

Shores Homecare Limited

Shores Homecare Limited

Inspection report

29-31 Seaside Road
Withernsea
Humberside
HU19 2DL

Tel: 01964615190
Website: www.shores.org.uk

Date of inspection visit:
17 November 2016
18 November 2016
14 December 2016

Date of publication:
25 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The inspection of Shores Homecare Limited Domiciliary Care Agency (DCA) took place on 17 and 18 November and the 14 December 2016 and was announced. At the last inspection in November 2015 the service did not meet all of the regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was rated as 'Requires Improvement'. This was because the registered provider was not completing medication administration records accurately and because support workers had not received up-to-date training in, for example, safeguarding adult's from abuse, fire safety and infection control and prevention.

At this inspection in 2016 we found the overall rating for this service continued to be 'Requires Improvement', as although there had been some improvements in the quality of the service since the last inspection there was a continued breach of regulation 18 with regards to training. Although the registered provider was monitoring training needs and had provided updated safeguarding adult's training for some support workers, other training was still not up-to-date. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We also identified a new breach of regulation 17 with regards to record keeping and effective management of the service. The registered manager had a reactive rather than proactive management style and did not complete managerial tasks in a timely manner particularly with regards to the maintenance of accurate formal records for the running of the regulated activity. Training records did not correspond with other information we received from support workers, policies and procedures were not reviewed, induction records were missing and incident records were not up-to-date. This was a breach of regulation for which we have made a requirement.

You can see what action we told the provider to take at the back of the full version of the report.

The service provides support to people in their own homes, who may be living with dementia, have mental health needs or have a physical disability. At the time of our inspection there were 34 people using the service. The support provided to people can be with personal care, food provision, personal safety and/or financial needs.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager who had been the registered manager for the last three and a half years. A registered manager is a person who has registered with the Care Quality Commission (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 explained to us that the agency (service) was owned by a not-for-profit organisation

and was set up to run so as to provide a service in an area where domiciliary care was scarce.

People were protected from the risk of harm because the registered provider had systems in place to manage safeguarding incidents. Some support workers were trained in safeguarding adults from abuse, but others were not. Workers understood their responsibilities in respect of managing safeguarding concerns. Risks were managed and reduced on an individual basis so that people avoided injury or harm.

Staffing numbers were sufficient to meet people's needs and we saw that rosters accurately cross referenced with the support workers on duty. Recruitment policies, procedures and practices were followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of people's medicines was safely carried out.

People were cared for and supported by some qualified and competent support workers, although records did not always evidence this. Workers were supervised and took part in an appraisal scheme regarding their personal performance, but additional supervision in the form of 'spot checks' had lapsed.

Communication was satisfactory and people that used the service and support workers felt information was appropriately shared in good time. People's mental capacity was appropriately assessed and their rights were protected with regard to ensuring their liberty. Support workers had some knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they encouraged people to make decisions for themselves. People were supported with nutrition and hydration where necessary.

We found that people received appropriate care from kind support workers who knew about people's needs and preferences. People were involved in aspects of their care and were asked for their consent before support workers undertook care and support tasks. People's wellbeing, privacy, dignity and independence were monitored and respected and support workers worked hard to maintain these wherever possible. People were supported according to their support plans, which were regularly reviewed and amended according to need and/or requests.

There was an effective complaints procedure in place and people felt confident their complaints would be addressed. People that used the service, relatives and their friends were encouraged to maintain healthy relationships.

There was a system in place for checking the quality of the service using audits, satisfaction surveys and occasional meetings. However, the audit system was limited in its range of areas checked. Information from the quality monitoring and assurance system had been used to take action and make changes to the service for people but there was no evidence to show this had been fed back to anyone who used the service or other stakeholders. We acknowledged that the registered manager and nominated individual were transparent in their verbal communications with the local authority, with regard to changes and improvements made in the service. However, we made a recommendation with regard to the shortfall of not feeding back information to people that used the service and other stakeholders.

People were assured that storage systems used in the service protected their privacy and confidentiality as records were held securely in the company offices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm.

Support worker numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training was not always provided to staff and systems to monitor staff competency were not always being completed.

People were cared for and supported by support workers that were supervised and received an annual appraisal of their performance. Additional supervision via 'spot checks' had lapsed. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

Support workers sought and respected consent from people before they supported them with care and treatment. People received adequate nutrition and hydration to support their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support and care from kind support workers, who knew about their needs. People were supplied with detailed information that they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these wherever possible.

Is the service responsive?

Good ●

The service was responsive.

People were supported according to their support plans, which were regularly reviewed and updated.

The registered provider had an appropriate complaint system in place and people were confident they could make complaints. People were encouraged to maintain healthy relationships with family and friends.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was a registered manager at the service who had an open and inclusive style of management, but their ability to manage effectively was in question.

People did not always have the benefit of a well-led service of care in respect of monitoring service delivery, record keeping and organisation of workload. The culture of the service was positive. Quality monitoring and checking of the service was not always effective.

People had opportunities to make their views known. Records were not always well maintained, but they were held securely in the company offices.

Shores Homecare 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.

The inspection of Shores Homecare Limited took place on 17 and 18 November and 14 December 2016 and was announced. The registered provider was given a 24 hour notice period because the service was a domiciliary care agency and we needed to make sure there would be staff at the location offices to receive us and give us access to documentation. One Adult Social Care inspector carried out the inspection.

We reviewed all of the information we held on the service and took into consideration the inspection rating that was given to the service at the last inspection in November 2015. We requested feedback from the local authority that contracted services with Shores Homecare Limited and we reviewed information from people who had contacted CQC to make their views known.

We had not received a 'provider information return' (PIR) from the registered provider by the time we visited the service, because although a 'contacts list' had been requested and the registered manager had completed and submitted this on 21 October 2016, the PIR had not been requested by CQC. Neither were available at the time of writing our report so it is now known that the contacts information sent to us in October did not upload correctly. However, the registered provider supplied evidence that the contacts list had been received by CQC and sent us an electronic copy of it shortly after the inspection visit. The registered provider could not send us a PIR when it had not been requested of them. A PIR 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.

We spoke with four people that used the service; one was visited in their own home and three were spoken with on the telephone. We spoke with two support workers, the registered manager and the nominated individual for the organisation. We viewed care files belonging to two people that used the service and recruitment and supervision files for two support workers. We also looked at training records for all thirteen support workers. We viewed records and documentation relating to the running of the service, including the

quality assurance and monitoring and medication management systems. We also looked at records held in respect of complaints and compliments.

Is the service safe?

Our findings

People told us they felt safe receiving support from support workers at Shores Homecare Limited. They said, "The girls are really helpful. This one [pointing to support worker in attendance] is lovely. I really look forward to her coming", "I feel safe with the staff and trust them to be in my home", "The staff have no faults at all. They are great" and "Staff are trusted, they show their identification badge on entering and I feel happy to have them visit me."

There were systems in place to manage safeguarding concerns and suspected or actual incidents. There were policies and procedures on abuse and accompanying policies on whistle blowing. We had recommended at our last inspection that support workers received up-dated safeguarding training from a recognised training provider. Some support workers told us they had up-dated their safeguarding training since the last inspection in November 2015. We saw further evidence that some support workers were trained in safeguarding people from abuse, but not all of them. This has been addressed in the 'Effective' section of the report.

Support workers demonstrated knowledge of what constituted abuse and what the signs and symptoms of abuse might be. They told us how they referred suspected or actual incidents of abuse to the local authority safeguarding team. There were records in respect of managing safeguarding incidents and referrals that had been made, but these were old ones, as the registered manager informed us there had been no new ones made in the last twelve months.

However, we discussed one safeguarding outcome that we had received from East Riding of Yorkshire Council Safeguarding Adult's Team in that time. The referral had been made by another organisation and so the registered manager was not aware of this. They were aware of the circumstances of the incident, however, and assured us this had not actually been a safeguarding concern. Action had been taken with the cooperation of the person's relatives to assure the safety of the person that used the service.

People had risk assessments in place to reduce the risk of harm from, for example, poor nutrition, falls, skin integrity, taking medicines and mobilising around their homes. These were reviewed appropriately as people's needs changed and also on a regular basis to ensure they were still current.

There were contracts of maintenance in place for ensuring the office premises were safe. The premises were owned by Southern Holderness Resource Centre, which is a registered charity, and also provided a site for a café and a pop-in computer club. There was public and employers' liability insurance in place. The service also had accident and incident policies and records in place should anyone working for Shores Homecare Limited or receiving their services encounter an accident or be involved in an incident. Both accidents and incidents were recorded on one form: an incident form. Records showed that there had been no accidents or incidents in the last 12 months. However, there was one incident that happened recently and still required recording. Systems were in place to ensure action was taken to treat any injured persons and to make changes to prevent accidents re-occurring.

We looked at the staffing rosters and saw there were sufficient support workers deployed to meet people's needs. People's needs were such that they required periodic and timed visits for specific support, which was provided by the service on a roster basis. People told us they were satisfied with the number and times of calls they received from support workers.

The rosters we looked at for two weeks in October and two weeks in November 2016, showed there had been minimal changes due to a small amount of sickness and holiday leave. All leave and sickness had been covered. We also saw ten of the support workers rosters that were issued individually to them. These showed that no support workers had worked excessive hours, although when we asked support workers some of them said hours could be excessive on occasion if sickness had to be covered. One support worker felt that as new people were provided with support, then staffing numbers needed to increase and on occasion the workload was greater than the staff available to deal with it, until such time as a new worker was employed.

Support workers also talked about lone working, which we understood was a normal practice of the service. Support workers had access to a lone-working policy and contact numbers of senior support workers assigned to on-call duties, should they require further support or advice after office hours. Lone working was not an issue for support workers, as they understood it was an integral part of the job. They were asked to send a senior member of staff a text at the end of their shift to say they were home if they had calls to make anywhere outside of the town, which was rare.

There were robust recruitment procedures to ensure support workers were suitable for the job. Office staff ensured job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before support workers started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Both of the support worker recruitment files we viewed contained evidence of the DBS check. Files also contained other evidence of good recruitment practices: references, application forms, job offer letters, medical questionnaires, interview notes and a new starter information sheet/checklist.

At our inspection in November 2015 we found concerns with how medication records had been completed; missed signatures, unclear medication note entries, no records of medication audits and one support worker managing medicines for people after shadowing other support workers and completing a competence check but not having been trained in the management of medicines.

At this inspection in November 2016 we were told by the registered manager that most people required support with the management of their medicines. Where people did require it a medication chart was used and signed by support workers on supporting people to take their medicines. When asked about satisfaction with the support people received with their medicines they said, "Help is given to me with my medicines and creams, which is fine with me", "I look after my medicines myself so no one needs to help me there, but I am sure the staff would if they had to" and "I don't take any tablets at all." We looked at one person's old medicine records and saw that they had been completed appropriately.

We found that medicines were held securely in people's homes, for example, we saw that one person had their medicines in a high cupboard in the kitchen. These were only accessible to support workers to assist the person when they required them. Support workers ensured people had repeat prescriptions and

sufficient medicines in stock so that they did not run out of them, if there were no family members to carry out this task and if people did not manage these themselves.

Records of medication administration, where people were supported with this, were accurate and appropriately signed. Support workers told us they had completed training in the management of medicines and we saw that some had good records of their training but some had poor records in place. This has been addressed in the 'well-led' section in the report.

Is the service effective?

Our findings

People told us they felt that the support workers at Shores Homecare Limited had the knowledge to care for them and supported them well. They said, "I think the staff all know what they are doing", "Staff are clued in and always know what support I need" and "They [staff] look after me well. They have different staff for different tasks, like someone to clean for me and someone else to come and help with my medicines, but they all seem to know what they are doing."

The registered provider had systems in place to ensure support workers received the training and support they required to carry out their roles. A workforce training record was used to review when training was required or needed to be updated and there were certificates held in support workers' files of the courses they had completed. At the last inspection in November 2015 there were concerns regarding staff training not being up-to-date. The registered provider was in breach of regulation 18 and so a requirement was made for the registered provider to ensure staff training was monitored and brought up-to-date.

At this inspection in 2016 we saw, for example, that nine of the thirteen support workers had completed safeguarding level 1 training and this was up-to-date. For seven of these support workers the training had been updated since the last inspection. However, there were still four support workers without up-to-date safeguarding training. Two support workers had still not refreshed their safeguarding training since 2013 and the registered manager was reminded to ensure these two workers did so as soon as possible. One support worker had completed safeguarding level 2 training.

We saw that seven support workers had not completed up-dated health & safety training, and six had not completed up-dated medication administration training. However, seven support workers had up-dated medication administration record keeping in respect of specific medication administration records for people that used domiciliary care services. There was a 31 page workbook to go through when completing medication administration record keeping training, so training in this was thorough when completed.

At our last inspection in November 2015 only one support worker had up-dated their training in management of infection control and at this inspection in 2016 no support worker had done so, which meant infection control training was still out of date. This meant staff may be working without the appropriate skills and knowledge required for their role.

Support workers confirmed to us the training they had completed over the last twelve months. We saw two support worker files that evidenced the training they had completed and the qualifications they had achieved, which showed that in some topics training and up-dating of learning had improved since our last inspection. However, there were small pockets of inconsistency as, for example, one support worker told us they had not completed safeguarding training with Shores Homecare, but had completed it with a previous employer. They fully demonstrated an understanding of their responsibilities.

There were still no support workers with up-to-date fire safety training. This meant that the registered manager had not accurately identified that some support workers still required some training updates to fill

gaps in their refresher training knowledge. Therefore although some progress had been achieved the registered provider was still in breach of regulation 18.

The registered provider had an induction programme in place and reviewed support workers' performance via one-to-one supervision and the implementation of a staff appraisal scheme. We saw recorded evidence that these supervisions and appraisals had taken place. At our inspection in November 2015 we identified that recorded evidence of staff induction was lacking.

At this inspection in 2016 we saw that improvements had been made with the records for evidencing support workers' induction. One new worker had completed part one of their induction and this had been signed off. Part two was yet to be completed. When we spoke with this worker they confirmed the induction they had completed so far. Another support worker had completed their induction in July 2016 and this was appropriately recorded and evidenced their participation in the induction process.

We saw that induction programme included learning about Shores Homecare service, shadowing supervisors, becoming familiar with policies and procedures, gaining health and safety awareness and knowledge of the risk assessments in place. Induction followed the guidelines and most of the areas of learning in the Care Certificate, which was a set of standards that all social care and health workers followed in their daily working life.

The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers, as identified by Skills For Care. Skills For Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. They work with employers and related services to ensure dignity and respect are at the heart of service delivery.

Support workers at Shores Homecare Limited were also supervised using a 'spot check' system while working with people that used the service. This was to observe support workers in their practice and offer advice for improvements in service delivery. However, there were no records of these having been carried out in the last 12 months and discussion with the registered manager confirmed these had not taken place in that time. The registered manager assured us these 'spot checks' would be resumed and recorded.

People that used the service described the communication between themselves and support workers and office staff as being "Satisfactory". They said, "Usually I know who is coming, but if that has to change the office let me know", "I have never missed any calls, but there has been the need to rearrange them. I only need cleaning calls you see, not care ones so it doesn't really matter to me if one gets missed. Workers are good enough to let me know if they can't make my call and frankly this has only happened twice."

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 interest 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 interest and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We were told there was one Court of Protection order pending.

People consented to care and support from support workers by either verbalising this or by conforming with support workers when asked to accompany them and accepting the support they offered. Other consent was in the form of signed documents in people's care files. We saw that people had signed their support plans, which stated whether or not support workers assisted them, for example, with medication, personal care, shopping and household chores.

People received support with their nutritional needs if they needed it and were consulted about their dietary likes and dislikes, allergies and needs due to medical conditions. Support workers provided snack-type meals or sometimes assisted people to re-heat pre-prepared meals they bought in or had delivered by family members. Some people told us they managed to prepare their own food and drinks, as they were sufficiently independent to do so. People told us, "I can't cook now like I used to, so staff help me with meals", "I don't require any help with cooking" and "I often manage meals myself and don't need much help with that."

Health care records were held in people's files if this was considered important and relevant to the support that workers provided. Daily diary notes recorded when people had been assisted with the health care that had been suggested for them.

Is the service caring?

Our findings

People we spoke with told us they got on very well with the support workers that supported them. They said, "I am highly delighted with the help I get, as I have been so ill. The girls have been lovely and they treat me very kindly", "Everyone that has visited me has been extremely pleasant and caring", "I feel the staff respect my needs and are very nice people" and "[Name] is absolutely lovely, they all are. I look forward to them coming."

Support workers told us they enjoyed working at Shores Homecare, as they took satisfaction from helping people with all aspects of their lives: personal care, shopping, taking medicines, socialising and preparing meals. Some support workers advised people with financial transactions where they lacked the capacity to manage this for themselves, but in the main family members were responsible for people's finances.

Support workers were pleasant and knowledgeable when they spoke about people's needs. They were caring and understanding. They said some roles were more task orientated than supportive and inclusive, but this was dependent on people's needs. There was a range of experience and abilities among the workers to engage with people that used the service.

The organisation adhered to the Accessible Information Standard as the resource centre from which the service operated, was able to provide information in Braille, had hearing loop facilities and supported people with English as a second language by offering a computerised translation programme. The service had already used its initiative with regard to providing important information to a person that used the service with sight and hearing disabilities, as it had begun to correspond with them in extra-large print. The person was new to the service and will shortly be receiving their support plan and other documentation in extra-large print too.

Discussion with the registered manager and support workers revealed that almost everyone that used the service had particular diverse needs in respect of at least one the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people were very vulnerable to the risk of discrimination due to their age and mental capacity and had experienced discrimination or exploitation from people in the community that they encountered.

Staff were well aware of the rights of all the people they supported and championed these at every opportunity. The organisation was respectful of the diverse needs of the people they supported and of the employees of Shores Homecare DCA. Employees of the organisation were tolerant and inclusive of people's diversities.

Support workers related examples of when they had intervened in a person's life situation because they were at risk of being disadvantaged in the community or in their own home. Support workers were aware of when situations were harmful to people that used the service. They told us they spoke up as necessary to pass concerning information to the registered manager or to East Riding of Yorkshire Council social services department. We saw no evidence to suggest that anyone that used the service was discriminated against by

support workers, but instead heard accounts of workers protecting people from discrimination.

People told us they were treated as individuals with their diverse needs being met according to their wishes. Support plans, for example, recorded people's individual support needs and requests for assistance. They noted people's food preferences and how they wanted to be addressed. Support workers knew these details and responded to them accordingly.

People that used the service had their general well-being considered and monitored by the support workers if this was appropriate and necessary to maintain their mental health or physical health. People were accompanied to GP and hospital appointments where necessary too, if this was requested and people had no family member to assist them. We were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) People were provided with Information on how to contact an advocate if needed and offered support to do so.

People told us their privacy, dignity and independence were always respected by support workers. People said, "Staff respect my dignity and I never feel embarrassed with any of them when they help me wash and dress" and "The girls help me to bathe and I always feel they do this respectfully, as I cannot do very much for myself at all." With regard to upholding privacy and dignity one support worker said, "We try to make sure people feel comfortable when assisting them with personal care and hygiene." Another worker said, "It is important to offer support in a way that respects people's dignity."

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They said, "To tell you the truth, the staff are excellent. They will do anything you ask of them", "I have no faults with the service, but would ask someone to help me with a complaint form if I did", "I've only had one problem which was soon put right. The care and the staff are really good" and "Everything is how I like it, I have no complaints." People relayed accounts of the reasons why they needed support at home and explained that in their view they felt fortunate to get the help they received.

We looked at two care files for people that used the service and found that the support packages were clear and specific to individual people's needs. These were person-centred and contained information for support workers on how best to meet people's needs.

Files contained assessments of people's needs and additional important information, support plans, people's daily routines, nutritional screening information, mental capacity assessments, contracts for providing / receiving support and personal risk assessment forms to show how risk to people would be reduced. Risk assessments were in place for taking medicines safely, maintaining good nutrition and hydration, accidents, mobility and transferring and with regard to people's living environment. Environmental risk assessments included information on, for example, dangers, fire, lighting, stairs, animals and assisting technology. Care packages and risk assessments were reviewed monthly or as people's needs changed.

Files also recorded personal details, the person's weekly care schedule, daily communications, medication incidents, monitoring charts, financial transactions on behalf of the person and details of incidents / accidents / near misses. This ensured people had their needs known to support workers and that any support given to them was recorded. It also ensured people were monitored so that their care remained appropriate to their needs.

Support workers understood the importance of providing people with choices in their daily lives, so that people continued to make decisions for themselves and stayed in control of their lives. People remained in control of their daily decisions for living, for example, with going to and rising from bed and what and when they ate, how they passed the time of day. This meant that support workers did not assist people with these needs but only helped people by doing the physical tasks they were unable to manage. People's needs and choices were respected.

People were supported to maintain relationships with family and friends, if this was considered an appropriate inclusion of people's support package. Support workers who key worked (or provided extra and specific care within a closer relationship) with people got to know family members and kept them informed about people's situations if this was requested.

The service had a complaint policy and procedure in place for everyone to follow and records, including complaint logs showed that there were no complaints or concerns addressed in the last year. We were told

by the registered manager that complaints were very seldom made, but when they were, they were addressed within set timescales. People said, "There is nothing to complain about, the staff are good workers", "I would tell my daughter if I had a complaint" and, "I have nothing to complain about, the care is very good, but I would tell the manager or the staff if I had."

Support workers told us they were aware of the complaint procedure to follow if a person that used the service made a complaint. We saw that the service had appropriately handled complaints from people that used the service, in the past. Complainants were given written details of explanations and solutions following investigation. Complainants were satisfied with outcomes.

People told us that support workers helped with all of the care and support needs identified on their support plan but also did a little extra if asked to. For example, one person said, "Staff will spend time chatting to me if they have done their jobs and this offers an element of companionship." Another person said, "I am sometimes assisted to go into the village to meet up with a friend for a coffee. It matters that I see folk", while a third person said, "The staff get on with the job and then make a coffee once they have finished. We seem to get on fine."

Is the service well-led?

Our findings

People we spoke with felt the service was suitable to meet their needs and offered them a good level of care and support to lead independent lives. They were grateful for the support they received. One person said, "Shores is top notch, they provide good support." Another person said, "I need a lot of support and only have to speak to the office to get things moving. They know how to manage things."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager that had been registered for the last three and a half years. The nominated individual (NI and representative for the service) told us that the organisation was a not-for-profit organisation and as such operated only to ensure people benefited from a homecare service in the local area. They told us there had previously been a lack of this type of service before Shores Homecare was established.

Overall we found that the registered manager was not efficient enough at managing the service to assess the service as 'well-led'.

We found that the management style of the registered manager was reactive rather than pro-active and that they had failed to complete all management related tasks in a timely manner. For example, the registered manager had been reviewing support worker training records and policies and procedures since our last inspection, but training records were still not up-to date and policies had not been reviewed since 2014 (some since 2010). Documents explaining what the service offered had not been reviewed since 2014.

We found that the registered manager was not always effectively managing the service. It is acknowledged that staff training is an on-going process and numbers of workers having completed training courses fluctuate with changes in staff retention. However, we saw that one support worker had been in post for seven months and they had not completed safeguarding training with the organisation. They had completed safeguarding training with another organisation and were therefore knowledgeable about their responsibilities and understood the principles of safeguarding people from abuse, but it would have been good practice for the registered manager to ensure the person had completed this training with Shores Homecare as well, to ensure they were competent.

The service kept records on people that used the service, staff and the running of the business, but some of these were not always appropriately maintained or up-to-date. For example, one newly recruited support worker told us they had completed an induction and had completed moving and handling and safeguarding adult's training. However, the record of training held in their file did not evidence the training completed, as only part one of their induction was accounted for, and the general training record did not list the dates of the moving and handling or the safeguarding training they had completed.

There were some incident records still to be completed with regard to one person's support needs. Support worker's recruitment files held records that sometimes contained no start date, no dates for the completion of induction or shadowing, no evidence of completed work booklets and no evidence of 'spot checks' carried out on workers.

Despite raising concerns previously about records of staff training these were still not accurately recorded. The support workers' training file showed that only seven of the thirteen support workers had completed safeguarding adult's training, but the general training record showed all thirteen had completed it: seven within the last two years. This meant that according to the support workers' individual training records six of them had not completed safeguarding training. These records did not correspond with the general training record and therefore did not accurately back up that all support workers had completed safeguarding training required of them.

This is a breach of Regulation 17: Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the culture of the service with support workers who expressed the view that generally they all got on quite well with each other and that the management team were approachable and supportive. Support workers described the culture as, "Friendly and supportive" and "Caring and helpful." The registered manager had an approachable management style and discussed issues with support workers and the organisation's NI as necessary.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager knew how to fulfil their responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. We saw that no notifications had been sent to us over the last year. The registered manager told us there were no incidents to notify us about. One safeguarding incident had been made to the local authority about a person that used the service, but this was made by an external organisation and therefore did not fit with requirements.

The service had written visions and values within the support worker's handbook, the 'statement of purpose' and 'service user guide' (documents explaining what the service offered). These included the values of privacy, dignity, respect and independence. Support workers told us they had seen written visions and values in the statement of purpose but were unable to describe these in any detail.

We looked at documents relating to the Shores Homecare system for monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were sent out to people that used the service, relatives and workers.

Audits included checks on the completion of care logs, medication administration records, adherence to fire safety, support worker training, supervision and development and people's finance sheets. There were improvements in auditing since the last inspection, but audits were still limited in the range of areas they covered.

Satisfaction surveys were issued to people and their relatives, as well as to employees and professionals. We saw those issued in 2015 and 2016 with responses being positive. Analysis of these had been undertaken and action plans put in place. People that used the service could not remember completing surveys but said they might well have done so. They told us that their views were asked for regarding the service they received when supervisors visited them.

While there was evidence in the form of statistical analysis and action taken to respond to the information received from people and from carrying out audits (particularly action taken with issues identified in medication audits), there was no evidence to show that people who used the service and other stakeholders

were given feedback about any changes or improvements that had been made to the service.

We recommend the registered provider ensures quality assurance systems expand to include audits on other areas of the service and to ensure people that use the service and other stakeholders receive feedback about the quality assurance and monitoring systems, so they can see any action taken as a result.

Meetings were not held regularly for support workers at the service office because it was difficult to arrange for workers to attend altogether. Therefore meeting minutes were few. However, communication was mainly carried out via texts to all support workers, but evidence of this was not easily available.

The organisation's NI told us that they had registered the service with the Information Commissioner's Office with regard to holding electronic and paper records of people's personal details and that they followed the requirements of the ICO.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not maintaining such other records as are necessary to be kept in relation to the management of the regulated activity. The registered manager was not managing records effectively. Regulation 17 (2)(d)(ii)</p>

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	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider was not providing employees with appropriate training as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2)(a)

The enforcement action we took:

The CQC issued a warning notice to the registered provider to ensure all employees had all of their training needs brought up to date by 31 March 2017.