with the provider, registered manager and two members of staff. We reviewed records about the care and support of both people, recruitment records for two members of staff, and other records related to the running of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from the risks of avoidable harm and abuse.
- A family member told us people were "100% safe". They said there was a small team who were given "everything they need to keep people safe".
- The provider had policies, procedure and processes in place to guide staff on safeguarding adults and reporting any concerns.
- Staff had received training in safeguarding. They were aware of the risk of abuse, signs to look out for and how to report any concerns.
- Staff were confident the provider and registered manager would handle any safeguarding concerns effectively.

Assessing risk, safety monitoring and management

- The provider had an effective process to identify and manage risks which included individual risks and risks arising from people's home environment.
- People's individual risk assessments were thorough, detailed and individual to the person. They included risks arising from individual medical conditions and their associated treatments, activities, and the use of equipment such as bed rails.
- The provider had taken advice from a health and safety consultant in assessing risks to people's safety in the event of a fire or emergency evacuation.
- Where staff used equipment, such as hoists, when supporting people, arrangements were in place to service and check equipment for safety.
- The provider managed risks to keep people safe in ways that meant they had the most freedom possible, regardless of disability or other needs.

Staffing and recruitment

- There were sufficient numbers of suitable staff to make sure people had a safe, consistent and reliable service which met their needs.
- The provider organised rotas so there was a minimum of one to one support for each person at all times.
- Staff told us there were always enough staff on duty, and that the provider and registered manager were always available on call in an emergency.
- The provider's recruitment process included the necessary checks that candidates were suitable to work in the care sector.
- New staff did not start work until the necessary checks were complete and required records were in place.
- People could be reassured staff had been checked for their suitability to work with people in their own homes.

Using medicines safely

- Staff managed medicines consistently and safely and kept accurate records.
- There were daily, weekly and monthly audits and checks on medicines, which reflected people's complex needs. The registered manager followed up any errors identified
- People received their medicines from trained staff who had detailed and thorough guidance to follow.
- Guidance for staff included the administration of medicines prescribed to be taken "as required" and emergency medicines, and the proper handling of controlled drugs. Body maps were in place to show staff where creams and ointments should be applied.
- Records relating to medicines were accurate, complete and up to date, including those for medicines prescribed to be taken "as required".
- Processes were in place to make sure people received their medicines as prescribed and in line with their best interests.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Processes included the use of personal protective equipment, such as disposable gloves, when appropriate, and the control of substances hazardous to health (COSHH).
- Staff received training in infection control and food hygiene.
- The provider had appointed a senior staff member as lead for infection control, which is in line with good practice guidance from the government.
- The infection control lead monitored cleaning rotas to make sure people were supported in a hygienic environment.
- There were reasonable steps in place to protect people from the risk of infection.

Learning lessons when things go wrong

- There were processes in place to record, report and follow up incidents and accidents.
- Staff were aware of their responsibility to report incidents honestly and felt supported to reflect and identify lessons to learn.
- The provider reviewed all incidents and shared learning points at staff team meetings.

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.

Good: 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

- Comprehensive assessments and care planning led to good outcomes for people.
- People's families told us their care and support met their needs and took their choices into account.
- One person's family member said, "[Name] is very well looked after. It is lovely to watch staff with him."
- People's care plans reflected guidance from their families, staff who knew them well and other services who had been previously involved with their care .
- Where people had individual needs, the provider took advice from other health and social care professionals.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles.
- People's families were satisfied that their care workers were properly trained.
- The provider's induction training was based on the Care Certificate, which defines national standards for care workers.
- Induction included training in how to meet people's individual needs, such as how to administer specific medicines.
- There was a combination of computer-based training, face to face training with external suppliers, and in-house training.
- Staff were encouraged to study for relevant qualifications.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Both people supported by the service had individual needs around nutrition and how they were supported to eat.
- Both people supported by the service had made progress towards attaining a healthy weight.
- Staff supported people to be as independent as possible, using techniques such as guiding them "hand over hand", and using adapted cutlery and crockery.
- The provider had a computer-based care planning system which was used to record people's intake and monitor their weight.
- One person's family member said, "[Name] now has a healthy weight. He is nearly where he should be and looks well."

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

- Staff worked in cooperation with other agencies to understand and meet people's needs.
- The provider worked with other healthcare professionals, such as community nurses, psychiatrists, GPs, occupational therapists and physiotherapists.
- The provider's computer-based care planning system allowed them to share their recent history with other healthcare providers to develop effective support and treatment.

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

- People experienced positive outcomes regarding their health and wellbeing.
- One person had a physiotherapy regime which staff helped them with.
- The other person had exercises intended to improve their independent mobility.
- Staff supported people to access the community for swimming, hydrotherapy and gym membership.
- People had a yearly health assessment with their GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 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 Act.

- The registered manager and staff showed a sound awareness of the Mental Capacity Act 2005 and how to make best interests decisions.
- There were records in place to show how best interests decisions had been made.
- There were Court of Protection records on file to show that lawful deputies had been appointed to act for people, and to authorise permanent supervision, which is a form of deprivation of liberty.
- The necessary legal protections were in place to protect people's human rights.

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People had positive relationships with staff who treated them with dignity, respect and kindness.
- One person's family member told us staff had time to respond to and "persevere" with the person, and that care and support was focused on the person and their needs.
- Another family member had written in the comments book, "[Names] are so happy and the care they get is amazing. It is lovely to see [Name] so happy."
- A visiting professional had written, "[Names] seem happy and very well cared for."
- Staff described the service as "warm and friendly". One staff member said, "We have time to do the job properly here."
- Staff training included equality and diversity.
- People's support took into account any protected characteristics under the Equality Act 2010.

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

- The provider supported people, their families, and other relevant people to be involved in decisions about the service.
- There was continuous contact with people's legally appointed deputies who helped to make sure people were involved in discussions about their care.
- Staff supported people to make decisions about their day to day care, for instance by using pictures to identify their food preferences.

Respecting and promoting people's privacy, dignity and independence

- The provider put people's independence at the centre of their care and support.
- The registered manager was a member of and advocate for a national organisation which promoted the rights of people living with a disability.
- The focus of the service was to allow people to live a full life as young individuals in their own home.
- A family member described it as "a real home" and "better than I could have wished for".
- Staff supported people to enjoy privacy in their home if that was what they wanted and supported them to access the community on their own or together.
- Arrangements were in place to keep records containing personal information secure and private.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Staff supported people according to care plans which reflected their needs, preferences and risks involved in their care.
- A computer-based care planning system allowed staff to record people's care on smart phones, and the registered manager to monitor care activities in real time.
- The provider had used smart phone technology to observe and advise staff remotely when a person needed emergency medicine.
- There was imaginative use of technology to make sure people received high quality care which met their needs.
- Care and support reflected people's interests in a way that gave them choice and control.
- A family member told us the service was not "regimented" but based on people's own choice. They said, "[Name] has the best life, and is treated like a king."
- Each person had an individual programme of activities which included promoting independence by going shopping, planning meals and developing their life skills.
- Staff supported people to take part in sports such as bowling, boccia, wheelchair cycling and swimming, as well as relaxing time both in their home and at cafes.
- Staff supported people to visit nearby attractions, such as parks and zoos, both individually and together. There were plans for a shared holiday later in the year.
- People had detailed communication care plans which drew on their families' knowledge of how they communicated their basic needs.
- Staff used a variety of techniques to help people communicate their choices. These included signing, pictures and picture cards.
- The provider had processes in place to assess and meet people's communication needs in line with published good practice standards.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints.
- There had been no complaints or concerns raised by people's families or professionals involved in their care.

End of life care and support

- The provider had started to have conversations with people's deputies about future care decisions.

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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well led and had a positive, person-centred culture.
- Staff told us the registered manager and provider had successfully shared an ethos which encouraged independence and supported people's human rights. Staff clearly understood the goals and objectives of the service.
- Staff told us they thought the service was well managed with open communications. They found they were listened to if they had ideas about people's support. One staff member said, "We are on the same page."
- One person's family member said there was "no comparison" with other services they had considered. They said, "I can't fault them."
- The registered manager was aware of their responsibility to be open in communications with people and others involved in their care.

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

- There was a clear and effective management system.
- The service had a manager registered with us. This means they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.
- The registered manager and the provider were the parents of one of the people supported. They had established protocols to separate their two roles. Staff told us it was always clear if they were visiting as parents or on site in their professional role. The provider had recruited an experienced "home manager" which meant there was also a senior staff member with no family connection to the people supported.
- Staff were clear about their responsibilities and described the service as well organised. They said they were always informed about relevant changes.
- The provider and registered manager were closely involved with the service and monitored and assessed the quality of care provided at first hand. Any areas for improvement identified were discussed with staff and implemented straight away. There were plans for more formal quality monitoring as the service developed.
- The registered manager and provider showed an understanding of risks and regulatory requirements. They had taken advice from an external consultant, for instance in the area of health and safety.

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

- The provider engaged openly and frequently with people, their families and staff.
- Both people's families had been closely involved in the setting up and running of the service.

- There were regular staff team meetings which were opportunities for two-way conversations about the service.
- The provider had received positive feedback from families and staff.

Continuous learning and improving care

- The provider responded to input from people's families with a view to improving people's care.
- Staff engaged closely with people and learned from observations of how they responded to situations. This had allowed them to support one person to be more actively involved in activities in the community where previously they had not wanted to eat or drink outside.

Working in partnership with others

- The service worked collaboratively to deliver high quality care.
- The service had good relationships with other healthcare providers, including GPs, community learning disability team, speech and language therapy, occupational therapy, and professionals and consultants from other healthcare disciplines.
- There was a good relationship with the clinical commissioning group.
- The provider engaged with other parents in the same position to share their experience in presentations to groups and individually.