

Sheila-Jeans Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sheila-Jeans Home Care Limited is a domiciliary care agency. It 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. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service was providing support to 2 people who received support with the regulated activity 'personal care'.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

Staff were safely recruited and received the training they needed for their role. We have made a recommendation to record all staff competency assessments and completed training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. All people currently supported had the capacity to consent to their care and support. We have recommended a formal capacity assessment is used to record people's capacity for specific decisions.

People and their relatives were very positive about the care and support provided by Sheila-Jeans Home Care. A relative said, "[Name's] had other carers; they were absolutely not a patch on Sheila Jeans."

Staff were positive about working for the service and felt well supported by the registered manager. People were supported by consistent staff who knew their needs well.

Care and support plans identified people's support needs, provided guidance for meeting their needs and managing identified risks. People and their relatives had been involved in agreeing and reviewing the care and support plans.

People were supported to maintain their health and nutritional needs where applicable. People were supported to take part in local and cultural activities where this was part of the agreed support.

Care plans and medicines administration records were reviewed by the registered manager. Communication between people, their families, the staff team and the registered manager were good. Any issues raised were resolved.

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

Rating at last inspection

This service was registered with us on 23 June 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made 2 recommendations for the recording of staff competencies and training and people's capacity to make specific decisions.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Sheila-Jeans Home Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager is also the owner and nominated individual of Sheila-Jeans Home Care Limited. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 21 June 2023 and ended on 23 June 2023. We visited the location's office/service on 21 June 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 members of staff including the registered manager and support workers. We spoke with 2 people who use the service and 3 relatives by telephone.

We reviewed a range of records, including 2 people's care and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. The support people needed with their medicines was clearly documented. A relative said, "There's never been any problem with [Name's] medication; I can trust them completely."
- Staff had completed on-line medicines training and were observed administering medicines by the registered manager during their initial shadow shifts. However, these were not formally recorded. We discussed this with the registered manager who, following the inspection, sourced a medicines competency checklist to use for all new staff and annually for existing staff to ensure they were following best practice.

Staffing and recruitment

- There were enough staff to attend all calls and meet people's needs. Staff stayed the full length of the call times. Regular staff supported each person so they could get to know them and their needs well. One person said, "We agreed the times for support, and they are on time."
- Staff were safely recruited. Fully completed application forms were seen and a Disclosure and Barring Service (DBS) check completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References had been requested from previous employers, but not always received. Character references were in place.
- Staff files were not well maintained, with information stored in different locations. We discussed this with the registered manager, who said they would collate all the relevant information into one file.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people may face had been identified and guidance provided to minimise these risks. Staff we spoke with knew the people they supported and the support they needed to manage the known risks. An environmental assessment was completed for each property visited.
- People felt safe being supported by Sheila-Jeans staff. A relative said, "They understand [Name] very well."
- The registered manager recorded any incidents on a spreadsheet, with brief details on any action taken to reduce the risk of a re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to explain what they would need to report if they had any concerns or issues. Staff would contact the registered manager to inform them and then complete an incident report.

Preventing and controlling infection

- Personal protective equipment (PPE) was provided for staff. People and relatives confirmed this was used appropriately.
- Where it was part of the agreed support, staff supported people to maintain the cleanliness of their own home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles. Staff completed a range of on-line and face to face training when they joined Sheila-Jeans. However, the training spreadsheet was not up to date, meaning it was more difficult to identify when staff needed to complete refresher training.
- Staff confirmed they were observed as part of their shadow shifts in the use of any moving and handling techniques. We discussed with the registered manager, who agreed to formally record staff competencies in moving and handling following completion of their training.

We recommend best practice guidance is followed for the observation and recording of staff competencies and recording of all training completed.

- Staff were introduced to the person they would be supporting and completed shadow shifts so they could get to know each other and learn people's support needs. A member of staff said, "I met the clients and shadowed until I, and the client, felt comfortable for me to support on own."
- Staff said they were well supported by the registered manager. One said, "I definitely feel really supported by [registered manager]. They're always there and they act quickly if I raise anything."

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 MCA 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.

- People currently supported by the service had capacity to consent to their care and support. All support was agreed in collaboration with the person and their family, where appropriate.
- Staff knew the people they supported well and involved them in making day to day choices. One person said, "They definitely ask me about what they are going to do first."

- We discussed with the registered manager having a formal capacity assessment document to record people's capacity to make decisions and to use in the event a person's capacity changed.

We recommend best practice guidance is followed for formally assessing and recording people's capacity to make specific decisions.

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

- Where it was part of people's support plan, staff prepared meals with or for people. Guidance was provided for the support people needed whilst eating and drinking.
- People's food preferences were recorded where applicable.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where it was part of people's support plan, staff supported people to attend medical appointments. A relative said, "[Registered manager] would attend appointments with [name]. They would make sure another staff member was there if they couldn't go themselves."
- A relative also said the staff were proactive if they noticed the person was not feeling well. They said, "[Name] blood in their urine so [registered manager] went to get a sample pack from GP and then took the sample back to the GP."
- The service liaised with other professionals involved in a person's support, for example district nurses and GP.

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

- The registered manager completed an initial assessment of people's support needs with them and their relatives where applicable. This was used to ensure the service was able to meet the person's support needs.
- Initial support plans and risk assessments were then written and agreed for people's support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives were very positive about the support they received and clearly told us the staff were kind and respectful. One person told us, "I like the care they give me, they're friendly and kind." A relative said, "They (the staff) give proper dignity, respect, and time to [name]. They understand [name] and are flexible if anything needs to change" and another told us, "They get him smiling, it gives me and [name] a good start to the day; its huge for us."
- People's cultural needs were recorded and respected. A relative said, "The staff are very careful regarding [name's] cultural needs; they understand how important it is to them."
- Staff prompted and encouraged people to do things for themselves where possible. Care records supported this.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives said they had been involved in agreeing and reviewing the care and support plans. A relative said, "I'm definitely fully involved in agreeing the care needed. We discuss things on a day-to-day basis as well."
- Relatives said there was good communication with the service. One relative said, "Staff would send me messages to give me an update on [name]. I only needed to ask, and I would get a quick response."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Routines were identified for the support each person needed at each visit. Regular staff supported people, so they knew people, and the support they needed.
- People and relatives said they had been involved in agreeing and reviewing the care plans. One relative said, "I discuss and agree any changes with [registered manager]."
- People and relatives said the service was flexible and was able to be responsive to changes in people's support times and frequency. One relative said, "We talk to each other (the member of staff) all the time. They're flexible if anything needs to change."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded. Staff said they always supported the same people, so were able to get to know them, and their communication needs well.

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

- Where it was part of the agreed support, people were supported to participate in activities of their choice and to go out locally. This had included supporting people to attend further education courses and work placements, as well as social events.
- The service had also supported people to attend cultural events of their choice.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. No formal complaints had been received.
- People and relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to. One relative said, "[Registered manager] will take on board what I say."

End of life care and support

- Relatives confirmed people's end of life wishes had been discussed. One relative said, "[Name] will involve [registered manager] in things and will talk to them about end of life and their funeral. The GP came round and did a DNACPR; [registered manager] was there as well to discuss what [name] wanted."
- We discussed with the registered manager the need to formally record people's end of life wishes following these discussions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was very 'hands on' with supporting people and engaging with relatives. Care plans were reviewed formally every 6 months or when people's needs changed. Medicine administration records were reviewed monthly.
- Observations of staff competencies and gathering feedback from people and relatives was an ongoing process whenever the registered manager supported people themselves.
- We discussed with the registered manager about ensuring all information was recorded and easily accessible, for example staff competencies and staff file information. Plans were in place for one of the support staff to assist in the office / administration role as the service grew.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback we received from people using the service and their relatives was very positive. They said the staff were kind, caring, respectful, flexible, and completed all the tasks agreed in the care plans. People, or their relatives, had been asked for their feedback on their support and said communication with the registered manager was very good.
- Feedback from members of staff was equally positive. They said they were well supported by the registered manager. They were able to contact the registered manager at any time if they needed to. One member of staff said, "It's a great team, good management and any issues that are raised are sorted. It's a great company to work for" and another told us, "[Registered manager] often messages and phones me. They're very approachable and really supportive."
- Staff said communication within the team was good, with a staff group WhatsApp group used to share relevant information, along with notes on the electronic app used by the service.

Working in partnership with others

- The service worked with a range of other professionals where they were involved in people's care and support, for example GPs and district nurses. Where applicable, people were supported to attend medical and hospital appointments, with information being shared appropriately

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager knew their responsibilities under the duty of candour to ensure they were open and transparent when things went wrong.