

Sheena Miles Care Services Ltd

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sheena Miles is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 101 people using the service. The service supports people of all ages, including people with physical disabilities, learning disabilities or mental health issues.

Not everyone who used the service received personal care. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff helped people to live as independently as possible. 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. Risks were assessed but some documentation to support this was inconsistent. Staff supporting people knew people's risks and how to manage these safely. There was a culture in place where staff felt comfortable in raising concerns if they had them. People were supported to take medicines safely. The registered manager faced challenges in recruiting appropriately skilled staff that could work flexibly to meet the needs of the service. There were, however, enough staff to ensure people's needs were met safely. There was on-going recruitment for senior staff with an aim of giving the registered manager more dedicated time to oversee the running of the service.

Right Care:

People using the service were able to express their own views. When things went wrong, actions were put into place and lessons learned were shared with staff to improve the standard of care delivered. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's medicines were managed safely, and staff worked with health professionals where they had concerns about people's health.

Right Culture:

Staff understood and spoke positively about the importance of person-centred care and helping people to live as independently as they wished. The management team understood their roles and responsibilities

and were in the process of improving governance systems. The registered manager was working to an action plan to ensure improvements were embedded consistently. The management team sought feedback from people using the service, their relatives, and staff. The registered manager put a strong focus on staff wellbeing, including breaks and paid travel time. They were receptive to input from staff to develop and improve the service. People told us the service was generally consistent, reliable and they were kept informed of changes.

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

Rating at last inspection

The last rating for this service was requires improvement (published 16 February 2022).

Why we inspected

This inspection was carried out as part of our response to winter pressures in the NHS. We reviewed the evidence we held about the location, which suggested the rating may have improved to at least good and that an improved rating would create additional capacity within the service.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sheena Miles Care Services Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 28 February and ended on 8 March 2023. We visited the location's office on

both these dates. An Expert by Experience made telephone calls to people who used the service and their relatives on 6 March 2023.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visits to the office we spoke with 5 staff including the registered manager, deputy manager, care co-ordinator and care assistants. We reviewed records including 4 people's care records and 4 staff files in relation to recruitment. A variety of records relating to the management of the service including audits and action plans were reviewed

Following our visit to the office we spoke with 4 people who used the service and 7 relatives by telephone. We received feedback about the service from 2 care assistants by e-mail.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

- Risk assessments had improved since the last inspection and contained more detailed guidance for staff. In some, however, there were inconsistencies where key risks had not been fully transferred from initial assessment documents.
- The registered manager was aware of the need for further improvement of risk assessments, had employed care co-ordinators and was recruiting more to help write and develop these.
- The registered manager was developing governance systems to ensure they had better oversight of risk assessments.
- People were mostly supported by consistent staff who knew how to manage their risks safely.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Systems and processes to safeguard people from the risk of abuse;

- Safeguarding systems were in place. Staff understood how to raise concerns and had received safeguarding training.
- People told us they felt safe. For example, one person told us, "I really feel safe" and they told us they felt staff were, "very trustworthy."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care.

Staffing and recruitment

- There were enough staff. Contingencies were in place so that there were always staff to meet people's care and support needs. Several people told us the service was, "Very reliable."
- Sometimes the registered manager and other office staff provided direct care and support, which took them away from their governance duties. Recruitment was ongoing for care co-ordinators to help support management and allow them more dedicated time to manage the service.
- As management provided direct care, they knew people's needs and had opportunity to informally monitor other staff's skills and performance.
- Staff recruitment and induction training processes promoted safety. There had been some historic issues with recruitment checks that had been addressed by the registered manager. Recruitment systems had improved, and the registered manager had oversight of these to ensure they were safely followed going forward.

Using medicines safely

- Staff supported people to take their medicines safely.
- Checks were carried out on staff competence in administering medicines safely.
- For one person strategies were not clear when they refused their medicines. The registered manager was seeking clarification from the service commissioners on how this could be managed in a safer way.

Preventing and controlling infection

- Staff followed guidance to limit the risk of the spread of infections.
- Staff used PPE effectively and safely.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; Continuous learning and improving care

- Governance systems had improved since the last inspection but needed further development to be consistently effective. A range of audits were in place and the registered manager was working towards a clear action plan.
- There were some inconsistencies in people's risk assessments. The registered manager was recruiting staff to help establish and maintain robust risk assessments.
- There had been improvement to the way staff's performance and competency was monitored but systems needed further improvement to demonstrate this was happening regularly for all staff. Staff told us they felt supported and competent in their roles. There was enhanced monitoring where there were concerns about staff performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke with told us there was a positive culture and most said they would recommend the service to others. One relative told us, "[Staff] are full of chat"; "they are so cheerful"; and "they put mom at ease."
- People, staff and relatives told us the management team were open to suggestions and looked for ways to improve the quality of the service. One relative told us, "They [management] came here to meet me, they have done the care here too" and, "They are so helpful and friendly. No doubt about it, I would definitely recommend the company."
- The registered manager had a strong focus on delivering a high-quality service and protecting staff well-being. Staff were allocated time for breaks and contingencies were in place, so that visits were rarely late or missed. When changes were unavoidable staff informed people what was happening.

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

- The registered manager understood their legal responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team took steps to gather feedback from people and their relatives.

- Feedback was gathered in a variety of ways including through spot check visits and surveys. The registered manager acted on suggestions and comments made.
- People and relatives were invited to attend and take part in care review meetings where appropriate.

Working in partnership with others

- Staff worked with the local authority and multi-disciplinary teams to improve the service and meet people's needs.
- The registered manager was member of several networks to share good practice and learn from others.
- The service had links with the wider community and staff had been involved in charity projects, such as raising funds for a local school.