

Shores Homecare Limited

# Shores Homecare Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Shores Home Care Limited is a domiciliary care service registered to provide personal care to people living in their own homes. The service supports adults, older people and people who may be living with dementia. There were 21 people being supported by the service at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

The provider had day to day oversight of the service but lacked robust governance systems which would provide them with assurances that people's care needs were being delivered safely and effectively.

Care plans and risk assessments were not regularly updated to reflect people's current needs. Care plans and risk assessments for specific health conditions were not in place and records of people's end of life wishes were not completed. Accidents and incidents were not monitored to identify themes or trends. We have made a recommendation about this.

Medicines management was monitored by the registered manager. Documentation to support the use of topical medicines was not in place. We have made a recommendation about this.

Staff understood their role in safeguarding people. People felt the service was safe and spoke positively about the staff and management team. Recruitment was safe and staff felt supported within their role.

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.

People were supported by a consistent group of staff. Relatives were highly complementary of the service and the care and support their loved ones received. Relatives told us the provider was approachable and were confident if they raised any concerns, they would be dealt with appropriately.

The provider and registered manager were open and honest throughout the inspection and accepting of the feedback given following the inspection.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 January 2020) and there was a breach of regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulation 17.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 16 and 17 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive 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 the same. 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 Shores Homecare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a continued breach in relation to management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Shores Homecare 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

One inspector visited the service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care 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 the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Further inspection activity was completed via telephone and by email, which included speaking with people, staff and relatives and reviewing additional evidence and information sent to us by the management team. Inspection activity started on 22 June 2021 and ended on 2 July 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 remained the same. This meant 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.

### Using medicines safely

- At the last inspection the provider assured us that they would implement competency assessments for staff administering medicines and ensure all people's medication care plans were reviewed. Competency assessments had been completed for staff. However, care plans had not been updated since October 2020.
- People received their medication as prescribed. There was no documentation to support the use of topical medicines. Staff did not have appropriate information to ensure the correct application of these medicines.
- Protocols for as and when required medicines were not in place to guide staff on how and when to administer these medicines.

We recommend the provider consider current guidance for the administration of topical medicines to people and take action to update their practice accordingly.

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

- Risks to people were assessed. However, care plans and risk assessments were not updated where risks had been identified or people's needs changed.
- At the last inspection accidents and incident were not monitored to identify themes, trends or lessons learnt. Accidents and incidents were monitored but no records were available to show what action had been taken by the registered manager or provider to address these and improve practice.

We recommend the provider seeks advice and guidance from a reputable source on the recording of monitoring and reviewing risks to people and update their practice accordingly.

- The registered manager completed audits on people's daily records to monitor any changes to their condition to identify risks, which was communicated to staff.
- Staff had good understanding of people's needs.
- Environmental risk assessments had been carried out to ensure the property was safe for people and staff.

### Staffing and recruitment

At the last inspection we recommended the provider sought advice and guidance from a reputable source, about the implementation of a robust recruitment procedure. The provider had made improvements.

- The provider's recruitment policy was up to date and contained accurate information. Records were in

place to evidence safe recruitment of staff.

- Appropriate checks were carried out to protect people and ensured staff were of a suitable character.
- People and their relatives told us that staff always arrived on time. Comments included, "The staff are fantastic there always arrive on time" and "Incredibly good service, we would be lost without them. We have never had an issue with them."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included "The service is very safe, and the staff are well trained" and "I feel my relative is very safe when the staff are here."
- Staff knew what action to take to ensure people were safe and protected from harm and abuse.
- The provider had systems in place to safeguard people's finances. The registered manager completed monthly audits to address the shortfalls found at the last inspection.

Preventing and controlling infection

- People were protected from the risk of infection.
- We observed staff compliance with PPE within the office environment and personal protective equipment (PPE) usage was also monitored through spot checks of staff working in the field.
- Staff understood the importance of effective hand washing and wore the appropriate PPE, including aprons, masks, gloves.
- The provider had an infection prevention and control procedures in place and staff had completed training in this area.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection we recommended the provider to seek advice and guidance from a reputable source about person centred care planning. The provider has made some improvements, but further improvements were needed.

- Care plans had been improved and contained person centred information which clearly described how people wished to receive their care and support. However, there had been no reviews completed on these care plans to ensure they were reflective of people's current needs.
- People's individual health needs were referenced within their care plans. Staff did not have information and guidance to ensure appropriate action was taken to support these health needs.
- At the last inspection people's end of life wishes had not been explored. The provider assured us people would be offered the opportunity to discuss their wishes. There was no evidence this had been completed and areas where these discussions could have been recorded were left blank.

The provider failed to have up to date records to reflect people's care and support needs. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were happy with the care and support they received. Comments included "The service is brilliant, any problems the staff sort it," and "They [staff] are just wonderful."
- Relatives spoke positively about the service and felt the service communicated extremely well with them.

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.

- Information was available in an accessible format to meet peoples' needs. Peoples' communication needs were assessed and recognised.

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

- The provider, registered manager and all staff shared a passionate commitment to developing a sense of belonging and community. People were supported to make links in the wider community and there was a great focus on community-based activities where possible.
- Staff ensured people were supported safely within the community during the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and were confident that any concerns raised would be dealt with appropriately.
- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- There had been no recent complaints at the service.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to maintain up to date records and ensure effective systems were in place to monitor the service this was a breach of Regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to monitor the quality of the service were not robust. For example, at the last inspection we identified that accidents and incidents were not monitored to identify themes, trends or improvements. The provider and registered manager had not implemented systems to address this.
- The registered manager completed audits on people's daily records. Care plans were not updated where changes were identified within these audits.
- Care plans and risk assessments had been implemented in October 2020. There had been no completed reviews on these documents to ensure people's current needs were reflected.
- Medication audits did not identify the lack of recording for PRN and topical medicines that we identified during the inspection.
- End of life care documents were in place. There was no evidence that discussion about people's end of life had taken place.
- People's specific health needs were not referenced within care plans or risk assessments.

The failure to operate effectively monitor the quality of the service and a lack of up to date information is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives were extremely positive about the service. One relative told us "I would highly recommend this service to everyone."

- Relatives told us they were regularly involved in reviews of their loved one's care and kept fully informed of any changes in their care needs.
- Staff told us they received regular supervision and felt well supported by the provider and their colleagues. They told us the provider and registered manager was accessible and approachable and listened to their suggestions and took them on board.

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; Continuous learning and improving care

- The provider was open and honest throughout the inspection and took on board the findings of the inspection. They were keen to address the issues raised and understood the need for accurate recording of their oversight.

Working in partnership with others

- The service worked closely with a variety of professionals in order to meet the needs of the people they supported.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records for people. Quality assurance processes had not been followed to assess, monitor and drive improvements.</p> <p>Regulation 17 (1), (2), (a), (b) (c) (d(ii))</p>