Shared Care Services Limited

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Inspection report

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30 October 2019

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Shared Care Services Limited is a domiciliary care agency that provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection, 44 people were using the service.

People's experience of using this service
Systems were in place to ensure people were safe. The service had a safeguarding policy and staff knew how to deal with incidents of abuse. Each person had a risk assessment which described possible risks to them and provided guidance for staff to support people safely. Medicines were managed safely and staff used appropriate equipment to prevent the risk of infections. Pre-employment checks had been carried out to ensure staff were suitable to support people. The service had enough staff, who were able to meet people's needs. Systems were in place for recording incidents and accidents and, where appropriate, drawing lessons from them.

Assessments of needs had been completed before people started receiving care. Staff received induction, training, support and supervision to ensure they had the skills necessary to provide care. People's dietary needs were met and they had a choice of activities. Staff supported people to access healthcare in timely manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring. Relatives told us they saw staff as part of their family. Staff ensured people's privacy and dignity was respected. Care plans detailed people's needs, including their communication, culture and religion. However, care plans were basic in detailing equality and diversity needs of people. We made a recommendation in this area. Care plans were formulated and reviewed with people's representatives or relatives' involvement.

Systems were in place to obtain feedback from people and relatives. Relatives and staff spoke highly of the registered manager. Information about how to make a complaint was available. The service did not provide end of life care but was developing systems to ensure this was in place for people who might need the service.

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

Rating at last inspection
The last rating for this service was good (published 6 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Shared Care Services Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Our inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager would be in the office to support with the inspection.

What we did before the inspection
We reviewed relevant information that we had about the service. This included the last inspection report and notifications the provider had sent us. A notification is information about important events, which the provider is required to tell us about by law. We sought and received feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records. We spoke with the registered manager. We spoke with three care staff by telephone.

After the inspection
We continued to seek clarification from the provider to validate evidence we found such as looking at daily notes and training programmes. We spoke with 13 relatives. People using the service did not speak with us due to difficulties in communication.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe within the service. One relative told us, "[Person using the service] is very safe with care staff." Another relative said, "I could trust [person's] life in care staff's hands."
- The service had a safeguarding policy in place. Staff we spoke with understood what abuse meant and how to report an incident of abuse appropriately. A member of staff told us, "I report [an incident of abuse] to my manager. I know I can raise it with the local authority and the CQC."

Assessing risk, safety monitoring and management

- Risk assessments were completed and reviewed for each person using the service. This helped identify possible risks and gave guidance for staff on how to manage them. Records showed risk assessments included risks associated with people's personal care needs, their environment and health.
- Risk assessments were reviewed regularly. This helped the registered manager to identify new risks to people and assist in signposting them to obtain appropriate equipment to manage the risks.
- Care staff were provided with detailed information about people who may display behaviours that challenged. This meant staff had the information they needed to support people in a way that ensured their safety.

Staffing and recruitment

- Staff employment systems were robust. Staff were appropriately checked to ensure they were safe to work with people. These included criminal background checks and references.
- There were enough staff to support people using the service. The registered manager told us they found it challenging to employ more suitable staff. This meant they had turned down new referrals.
- Relatives told us there were no missed visits. However, we found that staff were late on some occasions. A relative said, "If carer is running late, [they] always lets us know." Staff told us they always rang the office and relatives if they were going to be late.

Using medicines safely

- Only one person needed staff to administer their medicines. All the other people, who took medicines, had their relatives to administer for them.
- People's support needs in relation to their medicines were detailed in their care files.
- Care staff were confident in administering medicines and had received appropriate training to do so in a safe manner.
- Staff recorded and signed medicine administration record sheets (MARS). These were checked at people's homes and were collected and audited in the office. We saw no gaps or errors in MARS.

Preventing and controlling infection

● Staff understood their roles and responsibilities in relation to infection control. They told us, and records confirmed, that staff had infection control training.

● Staff had access to personal protective equipment (PPE) such as gloves, aprons and shoe covers. Supplies of PPE were available at the office and staff confirmed that they had no problems getting them from the office.

Learning lessons when things go wrong

● No incidents and accidents had been reported or recorded.

● The service had a system in place for recording incidents and accidents. Although no incidents, accidents and complaints had been recorded or reported, we noted the registered manager was open to learning from incidents, accidents, complaints and new ideas to help improve the service.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessment of needs had been completed before people started using the service. The registered manager said they would accept people only if the service was confident they could meet their needs.
- Assessment of needs included areas such as personal care, communication, behaviour and the mobility needs of people. They also included people's preferences, likes dislikes and how they wanted to be supported.

Staff support: induction, training, skills and experience

- Staff were trained and experienced to provide care that met people's needs. One relative said, "Carers are well trained." Another relative told us, "[The staff member] is spectacular, I can't ask for a better carer, can't describe how fantastic [the staff member] is."
- Staff received a comprehensive induction. Staff who were new to the care profession had completed Care Certificate training. The Care Certificate requires staff to complete a programme of training, including observations by a senior colleague, followed by an assessment of their competency.
- Staff confirmed they had completed various training programmes related to their roles. We saw records and certificates which confirmed staff had attended mandatory training in areas such as medicine administration, moving and handling, and health and safety at work. Staff told us they found their induction and training useful.
- Staff were well supported by the registered manager. They received supervision once every two months and were able to discuss their practice. They told us they had received regular supervision and annual appraisal. Evidence of staff supervision and annual appraisals was available in staff files.

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

- People received meals that met their needs. At the time of the visit, relatives supported people with meals. However, people's hydration and nutrition needs and preferences were recorded in their files. Staff told us they had read the records and knew people's needs.
- Staff respected people's dietary preferences. They were aware of the need to respect people's culture and religion when supporting them with meals.

Supporting people to live healthier lives, access healthcare services and support

- All people using the service lived with their relatives. However, when required, staff supported people with accessing healthcare professionals such as GPs, psychologists, psychiatrists and occupational therapists to promote their health needs. A relative said, "Carers support [person] to attend physiotherapist appointment."

● Assessments of needs and care plans contained information about people's health needs and contact details of healthcare professionals. This enabled staff to know who to contact if people needed health care.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked closely with health and social care professionals. We noted staff had contacted relevant health and social care professionals to provide effective care. The provider successfully worked with other agencies to review and adjust care that was provided. This ensured that the care provided was flexible to reflect and to meet people's needs. One relative told us, "[The service] is receptive of any changes we want."
● Staff knew how to liaise with relevant authorities and meet people's needs. They told us that if they became aware of any issues that needed reporting, they would inform the registered manager. They said, they would also report issues to relevant authorities such as the fire brigade, if the issue was related to fire.

Ensuring consent to care and treatment in line with law and guidance
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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

● Relatives told us that before people received any care or support, staff asked them for their consent and they acted in accordance with their wishes. A member of staff said, "I ask [people] for permission when supporting [them]." Staff told us and records confirmed staff had completed training around the MCA.
● Consent forms were in place for people to receive personal care. Most of the people using the service at the time of our visit were under the age of 18. The registered manager understood the principles and requirement of completing the MCA and following best interest arrangements for people who lacked capacity.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff were kind and caring. One relative told us, "[Staff are] very kind, caring and friendly. They are easy to talk to." Another relative said, "[A member of staff] is like an added auntie."
- Staff understood equality and diversity. A member of staff said, "I would not discriminate, I would treat people the same way."
- Care plans contained information about people's religion and disability. However, these were basic and did not cover all the protected characteristics under the equality legislation (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity). The registered manager assured us that they would update the care plans with this information being included. We recommend the registered manager follows best practice guidance on including all equality and diversity aspects in care plans.

Supporting people to express their views and be involved in making decisions about their care
- Relatives told us, and records confirmed, relatives were involved in designing and reviewing care plans. One relative said, "We do go through [care plans] with the manager. We are content with what we have."
- Care plans were reviewed twice every year. However, they were reviewed more frequently and as required, for some people depending on changes in their needs.
- Relatives had signed to confirm they had the opportunity to discuss and influence people's care.

Respecting and promoting people's privacy, dignity and independence
- People were treated with respect. A relative told us, "The [staff] are respectful and dignified with [people's] personal care." Another relative said, "[Staff] provide personal care in a respectful manner. We do [this] together." A member of staff explained how they ensured people's privacy by shutting doors and curtains when assisting them with personal care.
- Staff supported people to be as independent as possible. One relative said, "[Staff] allow the [people] the choice of what they are going to wear." Another relative told us, "Staff listen to [person] and let them do what [the person] wants to do." A member of staff told us they respected people's choices and encouraged them to do as much as possible independently.
- People's care plans contained what people were able to do independently and gave guidance for staff on how to support and promote independence.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

● Care plans were personalised. Details of people's needs and how staff should support them were included in the plans. This meant that staff were able to provide care and support that reflected people's preferences and needs.

● Staff knew people well and were able to provide them with appropriate care. One relative told us that the staff worked with the person for a number of years and they were always happy with them.

● People had control over their care. One relative said, "[The service] is flexible, we can change hours [to suit our needs], and these can be made up for at another time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff understood people's communication needs. A relative told us, "[A member of staff] understands [person using the service], [person has special communication needs]. They explained that the member of staff was able to communicate with the person using the service by learning their preferred method of communication.

●The service provided information to people in pictorial format. This allowed people to understand the services provided and make their own decisions about using the service.

● Care plans detailed people's communication needs. For example, one person's care plan read, "I am able to communicate verbally and I do not have any difficulties in this area." This ensured staff had information on how to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to participate in activities of their choice. A relative said, "[Staff] lets my [person] choose the activities; [staff] listens to [person] and does the activities [person] wants to do."

● People's culture, religion and social interests were included in their care plans. This meant that staff were aware of and able to support people to follow their interests

Improving care quality in response to complaints or concerns

● The service had not received any complaints since the last inspection.

● Relatives told us they knew how to complain. One relative said, "I have never made a complaint but I would not hesitate one second if I had to complain." Another relative told us, "I would be happy to make a complaint if I needed to."

● The service had a policy and procedure on complaints. These were clear and reviewed yearly. The registered manager said they would follow their policy and procedure to respond to complaints.

End of life care and support

● The service did not provide end of life care at the time of our visit.

● Systems were not in place to ensure people received appropriate end of life care. However, the registered manager told us that they would ensure systems were in place and staff had appropriate training before the service started providing end of life care.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives gave positive feedback about the high-quality care and support the service provided. Comments included, "Always been a top service for us", "Really good, help you a lot. When you need help, they are always there", "Very flexible, very pleased with the agency have been with them for three years".
- There was an open culture at the service. Relatives told us the registered manager was open and supportive. One relative said, "Any changes, [the manager] notifies me."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with people's care and treatment.

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

- People and relatives' feedback was sought. Every month staff rang people and relatives to ask their views about the quality of the service. Annual surveys were undertaken to find out what people and relatives thought of the service. The findings of the last survey carried out in May 2019 were positive about the service. The registered manager told us that, when they carry out the survey next year, they would anonymise the form. This meant that people would give their views without their identities being known.
- Staff told that the registered manager sought their views and listened to them.

Continuous learning and improving care

- Staff were positive about the learning opportunities available to them. The registered manager told us they encouraged staff development and training. A member of staff told us they were happy with the training opportunities they had to undertake their role effectively.
- As part of a commitment to quality, the registered manager collated various information about the service and sent it to the local authority every quarter. This allowed the registered manager to assess and, when needed, make improvements to the service.
- The provider accessed and used online resources from websites such the CQC and The National Institute for Health and Care Excellence (NICE). This helped the service to be update with current care related policies, procedures and practices.

Working in partnership with others

● The service worked in partnership with other organisations. This included healthcare professionals such as occupational therapists, GPs, district nurses and social workers. This ensured a multi-disciplinary approach had been taken to provide appropriate care to people.
● The registered manager sat on the board of a local authority child protection meeting and attended number of different health and social care organisations, including the United Kingdom Homecare Association (UKHCA).