Shipston Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Shipston Care Limited is a domiciliary care agency that provides personal care to people in their own homes. At the time of our visit the agency supported 21 people but only 15 people received assistance with personal care. Shipston Care Limited also provided a live-in service for four other people. Three of these people received support with their personal care.

What is life like for people using the service:
• Staff were not always recruited safely.
• The provider's induction for staff did not reflect recognised best practice and staff had not received the training they needed to be safe and effective in their roles.
• Risk's associated with people's planned care were not always identified or well managed.
• Medicines were not always safely managed.
• People felt safe and were protected from avoidable harm
• People spoke positively about the care they received and told us that all staff were caring and kind
• People received their care calls at the times expected from staff they knew.
• People's individual needs were assessed to ensure they could be met by the service.
• People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
• People's privacy and dignity was respected and their independence promoted.
• Where needed people were supported to meet their nutritional needs and to maintain their health and well-being.
• People received information about the service in a way they could understand and chose how to live their lives in the least restrictive way possible.
• People were involved in planning and agreeing their care.
• Where necessary, referrals to other healthcare professionals were made and people's families were involved.
• Care plans were being developed and contained the information staff needed to provide personalised care.

• Systems were in place to manage and respond to any complaints or concerns raised.
• The registered manager understood their regulatory responsibilities and was committed to making improvements to the service to ensure better outcomes were achieved.

Rating at last inspection: At the last inspection the service was rated Good. (The last report was published on 15 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service is now rated as requires improvement overall.

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

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

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 Details are in our Safe findings below	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below	**Requires Improvement**

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out the inspection.

Service and service type: Shipston Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people living with a physical or sensory impairment and people living with dementia. CQC regulates the personal care provided.

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 the service 24 hours' notice of the inspection visit so the registered manager and staff were available to speak with us. Inspection activity started on 4 March 2019 and completed on 5 March 2019

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We assessed all this information to plan our inspection.

During our inspection visit we spoke with:
- Four people who were being supported by the service
- Four relatives of people
- Four care staff
- The director who was also the registered manager
- The new operations manager

We looked at:
• Three people's care and medicine records
• Two staff personnel files, including recruitment, induction and training records
• Meeting minutes
• Records of complaints and compliments
• Management quality audits and checks

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were met.

Staffing and recruitment
• Some staff had not been recruited safely. For example, one staff member had started working without supervision in people's homes prior to a check being completed with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Another staff member had started work at the service before references had been obtained. These checks are important to ensure staff are of suitable character to work with people.
• There were enough staff to ensure people received their care calls, at the times expected and from staff they knew.
• People and relatives told us staff were usually on time. If staff were going to be later than people expected, they were contacted by the office but this was rare.
• The operations manager explained how they used an electronic scheduling system to monitor calls were being completed on time and for the length of time agreed.

Assessing risk, safety monitoring and management
• People and relatives told us they felt safe. One person told us, "They are really aware of my mobility restrictions." Another person said, "When I stand under the shower the staff always make sure I have a solid chair next to me for security in case I fell. They know I am unsteady on my feet."
• However, risks were not consistently identified or managed. Some risk assessments had either not been completed or did not inform staff of the actions they needed to take to keep people safe. For example, staff supported one person with catheter care and a risk assessment had not been completed.
• The operations manager had identified that risk was not consistently well managed and had scheduled to visit each person, assess their risks and review their care plans. They told us, "The processes are not robust and they need to be."

Using medicines safely
• Most people administered their own medicines or a relative supported them with this.
• However, where staff did administer a person's medication, medicines were not always managed safely.
• The provider's 'medication' policy stated only trained and competent staff should administer medicines. However, records showed some staff supporting people with medicines had not been trained and their competency to administer people's medicines safely had not been assessed by the provider.
• Some staff told us they did not recognise taking medicine out of a packet and handing them to the person was administering medicines. We discussed this with the registered manager who was also unclear. The operations manager assured us immediate action would be taken to address this, including staff training.
• People told us they felt staff managed their medicines safely and people were happy with the support they received.

Systems and processes to safeguard people from the risk of abuse
• People felt safe. One person explained they felt safe because they had an 'emergency telephone number' to report any worries of concerns.
• However, some staff had not completed safeguarding training as they had not received an induction. Although staff understood the different types of abuse people could experience and their responsibility to report any concerns to their managers, they were not always clear how to escalate their concerns if managers had not addressed them. Staff comments included, "I wouldn't really know. I wouldn't know where to go next if the managers didn't do anything" and "I'm not sure to be honest, I wouldn't know who to go to who is higher than them."
• The registered manager was aware of their responsibility to liaise with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

Preventing and controlling infection
• People told us staff followed good infection control practice. One person said, "They [staff] are always washing their hands and they wear gloves and a pinny."
• Staff confirmed they had access single use gloves and aprons and understood the how to use and dispose of these safely.

Learning lessons when things go wrong
• There had been no reported incident and accidents within the 12 months prior to our visit. However, staff understood the importance of reporting and recording incidents and accidents so planned care could be adjusted to reduce the risk of a re-occurrence.
• A system was in place to review incidents and accidents and this was discussed regularly during management meetings.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

Staff support: induction, training, skills and experience
• Some staff had not completed a full induction when they started working at service.
• The provider's induction did not reflect the Care Certificate standards. The Care Certificate assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors.
• Staff training was not up to date. Records showed some staff had not completed initial or refresher training. For example, one staff member had not received moving and handling training but was working alongside a member of staff to support a person with moving and handling needs.
• One staff member told us, "I have raised this a lot [lack of training]. We need more training. Bad habits can creep in without you realising." This meant we could not be sure staff had the knowledge and skills they needed to effectively meet people's needs and keep people safe.
• The registered manager told us, "Staff training and induction is a priority for improvement. A new five day induction is going to be introduced with immediate effect which links directly to The Care Certificate. I will always be honest and the training is in a huge need of being completely re-vamped." Assurances were also provided that this induction would also be given to existing staff to ensure everyone had received a thorough induction.
• Staff felt supported through individual and team meetings. One staff member told us they had felt confident enough to talk about the limitations of the current induction process and were pleased action was now being taken to improve it for future members of staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they started using the service. One person told us, "They [manager] came out to see me and discussed what help I needed and I haven't looked back since."
• Assessments included people's care and support needs, personal preferences, as well as any life style choices to ensure people's different needs could be met. This was then transferred into a person's care plan.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink and prepare meals. A relative told us, "They [staff] always make sure [person] has enough to eat and drink."
• Staff understood people's nutritional needs and where needed monitored people's food and drink intake. For example, one person suffered from an upset stomach. Records showed staff monitored the person's food intake so they could identify what foods were upsetting the person.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Most people made their own health care appointments or had a family member who supported them with this.
• Staff monitored people's wellbeing and, where agreed, informed families or referred people to health care professionals if they identified any concerns. A relative told us, "One time [person] couldn't move their legs. The staff member rang 111 who advised the paramedics to come. They rang me straight away. I trust them."
• The management team and staff encouraged and supported people to access health specialist care professional. For example, with the person's consent, a referral had been made to a specialist continence management team.

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 with appropriate legal authority. When supporting people in their own homes this is usually applied through an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA.
• At the time of our inspection, people supported by Shipston Care Limited had capacity to make their own decisions or had a relative who could speak on their behalf.
• The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
• Staff understood the principles of the MCA. One staff member told us, "We always ask people what they want. We never assume. They might change their mind and that is their right."
• People confirmed staff sought their consent before they were provided support. One person told us, "They always ask and explain what they are doing."
• Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.

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

Good: 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
• People provided consistent positive feedback about staff and the service. Comments included, "I am really getting a good level of care", "I am very very, very well looked after", and "The carers really are so caring."
• A relative told us, "It's such a great peace of mind knowing that they are there looking after them. I don't have to worry at all that they aren't being looked after."
• Staff spoke about people with kindness and compassion. One staff member told us, "I treat everyone like I am looking after my own family."
• Staff enjoyed their role and demonstrated a commitment to providing care that considered each person's preferences and lifestyle choices. One staff member commented, "Everyone has their personal preferences and how they like to life their life. They have their individualities and we have to respect that."
• Staff told us they were now being introduced to clients before their first care call so they could get to know them.
• People told us they had reliable carers which was important to them. One person told us, "Having the same staff means they really know my routines. Me being me, I like things done in certain ways and they understand what I like and what I don't like. That is important at my age."
• Although the equality and diversity needs of people were being met, the provider accepted that further training in this area was required to ensure best practice.

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged to make day to day decisions about their care. One person told us, "They always ask if I want them to do anything else but they don't take over."
• A relative told us, "We choose the times of the calls and what happens in them."
• Records showed people were involved in planning their care and were in control of how their care delivered.
• Staff understood people's communication needs. For example, the operations manager described how staff used a whiteboard to communicate with a person who was profoundly deaf. They told us this enabled the person to be involved and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. People told us, "They [staff] respect my privacy" and "They treat me with dignity and make me feel at ease."
• One person told us, "I thought I would hate having someone help me with personal care but I forget they are there as they put me at ease ."
• Relatives told us, "They treat the house with respect. They always knock the door and shout hello."
• Staff understood the importance of valuing people. One staff member told us, "People have to be treated

with dignity and given choice. It is about what they want and if they feel comfortable."
• People were supported to be independent. One person said, "The carers are enabling me to stay at home for as long as possible as I really do not want to go into a nursing home." Another told us, "They encourage me to be independent. They will say things like, do what you can and we are here for anything you can't."
• Care plans described what people could do for themselves and when they needed prompting to maintain independence.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People received care that met their individual needs and preferences. One person told us, "I just couldn't do without them. I couldn't get better care." Relatives told us, "I feel they offer a very personable service." and, "They are very responsive to [person's] needs."
• Staff told us if they had any concerns about a person and needed more time with them, the managers would facilitate a longer call. One staff member told us, "If I can see somebody is going downhill I will speak to my manager and say we need more time and they will speak to the family."
• Care plans were kept on an electronic system which staff could access through a secure application on their phone. This meant that staff had access to information about people when they needed it.
• Care plans contained information about a person's communication needs and any aids they had to support communication such as spectacles or hearing aids.
• Some care plans did not contain up to date information. However, staff knew people well as a weekly meeting was held to discuss each person's changing needs. The operations manager showed examples of new style care plans that were being implemented. These contained much more person-centred information such as details about people's preferred hobbies, interests and routines.
• The electronic system enabled staff to record important information from their call as a 'handover' to the member of staff completing the next call. For example, if a person had attended a medical appointment. It also enabled office staff and on-call managers to share information about people so they could be responsive to any changes in call times.
• Where appropriate, relatives could also access this information to ensure they were kept up to date with what carers had done during each visit. One relative told us, "It contains everything. They make notes and we can log in and see what has been written. It is brilliant."

Improving care quality in response to complaints or concerns
• People knew how to raise complaints but told us they had no cause to complain. One person said, "I have a number if I did want to complain but I have had no cause to use it."
• At the time of our inspection the service had received one complaint which was being dealt with in line with the providers procedure.

End of life care and support
• None of the people supported by the service were at the end stage of life.
• However, care records contained information about people's end of life wishes, for example if they wished to be resuscitated. This ensured people's wishes would be respected in the event of a medical emergency.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- At our last inspection we rated well-led as 'Requires Improvement' because improvement was needed to the management of recruitment, risk and medicines. An action plan was put in place by the registered manager and assurance was provided that the issues had been addressed.
- At this inspection we found these improvements had not been sustained. We found unsafe recruitment decisions had been made, risk management plans lacked detail or were not in place and some staff had not received an induction or training.
- The provider had not formally sought feedback from people about the quality of the service, however a plan was in place to send people a survey to gather their views which would then be diarised to revisit regularly.
- The registered manager's quality checks had identified some of the issues we found but action had not yet been taken to mitigate the risk.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Governance

- Following our inspection, a further action plan was sent to us detailing how the provider intended to make the required improvements.
- The registered manager explained that significant changes in the management team over the previous 12 months had impacted on the day to day management of the service and completion of important documentation. They described 2018 and "challenging." However, they felt the quality of care people received had been maintained.
- A new administration manager and operations manager had recently been appointed to oversee the day to day management of the service who were both committed to ensuring the quality of the service was improved.
- The operations manager told us, "I had only been here a week and I thought there is a lot to do here." They explained, "I am the operations manager and the operation is not where I want it to be."
- Staff did not have access to the provider's policies and procedures to support their everyday practice and therefore we could not be assured they were working in line with the provider's expectations.
- The registered manager was aware of their responsibilities and had provided us with a notification when important events or incidents had occurred.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and relatives spoke positively about the management team. One person told us, "I know who the manager is and they are always happy to listen." A relative told us "I would 100% recommend them to other people, the staff in the office are great."
• Everyone we spoke to knew who the managers were and told us they were comfortable in contacting them should they need to.
• Staff spoke very positively about the impact of the new managers of the service and said they could already see improvements in the management. One staff member told us, "There is a good change in the dynamics. There have been elements of change already and you can see going forward it is only going to be more positive."
• Staff felt supported and able to raise any concerns directly with the managers and communication within the service was good.

Working in partnership with others
• Staff worked in partnership with people's families and health and social care professionals in promoting people's physical and mental health.
• The operations manager told us that they were keen to develop relationships within the local community and had identified a local hospital which was willing to share training resources.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2)(b) assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.