

Shephards Care Services Ltd

81 Wood Lane

Inspection report

81 Wood Lane
Woodgate
Birmingham
B32 4AD

Tel: 07983985737

Date of inspection visit:
09 September 2021
29 September 2021

Date of publication:
09 December 2021

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

81 Wood Lane is a domiciliary care agency providing personal care to people in their own homes. The service was supporting three people, with personal care at the time of our inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Some records were not available when requested at the time of the inspection at the office. This was due to documents such as care plans and risk assessments not being in place for people using the service.

There was a lack of provider oversight which meant risks to people's safety had not been identified and responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm. The lack of systems in place had failed to identify the areas for improvement found at this inspection including the care planning, risk assessments, safe recruitment processes and safe administration of medication.

Care plans were not in place for known health conditions to enable staff to have the information they needed to mitigate risk and meet or respond to people's needs.

People were supported by a staff team who told us they understood how to protect them from abuse. Staff also understood how to protect people from harm such as injury, accident and wounds. However, the provider had failed to ensure all staff members had received up to date training. This placed people at risk from potential abuse and harm or injury.

People we spoke with said they felt safe and were very happy with the support they received.

Medication administration records (MAR) did not include the current list of medications prescribed for people using the service, such as creams. This meant care staff did not have accurate records to refer to, ensuring they were giving the correct cream, to the correct area of the body, at the correct time.

Staff were not always recruited safely. Safe recruitment practices were not followed and this placed people at risk of harm due to police checks not being carried out prior to employment commencing or suitable references obtained.

Additional audits needed to be implemented to provide clear and robust information and evidence of outcomes for people.

Systems and process which were in place were not robust to protect people from potential harm.

Staff we spoke to told us they understood their roles and responsibilities and felt supported by the management.

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

Rating at last inspection (and update)

This service was registered with us on 08 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration.

We reviewed the information we held about the service.

The overall rating for the service following the first inspection is Inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report to see what actions we have asked the provider to take.

Enforcement

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance, staffing and fit and proper persons employed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

81 Wood Lane

Detailed findings

Background to this 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were three people using the service.

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 it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 09 September 2021 and ended on 04 October 2021. We visited the office location on 09 September 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with three members of staff including the registered manager and care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at the two staff members files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this service since it was registered. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- The provider did not have clear care plans or risk assessments in place which detailed the support people required. On the day of the inspection the registered manager gave us care plans which they had in place for people using the service. However, these were not sufficiently detailed and meant people were at risk of not receiving care that meets their individually assessed needs.
- There was missing information in the care plans based on what people told us their health conditions and treatment were. The provider had failed to implement a risk assessment or written guidance, to guide staff on how to reduce the risks to people. Care plans did not reference the treatment required for their known health conditions or how these conditions may affect how care staff needed to provide support. This included conditions such as diabetes and strokes.
- Staff we spoke with were aware of the majority of people's health conditions but had not been provided with training or written guidance from the Provider to be able to meet these needs safely.
- We found that people's mobility needs and use of equipment was not detailed enough to ensure staff members had the correct information so people could be transferred safely.
- People who were at high risk of developing sore skin did not have detailed plans or risk assessments. This meant people were placed at increased risk of developing sore skin.
- The lack of written information about how to support people was unsafe. In the event of unplanned staff absences and agency staff were required to complete shifts, there was insufficient information for them to meet people's needs safely.

Using medicines safely

- Medication Administration Records (MAR) should specify the details of when prescribed creams should be applied, where it should be applied and the frequency. We found prescribed creams were not detailed on people's MAR charts.
- When people required prescribed medications and creams to be applied on an 'as and when required' basis, there was no guidance in place for staff to follow so they would know when to give the medicine. This meant there was the risk these medications might not be given in a consistent and safe way. This presented a potential risk of creams not been applied as prescribed resulting in red and sore skin developing. The registered manager told us they did not know they needed to have guidance in place for 'as required' medications.
- Records we looked at evidenced medication training had not taken place for all staff or that staff competency had not been monitored and assessed in line with their own policies. The Provider's own medication policy stated that staff must have completed safe handling of medicines training. The policy also referred to staff being monitored, and competencies assessed.

- We spoke to two people about the medication they received, both told us they always get their medication on time.

Preventing and controlling infection

- Records did not show that care staff members had received training in the correct use of Personal Protective Equipment (PPE) which includes items such as gloves, aprons, masks and eye protection, nor any COVID-19 specific infection control training. Just one care staff member had received infection and prevention training. The provider told us that the other staff member was due to complete this training. One staff member could not tell us the correct way in which they should put on and take off PPE.
- Staff members had not been assessed to ensure they wore the correct PPE and followed safe infection prevention and control practices.
- During the inspection people told us that care staff wore the correct PPE during visits and disposed of them safely.

We have also signposted the provider to resources to develop their approach.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We looked at staff files and we found that full employment history had not been provided and dates of employment were not clear.
- Risk assessments were not completed where required for care staff who did not have a criminal records check. The provider had not received an up to date criminal records checks clearance, prior to care staff commencing employment. They had not considered the risks associated with this practice and carried out a risk assessment to reduce the potential risks whilst awaiting the criminal records check.
- Suitable references had not been obtained prior to care staff members commencing work. There was no evidence that alternative references had been sought. This meant that the provider did not follow their own recruitment policy or adhere to regulations to ensure that staff members who were employed were suitable to work with people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff members had a good understanding of how to safeguard people from abuse, they were able to explain how to protect people they supported. Some staff had received training in these areas.
- Staff were aware of the whistleblowing policy and told us how they would raise concerns, ensuring people were protected.
- People told us they knew how to raise concerns or make a complaint. One person told us, "I have never had a problem, I would phone the office and speak with [the provider], she is really very good."

Learning lessons when things go wrong

- The provider told us they had not received any complaints at the time of the inspection, so we were

unable to see what actions they had taken following any complaints. People we spoke with confirmed they had never raised a complaint.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service since it was registered. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was not a robust induction programme in place to evidence the care staff members had all completed an induction and there was no documentation to demonstrate inductions had taken place. A staff member did tell us they had shadowed the registered manager when they joined the service, to get to know people's needs.
- The training matrix we were provided with did not include any specific health conditions that people who are being supported had. There was not a plan in place for any training such as practical moving and handling training or for known health conditions such as; diabetes, strokes or catheter care. One staff member had not received any training, from the provider, at all.
- The provider was unable to provide us with staff supervisions or meeting minutes as they had not kept written evidence of the discussions which had taken place. The provider and care staff members told us they spoke regularly about the people using the service.
- Staff files we looked at did not contain any evidence of qualifications obtained from outside organisations as detailed on their application form. The provider could not be assured the staff members held these qualifications as they did not have their certificates
- A member of staff told us they felt they had enough support from the registered manager, to be able to meet the needs of people and to keep them safe.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff members received the support and training required to support people safely. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider told us that they carried out assessments of people's needs. However, we saw that the information they gathered was not reflected in care plans and risk assessments, to ensure they were robust.
- Care plans did not evidence that care reviews took place to ensure they were still reflective of people's current needs. The provider told us they had not recorded discussions they had about people's care needs and wishes.
- People told us the registered manager was helpful and would change the support they wanted, as requested.
- Speaking to staff it was clear they knew people's needs and wishes well.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had not received training in people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare is maintained.
- Staff told us how they offered choice, gained consent and respected people's choices.
- People we spoke to also told us that staff members spoke to them and gained consent. One person told us, "They [care staff] are all very good, they talk to me all the while they are supporting me. They always ask my consent before doing anything, [Name] the registered manager would not stand for anything else."

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

- People told us they were given choice of meals and drinks and able to make their own decisions of what meals they would like.

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

- People were supported to contact healthcare professionals as needed.
- People told us that when they had required additional support the provider had arranged this for them to ensure they received the treatment and support they needed.

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.

Whilst individual care staff members may be caring the provider's systems and processes do not mean people are always cared for.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Risk assessments and care plans did not provide clear guidance for care staff to follow. This included people who had known health conditions such as diabetes and strokes. This meant staff members did not always have the information they needed to support people in the way they wished and this had the potential to have serious and significant health implications.
- The provider did not operate robust systems and processes. This meant we could not be assured people always received their care and treatment in a way that demonstrated that safe care had been given. This included the lack of information on how to support people safely with their mobility needs.
- Training records showed that staff had not received training in equality and diversity. However, they did understand about people's individuality and how this was important to the them.
- Staff recognised people's individuality and the importance of treating everyone as an individual. Staff told us how they supported people to meet their individual needs and wishes.
- Staff knew people well and people told us they had a good rapport with them. However, one staff member told us, "I haven't looked at the care plans, but they are there, we are told about people's needs by the registered manager." This meant this could lead to an inconsistent approach in supporting people and meeting their needs and could impact on people's well-being and choices.
- People we spoke with told us they were treated well and staff were caring.
- People told us they were treated in a dignified and respectful way. One person told us, "They are all lovely, they are local and I can call on them if needed."

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

- We saw evidence that people's views sought. Quality assurance questionnaires had been sent to people using the service. The most recent questionnaires had not been analysed as they had only just been returned, so the information had not been fed back with any actions the provider would be taking.
- No formal care reviews of people's needs and wishes had taken place or been recorded. This meant we could not be assured the provider was ensuring people's care needs were being discussed and their support met their current needs and wishes.
- People we spoke with told us they knew if they had a concern they would be listened to.
- People said they were given a choice around what time they wished to have their calls and the provider was flexible if their needs changed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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.

- We spoke with the provider who said that they were unsure of the AIS. This was discussed with the provider and they told us they did not have any alternative formats for communication in place at this time. However, people currently using the service had no specific communication needs, such as hearing or sight impairments. AIS should be in place for prospective service users for who the standard printed information is not suitable.

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

- One person told us they had received a care review and had the opportunity to discuss their care and were able to contribute to their care and treatment. However, there was no documentation to support care reviews had taken place.
- One of the people using the service told us, "I have a care plan. [Name] the provider spoke to me and discussed the support I needed. It changes if my needs change."
- People we spoke to told us they were provided with personalised care and support that was responsive to their needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if needed and they would speak to care staff or the provider. Although all people we spoke with told us they had never had to raise a complaint about the service they received.
- The provider had a complaints policy and procedure in place, however, no complaints had been received.

End of life care and support

- The service was not currently supporting anyone with end of life (EOL) care, at the time of the inspection.
- Care plans did not incorporate advanced decisions or end of life planning.
- Staff had not received training in EOL care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection.
- There was not a robust auditing system in place. We found audits were not in place for all areas of the service. This meant the service had not been operated effectively and had failed to identify the concerns we found during the inspection.
- The provider had failed to maintain accurate care plans reflecting people's needs. There were no risk assessments for specific medical conditions providing detailed information and safety protocols for staff to refer to; to make sure people received safe, effective and consistent care.
- We raised these concerns with the provider who agreed they needed further improvement to ensure they provided enough guidance and detail for care staff members to support people in the way they wanted.
- Lack of audits had failed to identify prescribed medications had not been recorded on the Medication Administration Records. The provider failed to maintain the records with up to date information for each person to include the name of the medication. For example, prescribed creams, where on the body they should be applied and frequency to be administered.
- The provider had failed to identify they were not consistently following their own policies.
- After the inspection the provider sent us some updated information of actions they had taken to rectify the concerns we found. We will assess the improvements at the next inspection.
- The provider had not kept up to date with guidance or ensured staff members were adhering to current guidance and best practice.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the time of the inspection there was not a system in place to plan or hold care reviews with people to discuss the quality of the support and service they receive. However, people we spoke with were very complimentary about the care and support they receive.
- This is a new service and although the provider had sought recent feedback from people using the service,

they had not had the opportunity to analyse the responses and provide people with feedback. This meant we were not able to assess the effectiveness of this information gathering. Feedback had not been sought from relatives, health professionals or staff members.

- People said they felt able to speak with the provider and care staff members at the service when needed and they felt listened to and concerns were acted on.
- The provider understood their responsibilities about duty of candour and promoting an open and honest culture. The provider had been honest with us during the inspection regards the areas in which they had failed to meet the regulations.
- The staff member we spoke with told us they felt supported by the provider and told us they had never worked for a provider who was so caring. They said, "I have been with many care providers before and the clients are lucky to have [Name] the provider, she is a good person, she cares a lot."

Continuous learning and improving care

- The provider was not able to provide evidence that care staff had received appropriate training which included practical manual handling and medication training. They had not sourced the training we identified as required to meet people's care and support needs at the time of the inspection. Some training had been provided for staff and completed however, the provider was unable to provide information about the contents of this training or it's suitability and had not carried out any competency assessments. This meant the provider could not be assured staff were putting into practice their learning and following safe practices.
- After the inspection the provider told us they had taken on board all of the concerns we had identified, which we discussed again during a provider meeting. They told us they had started to implement changes to improve the service provided.

Working in partnership with others

- We saw from records the provider had engaged with other health professionals to support people with their changing needs. This included contacting the GP and district nurses.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to people were effectively managed. People were exposed to risk of harm due to unsafe risk management systems including the lack of care plans and risk assessments for peoples known health conditions. As a result, people were exposed to the risk of serious harm.</p>

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were inadequate. Potential risk and areas of improvement were not identified. The provider had not ensured governance arrangements within the service had been established thus; the provider had failed to identify the concerns we found during the inspection.</p>

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have systems in place to ensure they followed correct procedures to ensure staff employed were fit to work in the service. They failed to consistently obtain suitable references, identification and assess the skills and competencies of staff employed.</p>

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had received up to date training and carryout assessments of their competencies. They also failed to ensure staff were supported by completing regular, supportive supervisions and appraisal.</p>

The enforcement action we took:

Issued a Notice of Proposal to impose positive conditions