

Shores Homecare Limited

# Shores Homecare Limited

## 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

This comprehensive inspection took place on 17 and 18 May 2017. The inspection was announced. At the time of our inspection 30 people were receiving support from Shores Homecare.

Shores Homecare provides help and support to adults with a variety of needs. Services provided include assistance with personal care, help with domestic tasks and carer support to people living in their own homes in areas of the East Riding of Yorkshire. The service had a registered manager at the time of our inspection. A registered manager is a person who has registered with CQC 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.

We had previously inspected the service on 17 and 18 November, and 14 December 2016; it was rated as Requires Improvement overall and we issued a requirement notice for a breach in regulation for ineffective record keeping at the service. We also issued a warning notice for a continued breach in regulation for staff training. The registered provider sent us an action plan in response to the breach we identified stating what measures they were going to take in order to address the issues. This inspection visit included checks of the action taken in respect of the maintenance and management of records and staff training. At this inspection we found the registered provider had taken action to address these issues.

We found improvements had been made to staff training. Staff had undertaken training in a range of subjects relevant to the care needs of the people they supported. The training was used to maintain and develop their existing skills and staff demonstrated a good understanding of their roles and responsibilities. Staff worked together in a co-ordinated way and were provided with regular support including direct observations of their care practice by senior staff. The nominated individual confirmed a commitment to on-going staff training, which would include updates of relevant training.

At the last inspection we made a recommendation for the registered provider to ensure quality assurance systems were expanded to include audits on other areas of the service and to ensure people using the service and other stakeholders received feedback about the quality assurance and monitoring systems, so they could see any action taken as a result of this. We found improvements had been made to ensure the effectiveness of the quality assurance systems at the service. The registered manager had quality monitoring systems in place which included audits and surveys. These were used by the registered manager to organise and manage the service. The training records corresponded with information we received from care workers and induction records were up to date. We saw in-house forms had been introduced to capture any incidents that had occurred with people using the service. The reviewing of the service policies and procedures was on-going and we asked the registered provider to set out a clear and achievable timescale for the completion of these. This was provided to us immediately after this inspection.

People's needs were assessed and any potential risks to people and staff, including environmental risks

were identified before any new services were started. This helped ensure risks were minimised. Staff understood how to report concerns about potential abuse and when it had been needed, the registered manager and staff took action to keep people safe from harm.

There was a satisfactory recruitment procedure to help ensure the staff recruited, were suitable to work with the people using the service and staffing levels were sufficient to provide the level of care required.

People who needed staff assistance to take their medicines were supported to do this and staff assisted people to eat and drink enough to keep them healthy, whenever this type of support was required.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager had received training in this area and they told us if people lacked capacity to make their own decisions the principles of the MCA and codes of practice would be followed in order to protect people's rights.

Care plans were in place which helped inform staff about people's individual care needs. Staff were caring and they worked in ways which helped people to remain as independent as possible.

We found that there was an effective complaints procedure in place and people were able to have any complaints investigated. There had been no complaints made about the service since the last inspection.

## 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.

Staff knew how to recognise report and take any action needed to make sure people were safe from harm.

People told us they felt safe when they were being cared for by staff.

The registered provider had safe recruitment processes in place and there were enough staff, suitably deployed to care for the people who used the service.

People were provided with any assistance they required to take their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People were supported by staff that had been trained to meet their individual needs. We found improvements had been made to the training that staff received and we were able to confirm this in discussions with staff and from records maintained.

People's consent was sought before any care or support was provided.

People were supported to access other health and social care services when required.

### Is the service caring?

Good 

The service was caring.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

The people we spoke with told us the staff who supported them were kind and caring.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

### Is the service responsive?

Good 

The service was responsive.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

There was a complaint policy in place and people who used the service knew how to use it.

### Is the service well-led?

Good 

The service was well led.

We found staff training and the maintaining of records had improved. The registered manager was completing monthly audits on areas of the service and monthly general meetings were being held as part of quality assurance systems.

Questionnaires had been completed to obtain people's views. The culture of the service was open, which meant people felt confident to express their views.

There were clear lines of communication within the staff team and staff commented on the friendly and supportive approach from the registered manager.

# Shores Homecare Limited

## **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.

The inspection was announced and took place on 17 and 18 May 2017, when we visited the agency office and visited four people in their own homes (with their permission). The registered provider was given notice of our inspection visit, in line with our guidance for inspecting domiciliary care services. We did this as we needed to be sure that they would be available in order to contribute to the inspection process.

The inspection team consisted of one inspector and one inspection manager from the Care Quality Commission on the first day, and one inspector on the second day.

Prior to the inspection, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. The registered provider was not asked to submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people using the service.

During the visit we spoke with the organisations nominated individual, the registered manager, the training provider (from an external organisation), three care workers, one care supervisor and a relative of a person using the service.

In addition, we looked at a range of documents and written records about how services were being provided including seven people's care files, five staff personnel, recruitment and training files, information relating to the administration of medicines and the monitoring and management of the overall service provision. We asked the registered manager to send us a copy of their training record, which we received immediately after this inspection.

# Is the service safe?

## Our findings

Everyone we asked told us they felt safe in their own homes when visited by staff from Shores Homecare. People's comments included, "Yes I feel safe. They [staff] are always polite and good to me" and, "I have regular staff and I always know who's coming. I am happy." We saw staff were issued with uniforms so that people would know who they worked for and they also had up to date identity badges for easy identification.

We found that there were effective procedures in place for protecting people from abuse. Training records showed that staff had received training in safeguarding people. Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. They were able to state what they would do and who they would report any concerns to. The registered provider had safeguarding policies and procedures in place for recognising and dealing with abuse.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. One member of staff told us, "If we have any worries we would always speak to the manager. We noticed one person was having more falls than normal and this was discussed with the manager and the person now wears a lifeline pendant." Lifeline pendants are a 24 hour personal alarm service that allows people to summon help if they need it. Another member of staff told us, "We have one person who is blind and we maintain their home for them so its clutter free. We always knock on the door and shout who it is before we go in."

Risk assessments were completed by the service, to help make sure staff and the people they supported were safe. This included any risks related to people's mobility, medication and personal care. We saw that the care records created from these assessments detailed the action needed to minimise any risks identified. Care plans and risk assessments were updated and reviewed regularly. Staff recorded and reported on any significant incidents or accidents that occurred and we saw these were kept within each individual person's records, along with any actions taken.

Guidance was available for staff regarding lone working and the need to be clear about any risks associated with this. Risks related to the environment and accessing the people's homes had also been considered and any agreed actions to minimise or remove the risk were recorded. Staff also had access to contact numbers of senior staff that were 'on call' out of normal office hours, which they could use if they had any concerns about managing risk.

Staff employed by the Shores Homecare had been through the registered provider's recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. Records showed that all necessary checks were in place before each staff member began work. These included reference checks and Disclosure and Barring Service (DBS) checks. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed.

We looked at staffing levels within the service to ensure there were enough staff employed to provide the assessed care people required. None of the people who used the service we spoke with raised concerns regarding staffing levels, whether this was the consistency of care staff coming to their home or their timeliness. People told us they were satisfied with the number and times of calls they received from staff. One person said, "I am happy with my carers" and another said, "My carers come every day." A relative told us, "[Name of relative] times have been changed to suit them."

Peoples' medicines were managed and administered safely. There was a medication policy and procedure to support staff and to ensure that medicines were managed in accordance with current regulations and guidance; this policy was under review at the time of this inspection. When staff assisted people to take their prescribed medicines they signed a medication administration record (MAR) to confirm the person had taken it. Records we saw showed people were receiving their medicines as prescribed.

Shores Homecare is located in premises that were owned by Southern Holderness Resource Centre, which is a registered charity, and also provided a site for a computer club and a café. We saw there were contracts of maintenance in place for ensuring the office premises were safe, which included public and employers' liability insurance and a fire risk assessment.



# Is the service effective?

## Our findings

At the comprehensive inspection of the service in November and December 2016 we found that the service had not accurately identified that some staff still required updates in their training. This meant staff may have been working without the appropriate skills and knowledge required for their role. This demonstrated a continued breach of Regulation 18, Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we issued a warning notice.

During this inspection we saw the registered provider had purchased a training package from an external company which consisted of 38 DVDs for a range of subjects. A dedicated trainer had been sourced (from an external company) who had completed a 'Train the trainer' qualification. Train the trainer qualifications guide people in developing the skills and knowledge they need to deliver the courses themselves. We saw small groups of staff had been supported by the person to watch the DVD training subjects and complete workbooks with individual support if required, which complimented different learning styles.

We reviewed the individual training records for five staff. We found training certificates for areas such as safeguarding, infection prevention and control, first aid, medication, moving and handling, fire safety and hand hygiene. We were also sent a training matrix after the inspection which showed that staff training was up to date and covered a wide range of training pertinent to the role. Each member of staff had their own training and development profile which meant each individual member of staff had their own record of training in place which was discussed as part of their supervision.

We discussed training with staff. Comments about the improvements to the training were overwhelmingly positive and included, "We have had more training since the last inspection. We've got [Name of trainer] doing the training and she is brilliant. It's done in a small group and it's easier to pick up. I have done more in depth medicine training which was good and moving and handling, health and safety, safeguarding and fire training", "I think the training is brilliant and [Name of trainer] has explained everything to me", "I am doing some training today. The training is now done in groups with [Name of trainer] who will stop and start if we need to. We have work sheets to complete and an exam at the end" and, "[Name of trainer] is doing a brilliant job and I would like to see this continue." We saw feedback sheets from staff to evidence that all staff training was evaluated. This showed us that staff had the opportunity to influence how training was delivered.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 18.

New staff completed an induction programme, which included a period of shadow shifts with an experienced care worker, before they were permitted to work unsupervised. One newly recruited member of staff told us, "During my induction we talked about the service users and what their needs are, also what was expected of me. I started work after my DBS check and I shadowed another care worker for two weeks."

People were supported by staff who had supervisions (one to one meetings) with their line

manager/supervisor. The service had a supervision policy that stated supervisions would be carried out every four weeks. From records we looked at we noted that in practice this was happening every one to three months. We discussed this with the registered manager who told us the policy was to be reviewed and updated. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "[Name] is my supervisor and she texts me all the time" and another member of staff told us, "My supervisor will ring me and ask me to come into the office to have a chat. I had supervision a few weeks ago and we talked about the people using the service, travelling time and my training and development." We saw records of a selection of 'spot checks' which had been resumed since the last inspection of the service. This was to observe staff in their practice and offer guidance for improvements in service delivery.

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 interest 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 interest and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. There were no Court of Protection orders in place at the time of this inspection.

People told us they were always asked for their consent before care was provided. Staff said they gained people's consent before providing care. Care plans and contracts had been signed by people showing they consented to the care planned.

People were supported, where required, at mealtimes to access food and drink of their choice. One person told us, "They [staff] do my breakfast for me and then come back and do me a sandwich for my lunch." The support people received varied depending on people's individual circumstances. Care plans contained people's dietary requirements. One person's care plan we saw contained specific information regarding how staff should support with their meals throughout the day. For example, 'Prepare my breakfast and support me to have a hot meal of an evening. I have a small appetite.'

## Is the service caring?

### Our findings

People and relatives we spoke with, told us they were happy with the care and support they or their family member received and that staff were caring. One person told us, "My carers are good." Others said, "These girls [staff] cheer me up" and, "I couldn't be without them."

Staff told us they enjoyed working for Shores Homecare. Comments included, "I love this job. I wish I had done it a long time ago" and, "If I have any problems they [staff and manager] are always there."

Staff had established good working relationships with people they supported and had a good understanding of their care needs. We observed a member of staff in the homes of four people who used the service (with their permission). We saw the staff member showed an understanding of people's needs, for example, one person became anxious as to why we were there and the staff member calmly and clearly reinforced who we were, and what we were doing, this approach helped the person to understand and their mood became settled again.

We spoke with staff on issues such as privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us, for example when assisting with personal care. People told us that they had no concerns with their dignity being upheld. One person said, "When I'm showering they [staff] will leave me and maybe go and wash the pots for me." We saw that within people's care plans that people's preferences were on record across a range of areas including personal care delivery and mealtimes.

People were encouraged to remain independent as possible. One member of staff told us, "[Name] is living with dementia but is able to do lots of things for herself, like making her own tea." A person using the service told us, "They [staff] are absolutely brilliant and helpful. I try to be as independent with what I can be."

We looked at seven plans of care during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. People's likes and dislikes were included in the plans. This helped treat people as individuals.

People who used the service and their relatives told us they were involved in developing their care and support plan. A relative told us, "They [the service] have visited us a few times to review [Name of relatives] plan of care" and a person using the service told us, "I know all about my plan of care, it's all about me."

People told us they were treated as individuals with their diverse needs being met according to their wishes. Plans of care plans, for example, recorded people's individual support needs and requests for assistance. They noted how people preferred to be addressed, what they liked to eat and drink and who was important to them. Staff knew these details and as a result, responded to them accordingly.

We noted all care files and other documents were stored securely to help keep all information confidential and were only available to staff who had need to access them. Staff were taught about confidentiality during

the induction period and the registered provider had a policy to remind them to keep people's information safe.

The service had a Service User's Guide which was given to each person who used the service, this is a document that includes a standard set of information about a service. This provided a range of information such as the standards of care that people should expect, details of the registered manager, a description of the services and information about how to make a complaint.

## Is the service responsive?

### Our findings

The records we viewed, and feedback from people receiving a service from Shores Homecare, showed us that staff were responsive in their approach to people's needs. Comments included, "I have no worries, they [staff] are very good to me. If I had any concerns I would speak to the manager" and, "I see the manager and talk to her on the phone. If I had any problems I know I could take to [Name of care supervisor]."

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care. The structure of the care plans was clear and easy to access information.

The care plans we reviewed were person centred, and contained details regarding the person's background and life history, daily routines, nutritional screening tools (if required), any existing support network such as family members, contracts for providing and receiving support and personal risk assessments, to show how risk to people would be reduced. Regular reviews of people's care needs were undertaken by the service. This ensured people's needs were known to staff and these needs were monitored so that their care remained relevant.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a 'care log', which was completed by staff at each visit. This included information on when personal care had been provided, when medicines were given/prompted/checked or any food preparation. We checked a selection of these documents and found they were being filled correctly and with sufficient detail by staff and were signed and dated. This ensured that any support given to people was recorded.

The staff we spoke with understood the importance of providing people with choices in their lives. We saw people remained in control of their daily choices for living, for example, how they spent their time during the day, when they arose and went to bed and what they ate and drank. This meant that staff only helped people by doing the physical tasks they were not able to manage.

People were supported, where appropriate, to maintain relationships with family and friends. Staff told us they had got to know people's family members and would keep them informed about people if this was required. One person told us, "I spend time with my daughter and she takes me out and we walk along the promenade" and another said, "My daughter lives close by me."

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. However, this policy required update as contact details for the service complaints lead was incorrect. We discussed this with the registered manager to address. We noted that since the date of the last inspection the service had not received any form of complaints regarding any aspect of the service provision. People who used the service and their relatives told us that should there be a need to complain they felt confident in talking to the registered manager and staff directly. One person said, "If I had any concerns I would complain, no worries."

## Is the service well-led?

### Our findings

At the last comprehensive inspection of the service in November and December 2016 we found that, the registered provider was not maintaining records as were necessary to be kept in relation to the management of the regulated activity, and the registered manager was not managing records effectively. We found staff training records were not up to date and that policies and procedures had not been reviewed since 2014 and prior. There were some incident records still to be completed with regard to one person's support needs and staffs recruitment files held records that sometimes contained no start date, no dates for the completion of induction or shadowing, no evidence of completed work booklets and no evidence of 'spot checks' carried out on staffs practice. This meant there was a breach of Regulation 17, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for which we made a requirement.

During this inspection we discussed any improvements that had been made at the service since the last inspection with the registered manager who told us, "An external training package has been purchased and an external person has completed 'Train the trainer' course. All of the staffs training records have been brought up to date and the service policies and procedures are being updated, which is still on-going. Service user's files have also been updated." They went on to tell us that training was discussed with staff in their supervisions, which we saw from records we looked at.

The registered manager ensured staff training and support was regularly audited. We saw the person supporting staff with their training met regularly with the registered manager to ensure staff training was consistent. We saw individual and group training sessions had been adopted by the service which staff told us had improved their learning experience.

We reviewed the individual training and personnel files for five staff and saw these included dated inductions and a list of all training the staff member had completed and when. We checked this against the service training matrix which was provided to us after the inspection and found this was reflective of the staff training we had looked at. This meant these records were up to date and appropriately maintained.

The service policies and procedures were reviewed and we saw work to update these was still on-going. We discussed this with the registered manager and asked to be provided with a clear and achievable timescale for the completion of these. This was provided to us immediately after this inspection. We will check this at our next inspection.

Observed spot checks of staffs practice out in the community had been resumed on a regular basis and we checked a selection of these. We saw observations covered if staff were wearing uniform, using personal protective equipment, communication with the person using the service and any additional comments. In-house forms had been implemented which contained important information in relation to any incidents involving individual people using the service.

General meetings had been introduced by the registered manager and we saw these were held every month

with attendance from the nominated individual and the person delivering the training to staff. We checked the minutes from these meetings from January to April 2017 and saw discussions were held around staff training, the reviewing of policies and procedures, staff inductions, satisfaction surveys, spot checks and audits. Actions were recorded following these meetings and addressed to ensure completion at the next one. This meant that concerns, ideas and improvements were discussed so that they could be used as a learning tool to improve the service.

We saw that the registered manager was undertaking monthly audits which looked at the care and support they provided people with the aim of continuous improvement of the service. These audits included checks on the completion of people's care logs, medication records, staff training and spot checks of staff practice. The registered manager had recently sought the opinion of people who used the service by way of a survey. We saw 24 surveys were sent out and 15 were returned, the results had been evaluated and action points highlighted where required. The results showed that people were happy with the service that they received. The registered manager told us they were currently looking at the best way to feed these results back to the people who used the service.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 17.

Shores Homecare had a registered manager in place. Their management structure consisted of a nominated individual, registered manager and care supervisors. The agency also had office staff that assisted in the smooth running of the service such as providing administrative support.

The registered manager knew how to fulfil their responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. We saw that no notifications had been sent to us since the last inspection. The registered manager told us there were no incidents to notify us about.

People we spoke with knew who the registered manager was and felt that the communication between the service and them was very good. When speaking of the service they received people comments included, "It's great" and, "Absolutely brilliant."

Staff we spoke with felt that there was good leadership and that the office staff also provided good support to them as well as to the people who used the service. Staff all felt that the registered manager was open and honest, and cared about people receiving good and safe care. Staff felt supported by the management team, and were aware of the individuals that made up the management team. Comments included, "[Name of registered manager] is brilliant, she is always there for us" and, "[Name of registered manager] has been here since I started and you can always go to her or [Name of care supervisor], they would always listen to me."

Staff told us they did not attend regular meetings at the service but confirmed they were happy with the level of communication they received. We were told that contact was upheld via text messages, phone calls and going into the agency office. Comments included, "The management keep me involved and I have enough information to do my job. Communication is done usually by text messages", "We come into the office every week and we get text messages" and, "[Name of registered manager and supervisor] text me and update me with any changes."

Shores Homecare had good links within the local community. The main agency office was located within The Shores Centre which provided office space for local charities and other community based organisations.

A number of social activities and outings were available which people in the community could access if they wanted, this included a lunch club every Monday and a Parkinson's support group every Monday. The centre had a café on the premises which people could access. We saw people were in and out of the centre throughout our visit. We noted the centre was fully accessible for people with disabilities and disabled parking spaces were available.

The registered manager told us the service had a good relationship with the local authority and regularly received minutes from local authority provider forums. Shores Homecare had been part of a 'Better Care' project with the Clinical Commission Group and other voluntary sector providers. This group had looked at groups in the area that could help people using services to be more socially included. An initiative from this project had been 'Men in sheds' that encouraged groups of men to get together. We saw one person receiving a service from Shores Homecare required a new door frame on his shed and 'Men in sheds' were planning to do this work for the person.