

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

Shepshed Carers Limited provides personal care and support to people living in their own homes. At the time of our inspection 170 people were using the service. At the last inspection on 12 August 2014, the service was rated good. At this inspection, we found the service remained good.

People continued to receive safe care. Staff knew their responsibilities to support people to remain safe including how to protect people from abuse. The provider had assessed risks relating to people's care to help them to remain safe. The registered manager was recruiting more staff as there were vacancies. People continued to receive the care and support they required whilst this occurred. People received their medicines safely.

People continued to receive effective support. Staff received guidance and training to make sure they knew their responsibilities when supporting people. People were supported to maintain their health including monitoring what people ate and drank where there was a risk that they were not having enough.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service provided guidance in this practice. The registered manager told us they would take action to make sure that where there were concerns about people's ability to make decisions, the required assessments would be completed.

People received care that was kind, respectful and consistently focused on things that mattered to them. People mainly had consistent care staff and calls were mostly on time. Most people had detailed care plans that were focused on them as individuals so staff had the guidance they required. The provider was rewriting other people's care plans to make sure they contained detailed information about people's preferences and routines that mattered to them. People and their relatives knew how to make a complaint and the provider took action when one was received.

The service continued to be well-led. The service had an open culture that welcomed feedback from people, their relatives and staff. Staff received good support and they knew the expectations required of them. The registered manager was aware of their responsibilities. They had arranged, and had further plans, for quality checks of the service to take place to make sure that it was of a high standard.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Shepshed Carers Limited

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 was a comprehensive inspection; the inspection visit took place on 14 March 2017 and was announced. We gave the registered manager 24 hours' notice as they supported staff completing care calls and we needed to be sure they would be available. The inspection was carried out by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted Healthwatch Leicestershire (the consumer champion for health and social care) and the local authority who has funding responsibility for some people using the service to ask them for their feedback.

We spoke with 10 people who used the service and with the relatives of three others. We also spoke with the registered manager, two care co-ordinators and seven care assistants.

We looked at the care records of eight people who used the service. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager or senior staff had undertaken. We also looked at six staff files to look at how the provider had recruited and supported their employees.

We asked the registered manager to submit documentation to us after our visit. This was in relation to the provider's emergency planning procedure. They submitted this to us in the timescale agreed.

Is the service safe?

Our findings

People were supported by a caring and dedicated team of staff who knew their responsibilities for supporting people to remain safe. One staff member told us, "A couple living together had dementia. They weren't safe. I raised concerns and the office spoke with social services and took action." Staff knew the signs that a person might be at risk of abuse and how to respond. This was because the provider had a policy on safeguarding adults and staff had received training. We saw that the registered manager had made improvements to their systems to check that referrals to other agencies occurred where this was required. This was because one incident had not been reported to the local authority in a timely manner.

The registered manager assessed risks associated with people's care. They were monitoring and reviewing these to make sure staff had the guidance they required. This included updating care plans to reflect the support people required to leave their house in an emergency where they had a physical disability. A person told us how a risk to their health was managed. They said, "I am at risk of bed sores, so the carers make sure they moisturise my skin every day." We saw that staff members checked the safety of people's homes and the equipment they used to reduce any risks to their health and well-being. All of the people we spoke with told us they felt safe and were confident that staff would take any action required to make sure this continued.

People were satisfied with the amount of staff that the provider had employed to meet their care requirements. One person told us, "I would say so yes [sufficient staff]. We have never had any problems with them." We saw that the registered manager was working to recruit more staff. One staff member told us, "People are still getting the calls they need despite some vacancies. They still get the care they need." We found that people were receiving the care and support they required and office staff were covering calls to make sure this occurred. We also found that the provider recruited staff safely which included checks on prospective staff's suitability.

People received their medicines when they required them. One person told us, "They give me my tablets and there has never been a problem." We saw that people's care plans detailed the support they required with their medicines so that staff had the information they required. Staff had received guidance about handling people's medicines which they knew about and consistently followed. One staff member told us about the quality of this guidance. They said, "The medication training was good. The way you do it and prompt and what to do if a person refuses was all helpful to know." Staff members' competency was due to be checked in the next three months to make sure they continued to offer people their medicines in a safe way.

Is the service effective?

Our findings

People received support from staff members with the required skills and knowledge. One person told us, "Yes they are trained properly, especially when it comes to equipment. They also have new staff shadowing an experienced carer. I think that is good." We saw that new staff completed an induction when they started working for the provider so that they knew their responsibilities. Staff received training in topic areas such as moving and handling and food safety. They told us that the training equipped them with the skills and knowledge they needed. The registered manager told us they were looking at how they could refresh the knowledge of staff in relation to specialist training. This was so that staff remained competent.

Staff received on-going guidance from the registered manager and other senior staff members so that they could reflect and make any required improvements to their work. One staff member told us, "There are 1-2-1s once a year as well as workplace assessments." The registered manager told us that some observations and meetings with individual staff members had lapsed over the last four months due to a restructuring of senior staff. We found that checks on staff members' practice and appraisals had restarted in the last two months. We saw that these checked the knowledge and skills of staff as well as planning for any training they required. This meant that staff received guidance on how to provide good support.

Staff asked people for their consent before they carried out care and support. One person told us, "They always say what they are going to do." Staff knew about the importance of gaining people's consent. One staff member told us, "We tend to help them to understand. Just because they have dementia doesn't mean they don't have capacity. We need to help them to understand where they can." Where there were doubts about three people's mental capacity, the registered manager had not always completed assessments to determine their ability to make decisions. The registered manager told us that they were in the process of updating everyone's care plan. They said that they would complete the required assessments and record any decisions made in a person's best interest where they were determined to lack the capacity to make specific decisions.

People told us that they chose their own meals and that if they required any assistance with this or the preparation of it, staff supported them well. One person said, "They listen to me. I choose my breakfast." We saw that people's care plans had information about people's food and drink preferences so that staff had guidance. We also saw where there were concerns about people not eating and drinking enough, staff kept records so this could be monitored. We found that specialist advice had been incorporated into people's care plans so that staff knew exactly the type of care and support people required.

People were supported to maintain and monitor their health where this was required. Staff knew their responsibilities to report any concerns. One staff member told us, "If someone was not well I would contact the family and on-call [senior staff]. I would look into the notes in case something had been written. I've called for an ambulance before when I was concerned." We found that action was taken where there were concerns about people's health in order to maintain their well-being.

Is the service caring?

Our findings

People had developed positive relationships with staff and they received care that was kind and compassionate. One person told us, "I think the carers are very kind and caring." Another person said, "I am very happy with them. They are brilliant carers." Staff maintained people's dignity and privacy. A relative told us, "We have a curtain which partitions the room and they [staff] always make sure it is pulled across when they are doing personal care for [person]." Staff understood how to maintain people's sensitive and private information because the provider had made available to them policies on confidentiality and data protection. We saw that people's care records were stored securely in the provider's office to protect their privacy.

Staff knew the people they were supporting and described how they got to know them. One staff member told us, "I read the care plans, speak with families and they often leave notes about a person's likes and dislikes." Another said, "I'm nosy so I would speak to the family. I found out one person was scared of water on their face. We have an information sheet where we [staff] can share information like that with each other." Staff were able to describe the people they supported and we found that the examples they gave matched what we read in people's care plans.

People confirmed that staff listened to them and respected their choices. We read in some people's care records that they had declined the planned care and this was respected by staff members. Staff took any additional action to make sure that people remained safe, such as contacting the person's family. The registered manager told us that if people required additional support to make a decision, they would provide information on advocacy and support services that could help them.

People were supported to be as independent as they wanted to be. One staff member told us, "We are here to assist, not to take things away from them. For example, we help one person to wash up by getting a perching stool to sit on if they are unsteady as they want to do it." We saw in people's care plans that guidance was available for staff on things that were important for people to do for themselves. This meant that people were supported to retain their skills.

Is the service responsive?

Our findings

People received care and support based on their preferences. One person told us, "They know me well. They do everything and are ready and willing." People mainly received their care at the times that they wanted. One person said, "They are spot on." Another person told us, "It can fluctuate a bit, but they generally ring to let us know." Staff members told us that people generally had the same carers offering them care. One said, "Continuity still happens although they [registered manager] are trying to get more staff. The rota is being managed now for one area where there have been some issues with regular staff." Staff members told us that they had the time they required to carry out the care expected of them and we saw that calls were monitored by office staff to make sure they were not missed.

People had an assessment of their needs prior to receiving care from the provider to make sure their requirements could be met. Senior staff then completed a care plan in consultation with people or their representative which gave staff guidance on how to meet people's preferences and care requirements. We saw that these mostly contained information that was centred on people as individuals. For example, there was information about people's preferences for the gender of their care staff and routines that were important to them. The registered manager told us that some care plans were being updated as they were not always detailed. We saw that this was taking place.

We saw in the daily recording of care provided by staff, that people's care plans were followed and that staff demonstrated a good understanding of people's care requirements. We also saw that people's care requirements were reviewed at least annually or when a change occurred. A person told us, "Yes I have a care plan and it has been reviewed." Another person said, "I have a care plan and we are having a review this morning." This meant that staff had up to date guidance about people's support requirements.

People and their relatives knew how to make a complaint should they have needed to. A person told us, "I would probably speak to the manager but I have never had to". A relative commented, "I would speak to the carers first and then the manager if I was not happy." People and relatives told us that staff listened to any concerns that they had. We saw that the provider had detailed their complaints procedure in a 'service user guide' that people received when they started to receive care. This detailed the action they would take should a complaint be received. We saw that where a complaint was received, the provider maintained records detailing the action they had taken to make improvements.

Is the service well-led?

Our findings

The service had a positive approach to supporting people and encouraged feedback to be received. One person told us, "It works both ways. We talk to them and they talk to us." A relative said, "They have always tried to help. They are a flexible service." We saw that the registered manager had sent questionnaires to people in the last two months to ask for their feedback about the service. They were looking at the findings when we visited and told us they would feedback to people any action they were taking as a result of their analysis.

Staff told us that the registered manager was approachable, that they received good support and felt that they were kept updated about developments. One staff member said, "She is excellent and amazing. She picks up things that people need and responds." Another said, "There are no improvements they need to make, they are so thorough. You always know what is happening. I've grown in confidence in what I can do. I've learned a lot from working here."

The registered manager had made sure that staff knew what was expected of them. This was because staff members attended individual and team meetings and had a range of policies and procedures available to them. We found that staff were aware of their duties. For example, staff knew how to report concerns about a colleagues working practices should they have needed to. One staff member told us, "I would inform the manager. She would deal with it. I could go to the local authority or the CQC [Care Quality Commission] if not." The policy for whistleblowing did not contain details of organisations that staff could raise their concerns with should they have needed to. The registered manager told us they would amend this so that all staff had the information available to them.

Staff knew the aims and objectives of the service. One staff member told us, "To give top class care, keep them in their homes, give them independence and to do it in a way that doesn't take over. Give people a say in how their care is delivered." We found that this matched the specified aims and meant that there was a shared understanding of what people could expect from the service.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and the conditions of registration with CQC were met.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the service.

The registered manager and senior staff were carrying out checks on the quality of the service to make sure it was of a high standard. This included checking the timings of calls people received and quality checks of

the practice of staff. The registered manager showed us how they were planning to analyse accident and incidents using a spreadsheet they had devised. They told us this was to make sure that actions were not missed if one occurred. They also told us that once people's care plans were updated, they would carry out monthly checks to make sure they remained up to date.