

Evershining Care Services Ltd

Mudhefi Business Properties

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mudhefi Business Properties provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there were four people receiving a service from the agency.

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

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff we spoke with understood their responsibilities in this area.

Risk assessments were not fully detailed to assist staff to support people safely.

We saw that a medicines policy was in place to ensure medicines were given safely and on time, to protect people's health needs.

Staff had not always been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more specialist awareness of people's individual needs was not fully in place, which could have had a potential impact on meeting their needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

People or their relatives told us that people had been assisted to eat and drink and everyone told us they thought the food prepared by staff was satisfactory.

Staff had an awareness of people's health care needs no referral to health professionals had not always taken place.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were not fully individual to the people using the service, as information about their social care needs was lacking. There was a risk that this lack of information meant that people's individual needs may not always be met.

People or their relatives told us they would tell staff or management if they had any concerns and were confident any issues would be properly followed up.

People and their relatives were satisfied with how the agency was run by the registered manager. Management carried out audits and checks to ensure the agency was running properly. However, audits did not include the checking of all issues needed to provide a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People and their relatives said that they felt safe with staff from the service.

Risk assessments to protect people's health and welfare were not fully in place.

All staff knew how to report incidents to relevant agencies if necessary.

Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were trained to meet people's care needs, though specialist training for people's health conditions was not comprehensively in place.

People's consent to care and treatment was sought in line with legislation and guidance.

People's nutritional needs had been promoted.

People have not always been referred to health professionals when they had health needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care had been provided to respond to people's needs, though care plans did not contain detailed information on how to respond to all of people's assessed needs.

Staff were aware of how to contact medical services when people needed health support though this had not always been carried out.

People and their relatives were confident that any concerns they identified would be properly followed up by the provider.

Is the service well-led?

The service was not consistently well led.

People and their relatives told us that management listened and acted on their comments and concerns.

Staff told us the registered manager provided support to them and had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Not all relevant systems had been audited in order to measure whether a quality service had been provided to people.

Requires Improvement ●

Mudhefi Business Properties

Detailed findings

Background to this inspection

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

This inspection took place on 3 February 2016. The inspection was announced. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted a commissioner for health and social care, responsible for funding some of the people who used the service and asked them for their views about the service. There were no concerns about the agency.

During the inspection we spoke with two people who used the service, two relatives, the registered manager, and three care workers.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and complaints records.

Is the service safe?

Our findings

A person using the service told us, "I know I am safe with the staff member who helps me." Another person said, "I feel very safe with staff."

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as fire, hazardous substances, electrical equipment, food handling, falls and tripping risks. Staff told us examples of how they kept people safe such as not rushing people when supplying personal care.

We found that sufficient numbers of staff were available to meet people's needs safely, as people and their relatives told us that there were no missed calls, calls were on time and they received the full agreed time for personal care.

Staff we spoke with had been trained in protecting people from abuse or understood their responsibilities to report concerns to other relevant outside agencies if necessary. This meant that people's safety would be protected in case of abuse.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, they did not contain the contact details of all relevant agencies where staff could report their concerns to. The registered manager said this information would be included and later sent us information confirming this.

In the staff handbook we saw procedures to ensure people were protected and kept safe. There was a procedure in the event of staff receiving no reply when they called to provide personal care to a person receiving the service. This procedure contained detail for staff as to how to act to ensure a person was safe. Another procedure stated that staff could not be signatories to legal documents or be involved as appointees, agent, receiver or attorney to people's finances. This protected people from the risk of abuse to their monies.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the local authority safeguarding team. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own.

Care records for people showed some risk assessments were completed to protect their safety. These included how to move people safely.

However, risk assessments were not complete or were missing. For example, a care plan stated that there had been concerns about a person's behaviour. However, there was no risk assessment in place to assist staff to safely manage such situations.

Another care plan noted a person needed a nutritionally balanced diet. However, there was no risk assessment in place for staff as to the type of food that was safe for the person to have.

Another care plan stated that the person needed prompting to take their medication. However, there was no risk assessment in place for staff to follow. There was a risk that staff may not have prompted the person to take her medication with the consequent safety risk to their health.

The registered manager said this issue would be followed up and proper risk assessments put in place and later sent us information confirming this. This would mean staff would then be aware of all issues and people could receive help and support to keep them safe when needed.

Robust staff recruitment practices were not always in place. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, records did not always show that the necessary documentation for staff was in place to demonstrate they were fit to supply personal care to people. This was because there was no recorded explanation as to the reason why there was a long gap in a person's employment history, which did not provide evidence of their suitability. The registered manager said this issue would be followed up.

The registered manager said that staff did not currently administer medication to any people using the service. This was confirmed by people and relatives we spoke with. We looked at the provider's medication procedure which included details on how people were to be assisted to take their prescribed medicines when needed. This covered relevant issues though there was no information as to reporting any medicine maladministration errors to the local authority safeguarding team. The registered manager said this would be included in the procedure. This would then ensure people's safety as any necessary action could then be taken to ensure medicines were properly administered in the future.

Is the service effective?

Our findings

All the people and their relatives we spoke with said that the care and support they received from staff effectively met their needs and they thought that staff had been trained to meet people's needs. A person told us, "Staff who have helped me has been really good. They have done everything I wanted."

A staff member said, "I think we have had a lot of training. Having more training in mental health would be good."

The staff training matrix showed that staff had training in essential issues such as protecting people from abuse, dementia care, moving and handling techniques, health and safety, infection control, health and safety, food hygiene, providing personalised care and first aid. New staff are expected to complete induction training, which covers essential issues such as health and safety. The registered manager stated that staff would also be trained on the nationally accredited Care Certificate induction training in the near future. This is training that provides a comprehensive introduction to prospective staff supplying personal care to people.

We saw that staff had not received specific training in relevant health conditions that people had such as epilepsy, mental health issues and dealing with behaviour that may challenge the service. The registered manager stated that she would be reviewing training with a view to ensuring more specific training for staff on people's health conditions, and later sent us information covering this intention. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's needs.

New staff undertook an induction which included shadowing experienced staff on shifts, although one staff member told us that they had not received any shadowing. The registered manager disputed this and said that all staff had received at least three visits to people with experience staff showing them how to provide personal care. She said she would be reviewing the length of this shadowing so that new staff had the opportunity to have more shadowing time to properly induct them into the issues of providing personal care to people.

The staff we talked with said they had spot checks from the management of the agency to check they were supplying care properly and we found evidence of this recorded in staff records. The provider's statement of purpose stated that all staff would receive "regular and careful supervision", though we did not find that regular supervision was in place for staff to discuss their work including how to provide a quality service, their performance and training needs. The registered manager said that the frequency of supervision would be reviewed and provided regularly in the future. This would then provide staff with more regular support to provide effective personal care to people using the service.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs

to have their freedom restricted, in their best interests, to keep them safe.

There was evidence that the provider had relevant procedures in place to assess people's mental capacity. There was information in the care plan that staff had to seek people's consent before supplying care. Staff were aware of their legal responsibilities about this issue and had received training in its operation.

Staff members told us that people's choices were respected when they were involved in providing food and they knew what people liked to eat and drink. They left people with snacks and drinks between calls to ensure that they could eat if they were hungry and they did not become dehydrated. We also saw evidence of this in people's care plans. We also saw that people were encouraged to eat if this was part of their care plan.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

We saw evidence that staff had contacted medical services if people needed any support or treatment. In one instance a person had fallen and the staff member contacted the ambulance which resulted in the person going to hospital for treatment. On another occasion a person had a seizure and the staff member contacted the GP surgery for an appointment which resulted in the person's condition improving. This showed us that staff had acted to provide effective care to meet people's needs. However, we also saw one instance of when a person had complained of pain in their back and arm. However, there was no evidence that staff member had followed this up by referral to a relevant health professional. The registered manager stated she would stress to staff that any issues in relation to people's health should be referred to relevant health professionals.

Is the service caring?

Our findings

All the people and relatives we spoke with said that staff were friendly, polite, caring and positive in the care they provided.

People and their relatives also told us that staff listened to them so they felt able to express their views. A person told us, "I cannot fault the staff member who visits me. He is always positive and supportive." Another person said, "I think staff are good. I feel respected by them." A relative told us, "My mother has had no problems. Staff are friendly, polite and courteous."

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, as to what food they wanted to eat or the clothes they wanted to wear. We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, independence and cultural needs. Relatives from culturally different communities stated that staff respected their cultural needs. For example, by what name they wanted to be addressed by and for staff to wear shoe protectors in people's houses.

When we were in the office of the agency, we witnessed the registered manager speaking to a person using the service on the telephone. The conversation was conducted in a professional, friendly manner where the person was able to express how they were feeling and registered manager provided support to them.

This presented as a strong picture that staff and management were caring and that they showed respect to people.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their bedroom. One staff member told us, "It is very important to respect people. I ask if it is okay if I am helping them with anything and make sure their privacy is in place."

We looked at the provider's statement of philosophy, which emphasised that staff should treat everyone with respect, dignity and fairness. The staff handbook stated that staff should listen carefully to people and take an interest in their problems or interests. This information displayed good models of staff behaviour to ensure people were treated in the caring and respectful manner.

We saw in people's care plans that people's preferred names were recorded. This showed that people had choice in this matter and that their choice was respected.

We saw that a staff member was providing personal care to a person of the opposite sex. There was no indication that they had choice in this matter. When we asked the person they said they were not given this choice when the staff member started providing care to them, although this had never been an issue for them in practice. The registered manager said that choice would be provided to people in this matter in the future.

People and their relatives told us their care plans were developed with them. They said this process had been respectful and took into account their wishes to make sure that essential needs were included. This meant that people had been given the opportunity to produce a plan of their care needs.

A person told us that she was able to do what she could and this was important to her and that the staff member respected this. This type of situation ensured that people's independence was promoted and was another example of caring attitudes promoted by the provider.

Is the service responsive?

Our findings

A person told us, "Whatever I ask for, the staff member does for me." Another person told us, "I get all the care I need."

No one expressed any concerns about staff not staying for the full contracted time to provide care that met their needs.

We found that people had an assessment of their needs and a personal profile in the care plan. All the people using the service and the relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed. There was information about people's life history and background, though information about people's preferences such as their food and drink preferences, their hobbies and interests was limited. The registered manager said this would be followed up. This would then assist staff to respond effectively to all people's individual personal care needs.

People and their relatives told us that their care plans were reviewed by the management of the agency to ensure that any changing needs were recognised and responded to.

We looked at a care plan for a person from a minority community. There was information regarding religious preferences of people. However, there was no other information about cultural preferences such as whether footwear should be removed when entering a person's house. The registered manager stated that this issue would be followed up to ensure that a responsive service would always be delivered to all communities, irrespective of culture or religion.

People and their relatives told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so, though they had no concerns to date. They said that they were confident that the registered manager would be responsive to any issues that they raised. No one mentioned any situation or instance where anything raised was not dealt with in a positive way.

Staff told us that they had never received any complaints from people or their relatives but they would report any issues to the registered manager and they were confident it would be dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This included information on contacting the Care Quality Commission, which does not have the legal power to investigate individual complaints. It did not include relevant information about contacting the local authority responsible for investigating complaints, or the local government ombudsman should they have concerns that their complaint had not been being investigated properly from the local authority. The registered manager said this procedure would be altered accordingly, and later sent us a procedure that reflected this.

We looked at the complaints file. We found that no complaints had ever been made about the service and this was confirmed by the registered manager. We found a complaint form in the care plans we looked at. This meant people had easy access to record a complaint if they needed to.

A person told us that staff had contacted other professionals, such as medical professionals when her mother had been unwell or when proscribed medicines had not been sent from the pharmacy. A staff member said that he had contacted the ambulance service when a person had fallen. These situations told us that staff had liaised with other agencies to ensure that people had received care responding to their needs. However, there was one situation we noted in a person's daily care records where the person had been in pain but no health professional had been contacted to help. The registered manager said that she would remind staff to always contact relevant professionals when such a situation occurred. This will then ensure that people's needs are always responded to.

Is the service well-led?

Our findings

A person told us, "It is a well-run agency." Another person said, "It is good. It's much better than my last agency."

A relative told us, "There has never been a problem with the agency."

All the satisfaction questionnaires provided to people that we looked at were very positive about the running of the service. Questions included relevant issues such as timeliness of calls, whether staff stayed for the allotted time, whether staff were polite and respected privacy and dignity, whether they respected people's wishes and whether they provided the care and support that people needed.

We did not see questionnaires for relatives and staff to ascertain their views on the running of the service to see if any improvements were needed. The registered manager said these would be put into place so that relevant views could be sought and acted on when necessary to improve the services of the agency.

Staff were given information as to how to provide a friendly and individual service. For example, in the staff handbook it stated that staff needed to respect people's rights to privacy, dignity and choice. Staff told us that the registered manager expected them to provide friendly, individual personal care to people.

The statement of purpose stated that staff would be supported through staff meetings. However, they had not yet been organised. The registered manager stated she would set these up in the near future and later sent in information confirming this. This would mean further support would be provided to staff members, an indication of a well led service.

Staff told us they could approach the registered manager about any concerns they had. One member of staff said, "I can ring (registered manager's name) at any time and I will get help if I need it." Staff told us that the registered manager led by example and always expected people and their relatives to be treated with dignity and respect.

Staff said they felt supported and were given clear guidance on maintaining personalised care for people. Staff also stated that essential information about people's needs had always been communicated to them by the registered manager.

Staff had received more support through spot checks and personal appraisal meetings. This meant that staff were supported to discuss their competence and identify their learning needs. We did not see evidence of regular one-to-one staff supervision sessions where staff were being given the opportunity to speak about their issues in greater detail. The registered manager said that this issue would be followed up to ensure staff were all supported through supervision on a regular basis.

We saw some quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude and call times being met. Information stated in

the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place. However, we did not see systems to evaluate issues such as audits of care plans, call times and medication records, the quality and extent of staff training and staff recruitment checks.

The registered manager said she would review the quality monitoring system to ensure that all essential systems had been checked to ensure a quality service had been provided to people using the service. Carrying this out will then help to develop the quality of the service to indicate a fully well led service.