

Shire Homecare Services Limited

Gaddesden Row Office

Inspection report

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20 July 2018
23 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was the first comprehensive inspection of this service since the provider registered with the Care Quality Commission (CQC) on 30 June 2015. This inspection took place on the 18 July 2018 and was announced we telephoned people who used the service and their relatives on the 20 and 23 July 2018 to obtain their views on the service provided.

Gaddesden Row Office is a domiciliary care agency. It provides personal care to people living in both their own houses, flats in the community and also in specialist housing. It provides a service to adults with learning, physical disabilities and older people, including people living with dementia who live in their own homes. At the time of our inspection there were 47 people using the service.

The service had a registered manager. 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 could not demonstrate they had completed audits to monitor call logs.

We found that a reportable incident had occurred. However, this was not reported to CQC as required by the regulation.

The provider had policies in place to monitor any concerns and complaints raised by people who used the service or their relatives. The manager investigated and responded to complaints. However not everyone felt the communication was effective. Some people felt that their complaints or concerns were not always managed satisfactory.

Evidence provided demonstrated that risk assessments in care plans gave guidance to staff on how to manage these risks

There was enough staff available to meet people's needs. People and their relatives told us that the care and support provided by Gaddesden Row Office was appropriate to meet people's preferred preferences.

Staff helped and supported people to take their medicines safely. Staff received training in safe administration of medicines and knew how to make sure people received their medicines safely.

People felt safe using the service. Staff demonstrated they had a good understanding of abuse and were able to escalate concerns when required. The provider had safe recruitment practices in place.

Staff received training to enable them to carry out their role effectively and safely.

Staff sought people's consent to care. People received support to access healthcare appointments if needed.

People and their relatives told us they were satisfied with the staff that provided their care. Staff members often took the time to have a chat and support people with their needs. People were fully involved in making decisions about their own care. People felt staff treated them with dignity and respect.

People and their relatives told us they had been involved in developing people's care plans and felt that staff listened to them. The manager demonstrated a good knowledge of the staff they employed and people who used the service. Staff understood their roles and responsibilities.

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.

Risk assessments in care plans gave guidance to staff on how to manage these risks.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were provided with choices including food they wanted to eat.

Is the service caring?

Good ●

The service was caring.

People felt their care was delivered in a kind and compassionate way by staff.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and

respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

The service was not consistently responsive.

The guidance for staff in care plans was being updated to ensure a more person-centred approach.

People gave mixed feedback on consistency of staff and late calls

People gave mixed feedback about how complaints were dealt with.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

Systems were not in place to quality assure all parts of the service provided to ensure risks were identified and managed.

We found in one care plan an incident that was not reported to CQC as required by the regulation.

People and staff were very positive about the registered manager and how they operated.

Staff understood their roles and responsibilities and felt supported by the management team.

Requires Improvement



Gaddesden Row Office

Detailed findings

Background to this inspection

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

This inspection took place on 18,20 and 23 July 2018 and was unannounced. The inspection was undertaken by one inspector. Before our inspection we reviewed information, we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who used the service, eight relatives, six staff members, a field supervisor and the registered manager.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People and relatives told us they felt the service they received was safe and met their needs. One person said, "I feel comfortable and safe because staff are nice and I see the same staff." One relative commented, "They [staff] are very good at making sure [name] is ok and communicate any problems. They're fantastic."

Evidence was provided to demonstrate that care plans contained risk assessments with good guidance for staff on how to manage people's individual risks. Staff we spoke with demonstrated they knew people and were aware of people needs.

Staff demonstrated they could identify potential risks to people's health, welfare or safety and appropriately manage and mitigate risks to keep people safe. Staff told us that any changes to people's needs were reported to the office. One staff member said, "I would report any concerns to the office." The staff member went on to explain how they ensured equipment was regularly checked and that the environment was safe from trip hazards. Staff had received training that gave them the skills to meet people's needs such as: Fire Safety, infection Control, moving and Handling, safeguarding and medicine training.

Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I would always raise concerns with the office." Staff we spoke with demonstrated they understood how to escalate concerns if required and report to other agencies such as CQC and the local authority.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The director conducted all the necessary pre-employment and identity checks before staff were offered employment. There were enough suitably experienced, skilled and qualified staff available to meet people's individual needs. Staff received their rotas and any updates on their mobile phones from the care coordinators. People had been allocated regular staff to promote continuity of care. One person told us, "I see the same staff."

Staff we spoke with understood the importance of good hygiene and confirmed they had access to protective clothing such as gloves and aprons to ensure people were safe and infection control was maintained.

People who used the service told us that staff helped and supported them to take their medicines safely. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had their competency checked by the registered manager or the field supervisor who also told us they completed regular spot checks to ensure best practice.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff that provided care and support. One person told us, "They [staff] are good they look after me, they wash and shower me." A relative told us, "They are the best agency we have had and we have had three others." They went on to say that the communication was brilliant and that nothing is too much trouble and any issues were dealt with. However, we found that this was not everyone's experience. For example, one relative commented, "The problems are communication to [person], people show up late but we don't get a phone call."

Newly employed staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. Staff received training in areas such as safeguarding, medicines, health and safety and moving and handling. One staff member told us the training is good and they felt supported. They said, "I can pop into the office at any time and they [office staff directors and the registered manager] will always make time to have a chat."

Staff had supervision. However, team meetings were not made available for staff, the registered manager explained that all staff were encouraged to pop in at any time to discuss issues or concerns or for a chat. The registered manager had systems in place to communicate any updates. They sought staff feedback. One staff member told us, "I have had supervisions; they always make sure I am alright and we talk about all sorts of things we want." Staff we spoke with told us that the registered manager was approachable. Staff confirmed they felt supported and received supervisions. Staff also confirmed they received spot checks. One staff member commented, "I have had spot checks."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. We saw involvement from social workers and GP's.

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. We found that some people needed very little support from staff. For example, to just warm up their food or prepare a snack; others required staff to cook their food. One relative told us, "Staff cook for [name]." One person said, they [staff] help me with food, they always ask me what I would like and they always make sure it's hot." One staff member commented, "I always ask what people want to eat before I prepare it for them." Staff we spoke with understood the importance of choice and demonstrated verbally that they supported people daily and promoted their choices. For example, always offered choices with clothes that people may want to wear. Staff were also aware how important it was to ensure people had easy access to fluids during the day.

People's needs were reviewed and documented to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health. Staff liaised with appropriate health and social care services if they felt there was a change in people`s condition. One relative said, "Staff called an ambulance for my [relative] once, they [staff] are very good." We saw in people's support plan that other health professionals were involved to promote people's health.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "Staff are excellent because they are very kind and caring. They are thoughtful, they always make me a drink and sit down for a chat."

People we spoke with confirmed that staff promoted their independence and supported them to live at home. People and their relatives told us that staff were kind and caring and confirmed they were treated with respect. One relative said, "The staff are so kind and understanding I can't believe I found them." One person said, "Staff always ask me if I'm ok and is there anything else I need, happy with the care I get." We were told that staff always go above and beyond what's in their care plan. Examples we were given included putting the bins out, taking people for a walk into the local community. One staff member told us that one person wanted to visit the cemetery but had no one to support them with this. So, the carer made time and they visited the cemetery with the person.

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One relative told us, "[field supervisor] came out recently and sat down and chatted with us both, it was really useful and we amended the care plan." Another relative said, "Staff sat down with us and talked about [person] care. They went through everything with us both, it was very good." The field care supervisor commented, "I am responsible for the care plan reviews and always make sure the person is involved."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People who used the service received personalised care and support based on their individual needs and took account of their preferences and personal circumstances. People we spoke with were complimentary about the service they received and about staff. One person said, "They take time to chat with them, [name] would tell you they are happy with the care they receive."

Some people told us they had continuity with the same staff, this gave people and staff the opportunity to develop relationships and for staff the opportunity to learn people's likes and dislikes. One relative said, "I think we have done really well, the staff look after [person] very well and they are very happy with the staff." One person said, "I feel supported and listened to. I am happy with the care and the staff." However, we found that this was not everyone's experience. For example, one relative explained that the one area that caused a lot of issues for their relative was the inconsistency of staff. One staff member confirmed that mostly they did have some regular clients they visited but not all the time and that this was worse at weekends. Staff we spoke with confirmed that weekend cover made it harder to maintain the consistency of staff for people.

People told us they received care and support that met their individual needs. One person told us, "They are good they look after me they wash and shower me." There were systems in place to monitor calls throughout the day which ensured people received their personal care and support. Staff confirmed they received enough travel time which ensured they arrived at calls on time. One member of staff said, "All my visits have travel time and mostly I am on time but traffic or incidents can delay us sometimes but we always contact the office to let them know we are running late." People and relative gave mixed feedback on whether they were contacted when staff were running late, some people told us this happened while other people told us that this did not always happen.

One person told us, "Staff turn up on time and if they are going to be late they let me know." One relative said, "They [staff] turn up more or less around the same time every day, no complaints." We were told by people they had received late calls. People's calls were monitored throughout the day by the registered manager and the coordinator. However, the registered manager was unable to demonstrate how they audited and reviewed the calls. We did see evidence where staff were late for calls and that this was discussed in their supervisions. We looked at call logs and found people had received late calls. One relative said, "A simple phone call would make a massive difference. One staff member turned up an hour late, apparently someone went off sick."

The registered manager told us that staff who were newly employed were introduced to people so people knew who was visiting them and felt safe when staff arrived at their homes. Staff confirmed they were introduced to new clients. One relative commented, "They [staff] do a meet and greet so we can meet the carers. However, this was not the experience of every person who used the service. One relative commented, "It would be better if we had consistency." One staff member commented, "No I am not always introduced." One staff member explained that they visited one client that they had not been to before, they also explained that they get the care needs on their phone and look at the care plan.

People received care, treatment and support from staff that received appropriate training. People's needs were reviewed to ensure they received appropriate care. However, care plans we looked at did not always include detailed guidance for staff to ensure person centred care. For example, one care plan stated the person required a shower but no details about how this should be done or what toiletries were preferred. However, we did note that the field supervisor on completing care plan reviews was updating people's care plans. Evidence we have received demonstrates that the process of updating the care plans started in March 2018. We saw that updated care plans were more person centred and gave staff more guidance about how the person wanted and liked to receive their care and support.

There was a complaints procedure in place and people told us they knew how to raise concerns. People were aware of how to make a complaint should they need to. People who had made a complaint or raised a concern confirmed the issues were resolved. However, some people told us they were not happy that their complaint or concerns were dealt with appropriately. One relative commented, "It improves for a little while."

Is the service well-led?

Our findings

The registered manager was not able to demonstrate that they completed regularly audits in all areas of the service to identify where improvements were needed. For example, we asked to see where they had monitored the call logs to identify any late or missed calls. This ensured that actions could be taken to ensure people received their allocated calls. The registered manager assured us that they looked at this daily but were not able to demonstrate these audits were completed. However, the registered manager was able to show that audits were completed in other areas. For example, medicine audits were completed.

People who used the service gave us mixed feedback about the service. Although we received positive feedback from people about how happy they were with the staff that provided their care and support. There were some people that experienced problems with late calls, communication and being listened to.

There were processes in place to monitor incidents and accidents. However, we found in one person's care plan an incident that should have been reported to CQC. The registered manager had failed to report this. The registered manager responded to the findings in a positive way and assured us that this would not happen again.

The registered manager was knowledgeable about the people who received support, they ensured that staff had the tools, resources and training necessary to meet people's needs. The registered manager was clear about the values and the purpose of the services provided.

Staff were positive about the registered manager of the service and felt there was strong leadership. One staff member said, "The communication is really good. There is always someone at the end of the phone if you need support." The manager was clear about their vision regarding the purpose of the service, how it operated and the level and type of support provided to people. They had enough staff to meet people's needs and were actively recruiting. The office staff were knowledgeable about the people who used the service and about their needs, personal circumstances.

The manager felt supported by the office team. They told us they had regular meetings with office staff to talk about any ideas they had, there was lots of daily communication. There were links to the local authority for training. The registered manager told us that they have a good team around them. There was a clear staff structure in place and staff were aware of their roles and responsibilities. The provider had a clear vision on where they wanted to be.

There was an improvement plan in place to improve the service. For example, we saw changes to the way the registered manager attracted and retained staff. This was achieved through more local advertising and a new Curriculum vitae library account. The director confirmed that this resulted in an increase in new candidates and that allowed more choice to select the right candidate and also allowed growth to take on new contracts. The interview and application process had also changed with a new application pack with a more interactive and easier application process.

The registered manager had improved their website to allow staff and people to see their aims and how the company operated. There was a strategy in place to ensure the growth of the business was completed and managed safely. There was an out of hour's service operated for people to ensure that people had support when required.