

Mrs Alison Margaret Edwards

# Shire Care Services

## Inspection report

Unit 3 Wormbridge Court Business Centre  
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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

This inspection was carried out on 30 August 2016.

Shire Care is registered to provide personal care and support for people in their own homes. At the time of our inspection six people received care and support from this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People felt safe with the care and support provided, and that staff were kind, caring and always respectful towards them. Staff understood how to recognise and protect people from abuse and received regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People were supported by staff and management that were approachable and if they had any concerns they would be listened to.

Staff were reliable and there were enough staff to meet people's needs.

People were confident that staff had the knowledge and skills to provide the right care and support. People's care records contained the relevant information for staff to follow to meet people's health needs and manage risks appropriately. Care plans and risk assessments were clear and updated quickly if people's needs changed.

People and relatives were happy with the care and support provided..

People were involved in the care and support that they received. People told us they had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

Staff responded quickly if someone was unwell and supported people to access other health professionals when needed. People were supported to take their medicine safely and when they needed it.

The provider had systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained.

## 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 had care and support that was safe and protected them from harm. People had support to take their medicines safely at the times they needed them.

Staff had a good understanding of how to keep people safe. They knew their responsibilities to keep people safe and to manage any risks. People received care and support at the times that they needed it.

### Is the service effective?

Good ●

The service was effective.

People felt that staff had the skills and knowledge to provide care effectively. People received support to access different health professionals when needed. Where needed people had support to prepare meals or with eating and drinking. The care and support people received matched their identified health needs.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

### Is the service caring?

Good ●

The service was caring.

People felt staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was based on their own individual

needs and preferences. Care plans were reviewed regularly to make sure that their needs continued to be met.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager and staff were approachable and always took time to make sure people were happy about their care and support.

Staff felt well supported and motivated to provide a good quality service.

There were effective quality monitoring systems in place to identify any areas for improvement.

# Shire Care Services

## **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 was an announced inspection which took place on 30 August 2016 by an inspector and the provider was given 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

As part of our planning for the inspections we asked the local authority if they had any information to share with us about the care provided by the service. They told us they had no current concerns about the service.

We spoke with two people who used the service, two relatives, one care staff and the registered manager who was also the provider.

We looked at the risk assessments and specific care plans care records for six people, a staff file and records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "[Staff member's name] always makes sure I am safe before she goes." People said that they would report any concerns straight away to the registered manager. They felt confident that any safety concerns would be dealt with promptly. Staff told us they had training in keeping people safe and were able to explain to us how they would identify if abuse was happening and what to do about it including who they would contact if they had any concerns. The registered manager also had a good understanding of their responsibilities to identify and report potential abuse to the local authority.

People said that staff were reliable and turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were alright before leaving. Staff were able to tell us about people's needs and said that the care plans reflected the care they provided. All of the people we spoke with felt that they had consistency with the people that provided the care and support.

People and relatives said that any risks were explained to them and managed well by staff. Staff were able to tell us about people's needs and could tell us how they managed risks associated with people's care and medical conditions. One relative told us how some aspects of a person's health condition meant that they needed support with moving about. They told us that staff understood the risks and worked well to keep the person safe. Staff told us that the risk assessments were clear and reviewed regularly. One relative told us how reviews of the risk assessments happen quickly if a person's health needs changed.

People felt that staff provided them with the support they needed in a safe way. The registered manager told us that with the small size of the service it meant that calls could be covered easily between the staff member and the registered manager. They told us that this meant that people did not go without the care and support they needed.

Staff told us that the provider completed checks on them before they started working for the service. The staff file confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People and relatives told us that staff gave the right amount of support to make sure that people took their medicines safely. The support varied according to people's needs. Some people needed prompting and reminding of their medicines while other people needed staff to administer their medicines. All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained.

# Is the service effective?

## Our findings

People felt that staff had the skills and knowledge to meet their needs effectively. One relative said, "Their level of knowledge is very good." Staff told us that the training they received helped them do their job effectively. They told us that they felt well supported in doing their job. They said, "I have already done lots of training in my old job, but [registered manager] does come out and make sure I am doing things right." The registered manager told us that they had an arrangement with another local service to provide the initial training to future new staff. They told us that this arrangement meant that staff could get access to accredited training before actually delivering care. The registered manager said that they planned to work alongside new staff to make sure that what they had learnt was embedded into practice. At the time of inspection the registered manager was in the process of recruiting new staff.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us they were able to make choices around their care and support. One person said, "I am always asked before anything is done." The staff member could explain to us what needed to happen if a person did not have the capacity to make choices. They told us that people were still supported to make choices and that they checked throughout the time they spent with people that they were comfortable with the support they were getting. They were able to explain about best interest meetings and the principles of the MCA. This demonstrated that staff understood about consent and supporting people with their choices. Their relatives told us that the care and support was always provided in the person's best interests. What we saw in people's care plans confirmed this. The manager understood their responsibilities in regard to the MCA and Court of protection.

People told us that where they needed support with preparing their meals this was done. The staff member and the registered manager told us that where needed people's food and drink amounts would be monitored. This would usually happen where there were concerns about a person's weight or diet. The staff told us that where there were any concerns about a person's eating or drinking the provider they would get health professionals involved quickly.

People and the relatives told us that the registered manager engaged with other professionals associated with people's care and support when needed. One relative said, "They will respond quickly if [person's name] is unwell." The registered manager said that they were always available to people that used the service and their relatives for advice if they were worried about a person's health. We saw where a care plan

had been reviewed with input from the district nurse following a change in a person's health.



## Is the service caring?

### Our findings

The people and relatives that we spoke positively about the staff that supported them. A relative told us, "The staff are very caring and we see them almost as family." Other people told us that staff were caring and kind and treated people as individuals, taking time to have meaningful conversations. The staff member and the registered manager spoke fondly of the people and families that they provided support for.

People we spoke with felt that staff supported them to maintain some independence. They told us about how staff took time to support them to participate as fully as they could in their care. One person said, "[staff name] is so patient. They help me do what I can for myself." Staff told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with.

People felt that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

People told us that they felt all staff treated them with respect and dignity. One relative told us, "Staff are always mindful of providing the care with the utmost dignity and respect." They told us that staff were always mindful of how people wanted to be addressed. The staff we spoke with explained how they would support people with their own views and beliefs. The registered manager told us that they were a dignity champion and planned to expand this role to other staff as the service expanded. They told us the dignity champion role was about promoting dignity and respect into all aspects of the care and support and also with any new staff.

## Is the service responsive?

### Our findings

People told us care was centred on their individual needs. People had discussed and agreed what support they wanted to match their needs and preferences. A relative told us, "The care and is absolutely person focused." The care plans we looked at reflected this. We could see that the provider was quick to respond if a person's needs changed. One example was a change in a person's health needs. Additional assessments had been done including additional risk assessments and there was contact with the district nurse and a specialist nurse and additional information was now in the person's care records for staff to follow. People told us that the provider was quick to respond if it was identified that people's needs had changed.

People and relatives said that the staff knew people's assessed needs and how to provide the right care and support. They said staff were reliable and punctual and that they had the same staff working with them. One relative said, "They are very reliable and we have never known a time when they haven't turned up when expected."

People and relatives told us that they were confident that the provider responded quickly to any changes in a person's health and would contact other health professionals when needed. We could see in the care records where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted. The registered manager told us that all people had planned reviews of their care every six months, and we could see where some care reviews were more frequent due to requests from people's families. In the six care records we looked at we found that care plans and risk assessments were detailed and had been reviewed regularly.

People told us that they did not have any complaints, but if they had they were confident they would be listened to. They were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. All the people we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

## Is the service well-led?

### Our findings

People and relatives told us that they found the registered manager approachable and open. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the registered manager if needed.

Staff told us that they felt that they had good support and supervision with their roles. Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people's safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis.

We asked the registered manager about their vision for the service. They told us that it was 'Your home, your life and your choice.' They said this was about recognising people's independence and providing support to enable people to make the choices they want. It was the aim of the service to achieve this for everyone. The staff we spoke with felt motivated to provide the best care and support that they could provide.

We saw that the registered manager continually monitored the daily running of the service. They did this by regularly reviewing all of the daily record sheets for the day as well as medicine records. The registered manager told us that this was a way of making sure that no concerns or changes were missed. They also carried out regular unannounced spot checks on how staff provided care and support. The registered manager told us that this was a way of making sure staff were continuing to meet people's needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care. They also told us that part of the six monthly reviews with people and their relatives provided opportunity to give feedback about their experiences of the care and support. We could see that this was recorded in people's care records.

Staff felt that they were involved in decisions regarding the development of the service and how it was run. One staff member said, "It's only a small service, but that's ok I work really well and really closely with [registered manager]."

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.