

Shy Lowen Care Limited

# Shy Lowen Care Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection was announced and took place over two days on the 29 and 31 January 2015. Shy Lowen opened in October 2013 and this is the first inspection of the service. Shy Lowen did not start providing a service to people until September 2014. Shy Lowen provides personal care for people with a learning disability living in their own home. Accommodation is leased from a private landlord. Up to five people will eventually live together. At the time of our inspection one person was receiving personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

People were not protected from the risk of harm. Although strategies were in place to minimise hazards and staff were carrying these out, risk assessments had not been put in place to formally describe the methods used. We also found the provider had not developed care plans from people's initial assessment of need and care plans provided by their placing authority. Staff were however delivering care which focused on the individual

# Summary of findings

needs of the person. The lack of accurate records in respect of the person's care and support could potentially put them at risk of unsafe or inappropriate care being delivered. This was a breach of our regulations.

We found another breach of our regulations. Recruitment and selection procedures were not effective. Some information required prior to new staff starting their employment had not been obtained. The character and fitness of staff to support people had not been verified which could put people at risk of harm. You can see what action we told the provider to take at the back of the full version of the report.

Quality assurance processes were developing which including providing the opportunity for people, staff and relatives to express their views and opinions about how the service could improve. Audits mostly monitored the quality of service provided and the challenges facing the development of the service.

The person using the service told us, "This is my house, carers help me clean it. I choose when to get up and when to go to bed. They (staff) look after me, help me with my shower and help me when I want." They were treated with respect by staff and enjoyed being in their company. When they needed to be alone they listened to music or chose to go to their room. They were supported

to be independent and develop new skills such as shopping and cooking. Activities were supported in the local community reflecting individual interests and hobbies.

Staff were supported through individual meetings with the manager and team meetings to discuss their roles and responsibilities. Training was provided which was relevant to people's needs such as learning disability or autism awareness. There were enough staff employed and strategies were in place to cover in an emergency.

People's safety was promoted through providing a safe environment and safe work practices. Staff had completed safeguarding training and systems were in place to record and report suspected abuse. There had been no accidents or incidents. People were supported to stay well using local health care services.

Information was produced in formats appropriate to people's needs using plain English, pictures and symbols. The registered manager had guided people through tenancy agreements and policies and procedures such as staying safe and making a complaint. A relative said they were kept informed and involved and told us the registered manager would deal with any concerns they might have.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Risks were managed keeping people safe although the strategies were not recorded. An accurate record about how hazards were reduced was not kept.

The character, fitness and suitability of staff supporting people had not been thoroughly checked potentially putting people at risk of harm.

Staff completed training in the safeguarding of adults and strategies were in place to raise concerns about the safety and well-being of people.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff had the skills, knowledge and experience to meet and understand people's needs.

Staff were aware of the Mental Capacity Act 2005 and its application supporting people to make choices and decisions about their care and support.

People were supported to have a balanced and nutritional diet. Their health and well-being was promoted.

**Good**



### Is the service caring?

The service was caring. People were treated with respect and dignity. Their care reflected their likes, dislikes and routines.

People were given information and explanations about their care and support. People were listened to.

People were supported to be independent in their daily routines.

**Good**



### Is the service responsive?

The service was not always responsive. Although personalised care was provided, a written plan of care had not been developed to reflect how the service was delivering people's care and support.

People were supported to follow their interests and participate in activities in their local community.

People knew how to make a complaint or raise a concern.

**Requires Improvement**



### Is the service well-led?

The service was well-led. Quality assurance processes were used to monitor the standard of the service provided and to shape the service provided. They had not identified issues about recruitment and selection and the absence of care records.

**Requires Improvement**



# Summary of findings

People, staff and relatives were involved in developing the service. Management encouraged open communication and feedback drove improvements in people's care and support.

# Shy Lowen Care 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 took place on 29 and 31 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service

and we needed to be sure that they would be available. One inspector carried out this inspection. We reviewed information we have about the service such as registration documents.

As part of this inspection we spoke with a person using the service visiting them in their home. We also spoke with the registered manager and a relative. We reviewed the care records for one person. We also looked at two staff records, quality assurance systems and training records. We observed the care and support being provided. After the inspection we had feedback from two members of staff and contacted a social care professional.

# Is the service safe?

## Our findings

Risks were minimised to keep people safe and free from harm. For example, using the cooker posed a problem and so support from staff was provided to prevent injury. The registered manager based the risks on an assessment completed by the placing authority. She had not developed a risk assessment format for use by the agency. As the service grew and more staff were appointed this could potentially create problems for the safe management of risks. An accurate record of the risks people faced was not being kept to describe how hazards were minimised and people were kept safe from potential harm. **This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

People were put at risk by unsafe recruitment procedures. The character and fitness of staff had not been verified to make sure they had the skills and competencies to meet people's needs. Staff had completed an application form but there were gaps in the employment history. This made it difficult for the registered manager to complete all the checks about their character and suitability to carry out their work. She had asked their last employer to provide a reference which asked the reason they left their former employment. She had a copy of an email sent to the provider prompting them to respond however they had not replied. No contact had been made where staff had worked with other provider's of adult social care. The reason for leaving this employment had not been checked. The fitness of staff to carry out their roles and responsibilities had not been verified potentially putting people's safety at risk.

**This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

The identity of staff had been checked. A disclosure and barring scheme (DBS) check had been received prior to staff starting work. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

Staff had been asked to provide evidence of previous training they had completed so that the registered manager could assess whether they had the necessary skills and knowledge to meet people's needs. Staff had

experience of working with people with a learning disability. People using the service were involved in the recruitment of staff and choosing who would be working with them.

There were no restrictions in place which affected people or impacted on their freedom, choice or control. People were supported to take risks in some areas of their life whilst developing their independence. The registered manager described how the least restrictive options were chosen to help people to stay in control of their lives. For instance, staff respected the need for personal space when people were upset or anxious only resuming support when the person indicated they wished this to be the case.

People were given information and support about how to raise concerns, their rights and responsibilities. If they felt unsafe they were prompted to tell the registered manager. They were told how they should treat other people they were living with and how they should expect to be treated. For example, not entering other people's rooms without their permission and respecting their belongings. The registered manager shared an example of a tenancy agreement which had been produced using text, pictures and symbols. She said when people started receiving a service from Shy Lowen this would be talked through with them so they understood bullying and harm to others was not acceptable.

Staff had completed training in the safeguarding of adults. They had personal copies of the safeguarding policy and procedure. These provided contact details of the local safeguarding team, police and other agencies who would need to be informed about safeguarding concerns. The registered manager had also completed safeguarding training and was aware of how to recognise and report suspected abuse. Staff confirmed they would raise any concerns with the manager and other authorities if needed.

If people had an accident or were involved in an incident records would be completed providing a summary of the action taken to prevent these happening again. Body maps were in place to record any unexplained bruising or injuries. There had been no accidents or incidents reported since the service had started operating.

People took part in fire evacuations so they would know what to do in an emergency. The registered manager had improved the fire systems within the home to safeguard people from the risks of harm. Arrangements were in place

## Is the service safe?

for staff to access support or advice in the evenings and at weekends. The registered manager said the landlord carried out annual checks on the environment to make sure it was safe. Checks on portable appliances were completed by the provider.

Support for people to manage their personal finances would be provided. This was not needed at present. A procedure was in place which described the strategies to keep people's money and personal belongings safe. People and the placing authority had been given an estimate of the costs likely to be paid by people sharing a house together. Records were kept for all shared expenses and the amount paid by each person. These were kept electronically but the registered manager said a paper copy would be kept which could be cross referenced with bills and receipts as they were received. Staff brought in their own food. Ingredients used to make drinks were paid for by the provider. People were not expected to pay for staff expenses.

Staff were given information about whistle blowing and how to raise concerns. This is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out.

People's assessed needs determined the amount of staff hours they were allocated. At the time of the inspection two staff and the registered manager shared the care of one person seven days a week and overnight. In an emergency the registered manager would provide additional cover. She had appointed new staff who were ready to start as soon as additional people needed care and support. The person receiving care told us they knew which staff were supporting them with their care and who would be staying overnight to make sure they were safe. Their relative said they were confident the person was safe and they were reassured by the support provided by staff.

Prescribed medicines were not being administered at the time of our inspection. Facilities were in place should they be needed. Staff had completed training in the safe handling of medicines. An over the counter medicine was occasionally used. A record was kept in the daily diary when this was given. This was highlighted to make sure all staff were aware when it had been given. The registered manager said she had a medicines administration record which would be used in future for the administration of any medicines.

# Is the service effective?

## Our findings

People using the service were supported by staff who had access to training to maintain and develop their skills and knowledge. Staff had considerable experience working with people with a learning disability. Certificates verified previous training they had completed. The registered manager said they had worked through a 12 week induction course when appointed. This included evidencing their understanding through work books which were assessed by an external training provider. They had also done refresher training specific to people's needs such as autism and learning disability. A relative confirmed staff had the training and support they required to meet people's needs.

The registered manager said they had engaged an external training provider to deliver courses which reflected current best practice. They also worked closely with other local adult social care providers to share resources and guidance about training opportunities locally.

Feedback from a person using the service included, "I really like the staff. They are friendly." They were confident talking about the staff who supported them and their relationship with them. People would be matched with staff who understood their needs and could identify with their interests and lifestyle choices.

Staff received individual one to one meetings from the registered manager. Discussions centred on their roles and responsibilities, the care they provided and their training needs. The registered manager said she planned to arrange one to one meetings every three months to include observations of staff practice. Staff performance during their probationary period was monitored during quality assurance visits by the registered manager. Annual appraisals would be arranged for staff in due course giving

them the opportunity to reflect on their achievements and future goals. Team meetings were held each month which promoted good communication and a consistent approach by staff. Staff felt very supported in their roles.

The registered manager had completed training in the Mental Capacity Act (MCA) 2005 and was due to attend training in the deprivation of liberty safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware applications might be needed for people using the service in the future through the Court of Protection. There were no restrictions in place at the time of our inspection.

People's capacity to consent to aspects of their care and support was considered during admission. The registered manager was aware of the potential need to make decisions in people's best interests. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People using the service were involved in planning their meals and snacks. They told us about the food they liked to eat. They said they helped with the shopping and at times with the preparation of their meals. Staff supported them to eat healthily. Staff helped people to have a balanced and nutritional diet which promoted their health and well-being. They kept a record of what had been eaten. People said they chose when and where to have their meals.

People using the service were supported to register with a local GP and to use local health care professionals. The registered manager said they would put a health action plan in place to summarise how people were supported with their health care. Discussions had taken place about how best to support people who might be nervous using some health care professionals such as a dentist.



# Is the service caring?

## Our findings

People using the service were listened to and made to feel their views about the service they received were important and relevant. The registered manager described how she made sure people were at the heart of the service delivery and would shape the service they received. People's backgrounds, experiences and aspirations would be considered during the assessment process.

Staff treated people respectfully and attentively. Requests were listened to and responded to appropriately and in a timely fashion. There was shared humour and light hearted chat. Preferences for support with personal care from female staff only were respected. The person using the service described how they were supported by staff when upset. They said they had space to listen to music or go to their room until they wanted company again. They told us, "I love living here, I am very happy." Staff confirmed the person was very happy and settled.

People's care was discussed with them and reflected their wishes, likes, dislikes and routines. For example, at the weekend a later start to the day was planned so routines could be done at a leisurely pace.

People were given an information pack when they started using the service. This was produced in a range of formats to explain their rights and responsibilities and expectations of them when living together. A tenancy agreement had

been produced using symbols, pictures and plain English. The registered manager said time was also spent going through this pack individually, giving people time to absorb the information and to ask questions if they wished. People's representatives were also included in this process. Advocacy was not used but information was provided should it be needed.

People were supported to be independent in areas of their care. Help was provided when needed such as helping to get washed or do their hair. Encouragement was given to do some things for themselves. A relative commented how "(name) is doing more things for herself". Support was provided to develop new skills such as doing the cooking, baking or the laundry. Discussions between staff and the registered manager evidenced how they introduced small steps to independence. For example, starting with planning menus then writing a shopping list followed by shopping for items.

Friends, relatives and their pets visited when invited. Visits were planned to fit in with activities and routines. Telephone contact was also an important part of keeping in touch with relatives.

The registered manager described how people's dignity and privacy would be respected in their home. Staff were told to respect the way people liked to be supported. For example, to support them at their own pace and not to rush them.

# Is the service responsive?

## Our findings

The provider had not developed a care plan to describe how care should be provided. The placing authority had provided a copy of their assessment and care plan. From these the provider decided whether they could meet the person's needs. Staff followed these records to deliver personal care. They gave an individualised account of how the person wished to be supported and of their future wishes. Information about the person's history and background had been provided by their relatives. The registered manager shared with us a draft record kept in the person's home of how they would like to be supported. This provided a brief outline of their routines and the support they needed. In addition to this guidance had been put together about the support needed when the person was upset. The registered manager confirmed a care plan reflecting the person's needs would be developed with the person. The lack of an accurate care plan to guide staff about the support being provided could potentially put people at risk of unsafe or inappropriate care. **This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

Care was provided when and where people needed it. This reflected their individual needs and wishes. The person using the service told us, "This is my house, carers help me clean it. I choose when to get up and when to go to bed. They (staff) look after me, help me with my shower and help me when I want." The person wrote their daily diary with staff to reflect the care and support they had received

and to plan their care for the next day. A relative said, "The transition over to receiving personal care and moving into their new home was very good. We went through any limitations and goals for independence. Staff are there to help with personal care when needed." They said they were kept informed, consulted about the service provided and involved in reviews of care.

Support was provided to do a range of activities the person liked, such as going swimming, bowling, shopping and to a day centre. They said, "Carers spend time with me, they get me out and about." Activities were recorded in the daily diary which included watching the television, listening to music and helping around their home. The person said they would like to do yoga and staff were searching for classes locally. Staff said the person knew what activities they liked and was supported to do them at the times they wished.

Information had been produced which explained to people how to make a complaint or express a concern. It was provided in a format using plain English, pictures and symbols. The person using the service told us, "If I am not happy about anything I would talk to (name)." The registered manager confirmed they had not received any complaints.

As part of the quality assurance process people and staff had the opportunity to express their views about the service. The registered manager also monitored conversations and feedback from relatives and social or health care professionals.

# Is the service well-led?

## Our findings

As a new and developing service the registered manager planned to involve people from the point of initial assessment to decide what care and support they needed and choosing their staff. Quality assurance systems had not identified issues highlighted by this inspection. For instance, care plans and risk assessments had not been developed for use within the service. Recruitment and selection procedures needed to be improved to make sure they were robust.

The registered manager monitored the day to day culture of the service and her vision and values through monthly quality assurance visits. These looked at how the service performed in relation to the Care Quality Commission's five key questions. These visits also gave staff and people using the service the opportunity to feedback their views about how the service should develop. For example, exploring other ways of developing people's independence or increasing community integration. She said her vision for the service was to provide "a harmonious service, where privacy is respected and people get on with each other." Feedback indicated this was people's experience so far.

The registered manager also worked alongside staff and with people enabling them to observe the attitudes and behaviour of staff. This also provided the chance to encourage open communication. A relative said, "I often pop in and sit with (name) and staff around the kitchen table having a chat and update". They said they felt really involved and informed.

The registered manager was aware of their role and responsibilities in relation to the Care Quality Commission's

(CQC) requirements and other legal obligations. In response to a breach of Regulation 9 highlighted during the inspection the registered manager had forwarded a draft copy of a care plan and risk assessments. They kept up to date with changes in legislation, policies and procedures and care practice through external organisations such as CQC and the local authority. Through contact with other local providers they were able to share current best practice. The registered manager was completing a registered managers' award with the local authority and continuing her professional development with other training. A relative said, "She is amazing and the staff are brilliant."

Quality assurance audits monitored the delivery of care, staff training, incidents or accidents, safeguarding concerns and the safety of the environment. Annual surveys would be sent out to people, their relatives and social and health care professionals to provide another avenue to voice views and comment on the quality of the service provided.

The registered manager confirmed there had been no accidents or incidents. The registered manager discussed with staff the risks and challenges to service delivery. For example, they had discussed strategies of introducing shared care when new people started to receive a service from them. Shared care is where people using the service share the staff allocated to work with them. The registered manager had not received any complaints. Staff said they had a good working relationship with the registered manager and would raise any issues with them. A relative told us, "If I had any concerns I know she would deal with them."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met: The registered person did not have an accurate record for each service user which includes care plans and risk assessments in relation to the care and support provided.</p> <p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p>

Regulated activity	Regulation
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>How the regulation was not being met: The registered person was not operating effective recruitment procedures. The information specified in Schedule 3 had not been obtained in respect to each person employed.</p> <p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers.</p>