

Shining Care Limited

Shining Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shining Care Ltd is a domiciliary care agency. It provides support to people who live in their own homes. At the time of the inspection, the service was providing support to 45 people.

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.

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

Risk assessments were in place, complete and up to date. Information included what staff should do to manage risks and ensure people were safe. Risk assessments were available to staff on an application on their mobile phone. This meant they always had up to date guidance about how they should support people safely and reduce risk.

People felt safe with the staff who supported them and talked positively about staff. Staff received training and understood their responsibilities.

Medicines administration records were available electronically to staff, and these were completed accurately. Staff were trained in the safe management of medicines, and competency spot checks were carried out regularly.

We were assured that people were protected by the prevention and control of infection.

People were positive about the service they received. They received personalised care which met their needs. Staff told us they enjoyed supporting people and were proud to work for the organisation.

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 supported this practice.

Managers were available and staff and people who used the service were confident in raising concerns and making suggestions about the service.

Standards and performance were monitored, and improvements made where necessary. Audits and checks were carried out and these supported staff to provide high quality care and support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 April 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of these regulations. However, we found there was a new breach of regulations. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

We carried out an announced inspection of this service in March 2019. Breaches of legal requirements were found.

We undertook this focused inspection to check the provider had followed their plan to improve and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shining Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will continue to work alongside the provider and local authority. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shining Care Ltd

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.

Service and service type

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

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

Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19th May 2021 and ended on 24th May 2021. We visited the office location on 19th May 2021.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

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. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We received feedback from three professionals who had contact with the service. We spoke with ten members of staff, including the registered manager, nominated individual, training manager and administration co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the care records of four people who used the service. We looked at four staff files in relation to recruitment and staff training and support. Other records relating to the management of the service were reviewed. This included audits and policies and procedures.

We considered all this information to help us to make a judgement about the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
At our last inspection, there had been shortfalls in the recording of messages and information relating to people who used the service. Systems for filing and recording information were not clear and did not support the smooth running of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation.

- Systems and processes safeguarded people from the risk or harm.
- People and their relatives said they felt safe with the staff who supported them. Comments included, "I feel safe, they are well trained, everything is ok with them", "I am satisfied with the way they treat me" and, "I feel safe when they're here".
- Staff told us they had received training in safeguarding and understood the principles of what to do to make sure people were protected from harm or abuse. One staff member said, "If I had any concerns I would speak with the manager. I would write it down. I wouldn't ignore that."
- A professional who had contact with the service felt people were protected from avoidable harm, neglect, abuse or discrimination. They were confident any poor practice would be acted upon. Another professional told us the provider had not always responded promptly to requests for information related to safeguarding but noted this had improved recently.
- Staff reported accidents, incidents and concern and these were recorded. Where necessary, actions were taken, and changes communicated with staff. Records of calls, messages and changes were recorded on the electronic system. This could be accessed at any time and helped ensure staff had current information.
- Policies were in place to provide information and guidance for staff, and the management team worked with local authority safeguarding colleagues if there were any concerns. Records were kept which showed what actions had been taken to keep people safe.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, risk assessments were not clear, complete or robust. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation.

- Risks to people were assessed and managed to support people who used the service. Risk assessments

were in place, complete and up to date. Information included what staff should do to manage risks and ensure people were safe. These included moving and handling, infection prevention and control, medicines and nutrition and hydration risk assessments.

- All risk assessments were available to staff on an application on their mobile phone. This meant they always had up to date information about how they should support people safely and reduce risk. Staff said they liked accessing information electronically as they were confident it was up to date and gave them the details they needed.
- Staff told us they had received training to ensure they could safely meet people's individual needs. For example, in understanding dementia, or moving and handling techniques.
- Medicines administration records were available electronically to staff, and these were completed accurately. Most of the staff we spoke with did not manage people's medicines, but those who did were confident in the task.
- Staff were trained in the safe management of medicines, and competency spot checks were carried out regularly.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People and relatives told us they usually received support from the same staff member or a small group of staff. People liked this consistency and the fact that staff got to know them well. Comments included, "We get on very well. [Staff name] is like my friend now" and "[Staff name] is so nice. So friendly and funny. They know me and they're absolutely lovely. I don't ever want them to go".
- Staff told us they were happy with the flexibility the provider gave them with their working hours. Many staff were parents who appreciated being able to work around the needs of their children. Comments included, "It's one of the best things, the flexibility I have about my hours" and, "This is my first job ever. They trained me and helped me get where I am. Now they support me and help me a lot".
- Recruitment practices were safe, and checks were carried out to ensure only suitable staff were employed. Two of the staff files we reviewed did not have copies of references from previous employers, but these were available electronically. We highlighted this to the management team who took action during the inspection to print out copies of the completed references.

Preventing and controlling infection

- We were assured that people were protected by the prevention and control of infection.
- Staff had received training and were kept updated about government guidance to manage the risks of infection.
- Staff had access to sufficient personal protective equipment and used this effectively and safely.
- The provider had an up to date coronavirus policy.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers made notifications to CQC as required. Notifications are information about important events the service is legally obliged to send us within required timescales.
- Systems were in place to monitor quality and performance and to ensure risks were managed. For example, regular spot checks took place in people's homes to confirm staff were competent and providing appropriate care. Checks were recorded and any improvements were recorded and followed up.
- Audits were regularly carried out by managers. This included audits of care records, accidents and incidents and medicines management. Where shortfalls or areas for improvement were identified, actions were recorded and followed up with staff as required.
- Quality meetings were attended by the management team to follow up areas for improvement and the completion of actions.
- One professional who had contact with the service told us communication with other stakeholders had been inconsistent. This included providing information and responding to emails promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from people who used the service and their relatives. Comments included, "We are happy and honoured to have such good people supporting us", "[Staff name] goes above and beyond the call of duty" and, "The support they give us is second to none".
- Staff said, "This is a good company to work for", "I'm proud to work here" and, "[Provider] wants good results and to have good standards. I'm a part of that".
- The provider had a set of values which underpinned the standards of the service. They aimed to provide a friendly and caring service where people felt listened to and valued. It was important to the organisation that people's rights were upheld, and their cultural and religious beliefs respected.
- The management team engaged with community stakeholders including the local authority, cultural groups and training forums. This helped to develop an inclusive and empowering culture.
- Managers were available to staff and anyone who had contact with the service. Staff told us they could raise concerns and make suggestions about the service. Staff said the management team were, "Always there. They're there 24/7".
- Staff felt respected, valued and supported by the provider. Several staff praised the organisation for supporting them to develop their language skills as well as their knowledge and experience in health and

social care.

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 was open and informed families when incidents occurred.
- People and their families felt the provider was open and maintained good communication with them. They told us they were kept updated about changes to the service or issues which may affect them.

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

- People, their relatives and staff were asked to share their views using regular surveys. The feedback given was positive and comments included, "I am happy with the service my husband receives" and, "I am happy – no issues".
- A professional who had completed a survey gave positive feedback about the leadership and management of the service.
- People and their relatives told us they would feel able to contact the registered manager at any time with concerns or feedback. They were confident action would be taken where necessary. One person said, "I can speak with the manager any time. They fix any problems if they can". Another person added, "I have contact with [registered manager] once or twice a week. If there's a problem, they always come".
- Staff meetings had resumed when face to face contact could safely be managed within the restrictions of the coronavirus pandemic. Staff told us these meetings were useful. Subjects discussed at recent staff meetings included training, infection prevention and control, record keeping and policy reminders.

Continuous learning and improving care

- The management team had established effective networks with similar services in the city and they benefitted from interaction, support and knowledge sharing.
- The provider was proud of the training opportunities they afforded staff and there was a strong focus on learning and development. Several staff had undertaken training to improve their English language skills, and many had then completed a diploma in health and social care. This showed there was a focus on learning and innovation to support the delivery of high-quality care.

Working in partnership with others

- The management team collaborated with a number of external stakeholders and agencies to support care provision, service development and person-centred care.
- Staff worked in partnership with health and social care professionals to ensure people received the care they needed. This included GP practices and district nursing teams, local authority and safeguarding colleagues.