

Shepshed Carers Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Shepshed Carers Limited provides personal care and support to people living in their own homes. The service has an office in the centre of Shepshed with ground level access. At the time of our inspection 89 people were using the service.

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

People and relatives said the service provided high-quality care and they would recommend it to others. The care was personalised, and people were consulted on how they wanted their care needs met. A person said, "They [the staff] support me to keep as independent as possible. They are very good and caring people."

Staff understood where people were at risk and put measures in place to prevent them coming to harm. A person said, "They are very respectful to both me and my property. I feel safe and comfortable with them."

The service was well-staffed, and staff were responsive to people's needs. Staff were well-trained and knowledgeable about the people they supported, taking an interest in their life histories, previous occupations, and hobbies. People said staff brightened their day. A person said, "They lift my spirits. I can be low sometimes, so I look forward to them coming. We have a laugh together."

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

Staff supported people with their communication needs and took their time providing care. A person said, "I have some conversation problems, but the staff give me time and always make sure I am ready and in charge of what is happening." A relative said, "The staff are really good at telling [person] what they are doing and never rush them."

The registered manager made improvements to the service where necessary and carried out regular audits to ensure people continued to receive a high standard of care. They listened to people, relatives and staff and acted on their comments and suggestions.

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

Rating at last inspection

The last rating for this service was Good (based on an inspection on 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Shepshed Carers Limited

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 and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shepshed Carers Limited 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people using the service and eight people's relatives. We also spoke with the registered manager, two care co-ordinators, and three care workers.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said having regular staff they knew well and trusted made them feel safe. A person said, "It makes me feel more comfortable knowing who is coming." Another person said, "I feel completely safe with the staff even when they are hoisting me".
- Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they had concerns about the well-being of the people they supported.
- Staff knew the signs of abuse. A staff member said, "We always check if people are okay. If we saw anything concerning like bruises or changes in behaviour we would report this to the managers who would look into it and report it."

Assessing risk, safety monitoring and management

- People gave us many examples of how staff protected them from harm. A person said, "They make me feel safe, especially when I shower, they check the water temperature and make sure I am sitting down so I don't slip."
- Care workers knew where people were at risk and what to do to minimise this, for example ensuring areas where people walked were clear and there were no tripping hazards.
- Senior staff assessed risks associated with people's care, support and environment and wrote care plans and risk assessments to address these.
- One person sometimes became distressed when receiving personal care, but did not have a risk assessment telling staff how to support them if this happened. We discussed this with the registered manager who ensured a new risk assessment was immediately put in place.

Staffing and recruitment

- People and relatives said the staff were suitable for their roles. A person said, "I have never had a concern [about the staff] I would recommend them to anyone. They are very reliable and dedicated people."
- There were enough staff employed to meet people's needs, including when people needed two staff to assist them with a task.
- The registered manager followed the service's safe recruitment procedures to ensure the staff employed were of good character and suitable to work with people who use care services. The registered manager said, "No-one starts work here without references and a criminal records check."

Using medicines safely

- Staff assisted some people with their medicines to ensure they had them safely and at the right time. A relative said, "They do [family member's] medication. They pop the tablets into a cup so they can take them."

They wear gloves and sign the book [medicines records]."

- When staff supported people with their medicines senior staff put risk assessments in place to ensure this was done safely.
- Care co-ordinators were trained to NVQ (National Vocational Qualification) Level 3 to ensure they had the skills and knowledge necessary to carry out competency checks on the care workers.

Preventing and controlling infection

- Staff wore personal protective clothing when necessary to prevent the spread of infection. A relative said, "They always wear gloves and aprons when giving care and doing medication."
- Staff were trained in infection control and basic food hygiene and understood the importance of good handwashing and other infection control techniques.

Learning lessons when things go wrong

- The registered manager said the service had a 'no blame' culture and staff were told to speak out if they had made a mistake. This meant any issues could be quickly addressed and improvements made where necessary.
- The service's policies and procedures were up to date and staff followed them to reduce the likelihood of errors being made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care co-ordinators assessed people prior to them using the service to ensure staff could meet their needs. Assessments covered people's health and social care needs, background and life history.
- If people had cultural or other specific needs and preferences, these were assessed and recorded so staff were aware of them. For example, some people had specific bathing routines that staff supported them with.
- Staff knew the importance of supporting people with their oral hygiene and the provider's assessment form ensured people's oral healthcare needs were documented.

Staff support: induction, training, skills and experience

- People and relatives were satisfied with staff members' skills and knowledge. A person said, "They seem well-trained and understand my condition. They know how to handle me to keep me safe." A relative said, "They are all on the ball and know what they are doing. They are very conscientious and make sure they check everything, like the sling position, when hoisting my [family member]."
- The service's training programme ensured staff could meet people's needs effectively. If staff needed specialised training, this was provided. For example, some were trained in catheter care, dementia awareness and tissue viability so they could support people using the service.
- Care workers said the registered manager ensured their skills were up to date. A care worker said, "If we haven't done our training the [registered] manager won't let us work."
- A care worker gave us an example of how they used their training to support a person who had fallen. They said, "I found [person] on the floor and I knew what to do. I assessed the person using my first aid training and then rang for an ambulance."

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

- Care workers prepared meals for people when requested. A person said, "They do my breakfast if [relative] is not in. They ask what I fancy and will even do a cooked breakfast if I want one."
- People had their nutritional needs assessed when they began using the service. If people had any allergies or restrictions on their diet, this was recorded.
- Some people needed extra support with their food and drink and staff provided this. For example, they used a food chart and prepared regular meals for a person who was at risk of poor nutrition.
- Following advice from the SALT (speech and language therapy) team, another person had thickened fluids to make swallowing easier for them. This was highlighted in their care plan and staff had clear instructions to follow on the amount of thickener to use.

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

- Staff were knowledgeable about people's healthcare needs and knew when to involve medical professionals. A care worker told us, "If we were concerned about a person's health we would talk to them and their family about it and get the GP out."
- Records showed staff supported people to access a wide range of healthcare professionals including GPs, district nurses, dieticians, and physiotherapists.
- Staff were trained in medical emergencies and first aid. A care worker said, "We know what to do if there's an accident. If we go to someone's house and they have fallen, we call an ambulance if it's not safe for them to get up on their own."
- Staff monitored people's health and alerted health professionals if they had concerns. For example, a care worker said they always checked if people's skin was intact with no sign of redness. They said, "If there is we apply barrier cream and arrange for them to see the district nurse. We can also ensure they have the right equipment in place to prevent skin breakdown, for example pressure-relief cushions."

Adapting service, design, decoration to meet people's needs:

- Care co-ordinators assessed the safety of people's homes and suggested improvements where necessary. For example, they arranged for sensor lighting to be installed at one home to make access safer at night.
- A relative said, "They have given us information of how to access things to help, for example a sliding blanket, which has really helped me move [family member] up the bed. They also got in touch with the occupational therapist for us who came out to assess the steps we use to get into bed. I wasn't expecting a care service to be so helpful."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff understood the importance of supporting people to make choices, and people were always asked for their consent before care was provided.
- Staff were trained in the Mental Capacity Act and understood their responsibilities to support people in a way that was legal and non-restrictive.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives made many positive comments about the caring nature of the staff. A person said, "They are all very kind and caring and will do anything for you. They treat me and my home with respect." Another person told us the staff were 'exceptionally supportive and kind' when they suffered a bereavement.
- People were treated well. A relative said, "They are very polite and caring staff. I can hear them laughing and joking [with family member]. They are also respectful to me and our home and property. In the morning if they get done, they will stay and chat."
- People mostly had regular staff and met them before their care commenced. A person said, "I have a group of carers that I know. New ones will usually come and do a 'shadow' shift, so I meet them first." A relative said, "They usually send the same carers, which is nice as [person's name] prefers to know who is coming."
- The staff team was established, and each member had a small group of people to support. A care worker said, "I only have between nine and twelve clients, so I get to know them all and they like having a regular member of staff who they know."
- Staff went out of their way to support people. A person rang the office and asked if staff could collect fish and chips for them on the way to their call. The registered manager arranged this. Another staff member collected a kitchen appliance for a person to replace a broken one. A further staff member helped a person with an administrative task and kept records for them.

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

- People and family members, when appropriate, were involved in developing and reviewing care plans. Where possible, people signed to approve their care plans.
- Staff consulted with people on how they wanted their care and support provided. A person said, "They are all very kind and listen when I am talking. I never feel rushed and they will tell me, 'It [care] takes as long as it takes.' I feel totally in control of my care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. A person said, "I have a bed bath every day and they are discreet and gentle with me. They keep me warm and use a towel to cover me up." A relative said, "The carers will not start getting [person] washed until I leave the room, they make sure everything is done in private. They couldn't be more professional."
- Care plans instructed staff to maintain people's independence, for example by encouraging them to do aspects of the care themselves.

- People's documentation was kept securely in the office, with only care plans being kept in people's homes, to reduce the risk of a breach of confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and set out how their needs would be met. People and relatives commented on how responsive the staff were. A person said, "They have been wonderful. When I came out of hospital there were here directly and back into the routine."
- Care plans and other documentation ensured care workers were up to date with people's care needs. A staff member said, "Care plans have everything you need to know is in them. When you go in you check the care plans, the daily notes, and the handover notes to see if anything's changed. And you talk to the client in case there's anything new they want to tell you."
- Care plans were reviewed and updated regularly to ensure people's changing needs were met. For example, a person's review showed the timing of their call was changed to allow them more time out of bed each day, which is what they wanted.
- People said staff were mostly on time and the office staff usually let them know if they were going to be late. A person said, "They are normally on time but will ring if there is a problem." A relative said, "They are usually on time although on one occasion they were late, but they did let me know."

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 said staff met their communication needs. A person said, "They [care workers] understand my condition and are fully aware of how to communicate with me. We work as a team." A relative explained how staff supported their family member with a speech schedule and the person had come on 'leaps and bounds' as a result.
- Staff understood people's communication needs. For example, a staff member said, "[Person] sometimes chooses not to talk so we find a different way to communicate with them. If it's about their meal, we bring choices from the kitchen and they point to what they want. They will also nod to show their consent to personal care."

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint if necessary. A person said, "I have never had to complain, but I am sure they would deal with any issues quickly if I had any. There are always available, there is a number you can ring out of office hours. All the office staff are very pleasant and helpful, and they will get back to you if needed." A relative said, "The office staff are very good and with deal with any queries

you have. We've not needed to complain but I am sure if we did they would sort it out."

- The service's complaint procedure was in the service user guide, which everyone using the service had a copy of. It explained how to complain directly to the service or to the local authority if people wanted to take their complaint to an external body.

End of life care and support

- Some staff were trained in end of life care and knew how to provide compassionate and responsive care and support to people at the end of their lives.
- If people needed end of life care, staff worked closely with healthcare professionals to ensure people were comfortable and pain-free.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 relatives said the service provided a high standard of care and they would recommend it to others. A person said, "I am very happy with the company; I know they are there if I need them. I am very lucky to have them and have already recommended them to a relative." A relative said, "I certainly would recommend them; I can't knock them at all. We are very happy; they are a very professional outfit."
- People and relatives said the office staff were friendly and helpful. Comments included: 'They always pick up directly when I ring'; 'They are always very polite'; 'If they say they will ring me back [...] they always do'; and 'They will do anything for us.'
- People and relatives said the service was flexible and if they needed to change the frequency or times of their calls, staff did their best to accommodate them.
- Staff said they were happy working for the company. A care worker said, "This is the best job I've ever had. I love it. The best thing about it is knowing we make a difference to people's lives and when they give you a smile it's a great feeling."
- Staff said senior staff valued them and cared about their well-being. A staff member said they had a period of ill-health and were well-supported. They said, "They [senior staff] called me into the office and said, 'What can we do to help you?' They were fantastic."

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

- Staff understood their roles and responsibilities and who to go to if they had any concerns about people's well-being. Senior staff were always on call if staff needed to contact them for support and advice. A staff member said, "We get great support from the [registered] manager and the care co-ordinators. If we ever have a problem we go into the office or ring up and they always listen and help."
- The registered manager invested in staff training to ensure people received good care outcomes and ensured staff were confident in their work. For example, a staff member said the registered manager gave them extra one to one training to address a complicated hoisting issue. They said, "[Registered manager] trained me in the office and then came with me to the person's home to ensure I got it right."
- The registered manager understood regulatory requirements and completed statutory notifications when required to ensure CQC and other agencies were aware of significant events at the service.
- Senior staff carried out a series of audits to ensure the service was providing people with good quality care and support.

Engaging and involving people using the service, the public and staff

- People and relatives commented on the service via regular postal surveys. The 2019 survey had 52 responses. Results showed a high level of satisfaction with all aspects of the care and support provided. People and relatives also said they could comment on the service at any time by contacting the office or speaking to staff when they visited them at home.
- Staff also completed annual surveys. Twenty-three staff responded to the 2019 survey with the majority saying they were happy working for the service and would recommend it to others. Staff also shared their views at supervisions, appraisals and meetings.

Continuous learning and improving care

- The registered manager used the service's quality assurance systems to monitor the service. Records showed audits were comprehensive and if any improvements were needed they were carried out.
- If improvements were suggested, the registered manager and senior staff ensured these were discussed and, where necessary, carried out. For example, some staff used the 2019 staff survey to make suggestions about how the service could improve. In response the registered manager arranged for these to be discussed at the next staff meeting or, if staff preferred, in one-to-one discussions with senior staff members.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people's needs were met and they had the community services they were entitled to.
- The service was inspected by the local authority in July 2019. The results were positive with two actions required, which the registered manager immediately addressed.