

Shining 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

Shining Care Ltd is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection care was being provided to two people.

The inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Shining Care Ltd registered with CQC on 10 November 2016. This was our first inspection of the service provided. Therefore, Shining Care Ltd had not previously received a rating from CQC.

As a result of this inspection we have rated the service as Good.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Where people required assistance with taking medicines this was managed and people received the support identified in their care plans.

Staff received regular supervision and the training needed to meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People were cared for by staff who knew them well. Staff treated people with dignity and respect. Care was taken to ensure care staff were able to communicate with people using their preferred language. The manager and staff had a good understanding of equality, diversity and human rights.

The service was responsive and people received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager said they welcomed comments and complaints and saw them as an opportunity to improve the care provided.

The vision, values and culture of the service were clearly communicated to and understood by staff. A quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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.

People were kept safe from harm because staff had been trained in safeguarding and understood their role and responsibilities to keep them safe.

Risks to people had been assessed and plans put in place to keep them safe.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people.

Medicines were well managed and people received the support identified in their care plans.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Staff worked effectively with other health and social care professionals to ensure people's needs were met.

Is the service caring?

Good ●

The service was caring.

People received care from staff who knew them well.

Staff treated people with dignity and respect.

People were involved in making decisions about their care and support.

Care was taken to ensure care staff were able to communicate with people using their preferred language.

Is the service responsive?

The service was responsive.

People received person centred care and support.

People were encouraged to make their views known and the service responded by making changes.

Good ●

Is the service well-led?

The service was well-led.

Staff understood and put into practice the vision, values and culture of the service.

The registered manager was liked and respected.

The quality of service people received was monitored and where shortfalls were identified these were acted upon.

Good ●

Shining Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 November 2017. The inspection was carried out by one adult social care inspector and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. During the lead up to our inspection we sent questionnaires to people using the service, staff and professionals involved with the service.

We spent time at the provider's offices on 29 November 2017. We spoke with one person using the service by telephone. There were no family members involved in the lives of the people using the service.

We spoke with a total of three staff, including the registered manager and two care staff.

We contacted a range of health and social care professionals involved with the service and asked them for some feedback. Their comments have been incorporated into this report.

We looked at the care records of both people using the service, two staff personnel files, training records for all staff and other records relating to the management of the service. We looked at a range of policies and procedures including safeguarding, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

The person we spoke with told us they felt safe. They said, "Yes, I feel safe with the staff and care I get". We saw in people's care records and staff told us, that each person using the service had faced significant trauma in their lives. Staff were very sensitive to this and stressed the importance of ensuring people felt safe with the care provided.

People were kept safe from the risk of abuse because staff knew about the different types of abuse and, what action to take if abuse was suspected, alleged or witnessed. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior staff about any poor care practice.

Risks to people's personal safety had been assessed and plans put in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for assistance with personal care tasks such as bathing and showering. Staff told us they had access to risk assessments in people's care records and ensured they used them. Talking with staff it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and management plans were regularly reviewed by the registered manager, with the involvement of other professionals where required.

There was sufficient numbers of staff with the appropriate skills, experience and knowledge to safely provide care. Care records detailed when people needed care and support. This had been agreed with people and other health and social care professionals. The call records showed people received the care assessed as needed, when they needed it.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. The systems in place showed people were kept safe from the risks associated with the management of medicines.

The provider had a policy in place for investigating accidents and incidents. This detailed the steps involved and included looking at why the incident had occurred and identifying any action that could be taken to

keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents and learn and make improvements..

A policy on infection prevention and control was in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons, which they were able to get whenever they needed.

Is the service effective?

Our findings

We saw people's needs were met. People received care and support from familiar, skilled, consistent staff, who arrived on time. One person told us, "(Staff member's name) does all I need him to".

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Staff received training in core areas such as keeping people safe from harm, first aid, medicine administration, infection control and equality and diversity. Staff said they had received the training required to carry out their roles effectively. Staff were supported by the registered manager to work towards health and social care diploma qualifications. These are work based and assess a staff member's competence to carry out care and support tasks, along with the knowledge required to underpin their performance.

Staff told us they felt well supported by the registered manager. Formal supervisions were used to improve performance and, to assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

The care provided to people was closely monitored to ensure their health needs were responded to promptly. Care staff identified when people were unwell and contacted people's GP's and other health and social care professionals when required. We saw staff worked closely with a variety of professionals to ensure people's needs were met. These had included; District Nurses, GP's, Occupational Therapists, Social Workers, Specialist Counsellors and Mental Health professionals. This often involved telephone contact, however where required staff also provided practical support and assistance for people to attend appointments.

Is the service caring?

Our findings

The person we spoke with told us staff were kind, caring and professional and knew them well. Staff spoke about people with genuine empathy and compassion and demonstrated a commitment to ensure they received good care and, were helped to overcome difficulties arising from their previous life history.

The registered manager and staff worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs. Staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

When planning the service the registered manager took account of the care and support the person required, the preferred time for calls and the care staff they liked to be supported by. We saw consistent staff were provided and that the registered manager matched the skills and characteristics of care staff to the person. This included the staff's ability to speak the preferred language of the person. This was important as both people's first language was not English. We saw the care staff working with people spoke Somali and Arabic. They also ensured staff had a good understanding of cultural issues that may affect the person's care and support.

The provider had a policy on equality and diversity. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

People's independence was promoted. Care plans stressed the importance of encouraging people to do as much for themselves as possible. When speaking with staff, they were aware of people's level of independence and were able to demonstrate how they supported them to maintain this.

Staff told us how important they felt it was to ensure people's privacy was respected and their dignity maintained. Staff told us how they sought consent from people before they commenced any care tasks and, explained how they ensured people's privacy was maintained at all times when supporting them with personal care. Prior to commencing care with a person they were given information on how the service was organised and who to contact if they had any questions. This information was made available in people's preferred language.

The people using the service did not have any relatives with an involvement in their care and support arrangements. The registered manager and staff had assisted people to access advocacy services when required.

Throughout our inspection we were struck by the caring and compassionate approach of staff. Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone they loved to be cared for by Shining Care Ltd.

Is the service responsive?

Our findings

The service provided was person centred and based on care plans agreed with people. People's needs were assessed and plans put in place to meet their identified needs. These were regularly reviewed and updated when required. Care records were held at the agency office with a copy available in people's homes. Staff said the care plans held in people's homes contained the information needed to provide care and support.

People's care plans provided a good picture of people as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. People were involved in devising and reviewing their care and support plans. Other health and social care professionals had been consulted and their advice built into people's plans.

We saw staff responded to people's changing needs and worked closely with other professionals to ensure these were met. For example staff had worked with one person to help them make best use of specific trauma counselling. They had also assisted a person to liaise with their housing provider in order to implement the recommendations of an occupational therapy assessment to make changes to their home. Staff also recognised the importance of supporting people to engage in their local community to prevent social isolation. We saw in people's care records they were assisted to attend a number of different activities consistent with their hobbies and interests.

The registered manager recognised the importance of providing a responsive service and the particular knowledge and experience they and their staff had. They underlined this in their PIR stating that, 'As a niche provider of services to BME individuals we are in a position to provide a very specific support service to our clients which is not available within the West of England. As established community leaders Shining Care have an established cultural capability which ensures we are responsive to individual as well as the wider community needs'. This acknowledges the skills of the service in providing care for people from Black and Minority Ethnic backgrounds.

The person we spoke with said they felt able to raise any concerns they had with the registered manager or staff and that these were listened to. There was a clear procedure for staff to follow should a concern be raised. We saw the provider had not received any comments since they registered with CQC. However, the registered manager told us they would value any comments and complaints received, seeing them as a way to improve the service provided to people. Care staff told us they were able to raise concerns with managers.

Is the service well-led?

Our findings

Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. The management structure was clear and effective. Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager was approachable and could be contacted for advice at any time. Staff were able to describe to us the vision, values and culture of the service. Through talking with a person using the service and staff and reviewing written records we saw the values of the service were being put into practice.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. They had a clear vision for the future of the service. We were told they wanted to grow and provide care to more people. However, they recognised the specific skills within the organisation and also said they would only provide a service where they were certain they could meet people's needs.

Regular staff meetings were held. Staff said these were helpful. One said, "The meetings are monthly. They help us find out what we need to do to improve". We saw minutes of recent meetings and noted these concentrated on how the care and support provided to people was to be sustained and, where identified, improved.

Quality assurance systems were in place to monitor the service being delivered. These included satisfaction surveys for people using the service and staff. The registered manager also carried out a schedule of quality audits. These included audits of care plans and communication records. These audits showed the registered manager carried out regular analysis of key areas to identify themes, trends and areas for improvement.

Health and safety management was seen as a priority by the registered manager. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, environmental risk assessments had been completed for each person and a lone working risk assessment had been completed to cover staff working alone in people's homes.

At the end of our inspection feedback was given to the registered manager. They listened to our feedback and were clearly committed to providing a high quality service valued by people and professionals.