

Shirecare Limited

Concord House

Inspection report

Concorde House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Concord House is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with a disability. At the time of our inspection 32 people were receiving personal care as part of their care package.

This is the provider's first inspection since registration.

The service had a registered manager at the time of our inspection visit. 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 did not consistently receive safe support in the management of their medicines. People's medicine administration records, did not provide sufficient assurances that people had received their prescribed medicines safely. National best practice guidance in the management of medicines were not fully followed.

Risks associated with people's needs were not consistently assessed, staff therefore did not always have the required guidance to manage and reduce risks. There was no formal process to review accidents and incidents, this therefore impacted on the provider having clear oversight of any trends and patterns developing.

There were sufficient staff to meet the current care needs of people and recruitment checks were completed, to inform safe recruitment decisions. Safeguarding procedures were in place to inform staff of how to recognise and report safeguarding concerns. Safeguarding refresher training for staff was overdue, but action was being taken to address this by the management team.

Staff followed best practice guidance in relation to the prevention and control of risks associated with cross contamination.

The assessment of people's needs did not fully consider the protected characteristics under the Equality Act. This was a concern because people may have been exposed to discrimination. Staff had received an induction, refresher training was overdue, but the management team were aware of this and were taking action to address this. Staff had not received supervision and appraisal meetings at the frequency the provider expected.

People were supported with any needs identified with eating and drinking. People's health needs were monitored and staff supported people where required if they were unwell.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were involved in planning and reviewing their care. However, reviews were not completed at the frequency the provider expected or routinely, when changes occurred. People were supported by staff in ways which promoted and respected their dignity and independence. Information about an independent advocacy service had not been made at the time of this inspection, but the management team agreed to source this information and make available to people.

People's care plans were not consistently detailed to provide staff with guidance to meet their individual needs. However, people were positive and complimentary about how their care needs were met. The accessible information standard had been considered by the provider. The complaints procedure had been made available. At the time of this inspection end of life care was not provided.

During this inspection, we found two breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The management of medicines were not consistently safe and did not fully reflect national best practise guidance.

Risks associated with people's needs were not consistently assessed.

Accidents and incidents had no formal process of review.

Staffing levels were sufficient and safe staff recruitment procedures were used when employing staff.

Staff had received safeguarding training and had policies and procedures to inform practice.

Infection prevention measures were followed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The assessment of people's needs in relation to the protected characteristics under the Equality Act, had not been fully considered.

Staff training and support identified some shortfalls.

Where required, people were supported with their meals and drinks.

People's health needs were monitored and action was taken if concerns were identified.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate and treated people

with dignity and respect.

People's diverse needs were respected and they were encouraged and supported to lead independent lives.

Independent advocacy information was not available at time of this inspection.

Is the service responsive?

The service was not consistently responsive.

People's care plans did not consistently provide staff with detailed guidance in meeting people's care needs. Neither were they reviewed when changes occurred or at the frequency the provider expected.

People had information about the provider's complaint procedure.

End of life care was not being provided.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was a lack of effective systems and processes to review and monitor the service and the fundamental care standards were not fully met.

People who used the service and staff were positive about the leadership of the service.

Requires Improvement ●

Concord House

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 comprehensive inspection took place on the 13 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider would be available.

The inspection was conducted by two inspectors 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. The expert by experience spoke via telephone, to four people who used the service and four relatives of people who used the service for their experience of the care they received.

Before our inspection visit we reviewed the information we held about the service, including notifications the provider sent us. A notification is information about important events which the provider is required to send us by law. For example, incidents resulting in serious injuries, or allegations of abuse. We spoke with Healthwatch Nottingham, who are an independent organisation that represents people using health and social care services.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

Before and after the inspection, we spoke with seven staff via telephone or face to face. During the inspection we also spoke with the registered manager and provider's representative. We looked at records relating to six people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, policies and procedures, training information for care staff and arrangements for managing complaints.

Is the service safe?

Our findings

People's medicines were not managed safely. Three people's medicine administration records (MAR) that are used to confirm people's prescribed medicines and when staff had administered them, showed gaps in staff signatures, there were also frequent staff initials crossed out. One person's MAR had recorded the wrong dose of medicine for five months. The registered manager informed us that the correct dose had been given and this was a recording issue, but this could not be verified because of the lack of information. Another person's care plan stated care staff were not administering their medicines because they were doing this independently. However, this person's daily notes, referred to eye drops, medicines and inhalers being administered by staff. A further person's care records stated a staff member had signed the MAR but had left the medicine for the person to take later. This meant we could not be assured people received safe support with the administration of their prescribed medicines.

The management of medicines did not also fully meet with national best practice guidance. For example, hand written entries in MAR did not have two staff signatures. This is important to ensure errors are not made with transcribing. MARs also showed staff had completed these in pencil and not ink as required. There were no MAR charts for creams and no body maps to show where they should be administered and when. The management team told us the MAR for this prescribed medicine would be at the person's home, but said body maps were not used. This showed how the provider was not following best practice guidance and meant there was a potential risk people may not have received their medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

People told us how staff supported them with their medicines. One person said, "They (staff) do all my tablets for me, in the event I would forget, they make sure it's done." Another person said, "They take the tablets out and tip into the pill pot, they're (staff) on time in the morning and evening." People's care records provided staff with guidance of how they wished to take their medicines and if a person had any known allergies.

Staff told us they had received training in the administration of medicines and how during spot checks, the management team had observed their practice. We noted training records showed medicines refresher training was due. The management team were aware of this and were in the process of arranging this training.

Risks associated with people's needs had been in the main, assessed and care plans provided staff with guidance of how to manage these risks. For example, where a person required staff to use a hoist to transfer them, guidance was provided on how the sling and hoist should be used. However, a person who was cared for in bed, meant they were at higher risk of developing pressure sores, but this had not been considered. Risks associated with the environment that could pose a risk to the person or care staff in delivering safe care, had not been routinely assessed. This demonstrated a lack of consistency in the approach to assessing risks.

Staff were found to be knowledgeable about people's needs and any risks associated with their care needs. Staff told us if they were unsure of how to manage any risks that they would contact the management team who they described as, "Very knowledgeable." Whilst this shows the shortfalls identified in risk assessments were a recording issue, the concern was that new staff would have insufficient guidance. Information for staff should be clear, up to date and detailed to ensure people received consistent safe care.

Accidents and incidents were recorded in people's daily records and reported to the management team. The management team told us people who used the service had not missed any calls and this was confirmed by the people who used the service. The management team told us sometimes people had experienced a late call, due to unforeseen circumstances such as a person being unwell requiring additional care. The management team did not have a system that recorded late calls. Whilst they could tell us of action they had taken in response to incidents this had not been recorded. This meant a lack of formal processes could impact on the provider having clear oversight of any trends and patterns of incidents and accidents and action required to reduce further reoccurrence.

The provider had safeguarding policies and procedures and had provided staff with training of how to recognise abuse and the action required to respond to safeguarding concerns. People told us they felt safe when staff supported them in their home. A person said, "Whatever they (staff) do, I feel safe. I've got a hoist and I feel safe in it when they're helping." A relative said, "'They always check the door is locked now as they go, they treat [relation] very well and I'm happy enough."

Staff could identify the different types of abuse that they could encounter. They also knew the procedure for reporting concerns to external bodies such as, the local multi-agency safeguarding team, police and CQC. The provider also had whistle blowing procedure that staff were aware of and told us they would not hesitate to use. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff were aware of these procedures and told us they would not hesitate to use them to report any concerns.

There were sufficient staff to meet people's care needs. People were positive about the care they received. A person said, "They (staff) come on time, only a few minutes late sometimes." A relative said, "We've got a good crowd (staff), we know them all now and they're very regular."

Staff were positive they had sufficient time to provide safe and effective care and support. A staff member said, "We provide regular care to people and pick up extra calls if needed and the manager's also cover calls if necessary. I don't feel rushed." This reflected other comments received from staff. The management team told us how they developed staff rota's and that whilst they had a rolling programme to recruit staff, they were confident they had sufficient staff to meet the current care hours required.

Safe staff recruitment procedures were in place. People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references and criminal record checks. Staff also confirmed they commenced employment after checks had been completed. This meant people could be assured the provider had taken correct action in making safe recruitment decisions.

Infection control measures were followed. People told us staff wore gloves and aprons when carrying out care tasks. Staff had completed infection control and food hygiene training and confirmed that they had a supply of aprons and gloves. Staff could give examples of how they reduced the risk of cross contamination and understood the importance of this to protect people from unnecessary risk. This meant people were protected from the risk of an acquired health infection through cross contamination.

Is the service effective?

Our findings

People's needs including in relation to the protected characteristics under the Equality Act, had not been fully considered during the assessment process. For example, people's disability, race, religion and sexual orientation were not recorded. This lack of information meant people could be exposed to discrimination. However, the management team told us their policies were based on current legislation. They also used CQC alerts and updates from organisations such as the Alzheimer's society, to develop the service in meeting people's care needs. The National Institute for Health and Care Excellence (NICE), provides national guidance and advice to improve health and social care. The management team had not referred to this guidance, but said they would do so to support them to develop the service further.

Staff had received training the provider had identified as required to support them to deliver effective care. For example, training included basic first aid, fire safety and moving and handling. However, additional training on health conditions such as diabetes and dementia awareness had not been provided. Whilst staff said catheter care training had been provided there was no evidence of this. The management team acknowledged they needed to develop staff training opportunities and to improve record keeping. Training was delivered by the registered manager and consisted of DVD's staff were required to watch and workbooks were completed to check staff's understanding. Spot checks were also completed to observe staff practice to review their competency. The management team told us staff's refresher training was overdue, but they had plans for staff to complete this within the two weeks following our inspection.

Some staff were concerned that the moving and handling training was limited. Whilst they received training in the use of a hoist, this was limited as a bed was not used to fully illustrate how to transfer a person to or from a bed. The management team told us new staff completed shadow shifts, where they observed the practical use of a hoist.

Staff received a three day induction that the management team told us reflected the Skills for Care (a recognised organisation that supports adult social care employers) induction standards. Staff confirmed they had received an induction. Staff were also supported to complete a national diploma in social care. The management team told us they provided staff with three monthly supervision meetings and an annual appraisal to discuss their work, training and development needs. However, the management team told us they had been unable to achieve this and were working towards developing a more robust supervision and appraisal plan. Whilst staff were complimentary about the support they received from the management team, staff had not received the formal level of supported expected by the provider. This could have impacted on the effectiveness of people's care.

Where required, people received support with meals and drinks. A person told us about the support staff provided. They said, "It's healthy (the meal cooked by staff) and done well." They added, "Staff always make me drinks and leave them out too."

The provider had developed a 'red alert' form to provide staff with a quick reference guide to important information associated with the person's care needs. The management team told us with further

development, this could be used to share information with other organisations such as emergency services, in the ongoing care of a person.

Staff told us how in the main people were independent with their dietary needs. However, where required, they prepared meals and followed instructions from people about the support they needed, ensuring choices were provided and acted upon. Staff also told us how they checked food use by dates, to make sure people's health were not at risk by eating food not safe to eat.

People were independent or had support from relatives to attend health appointments, but were confident staff would act if they were unwell and required further assistance. One person said, "If I was unwell, 'I'm confident they (staff) would know what to do." A relative said, "I'm sure if they thought we should call a doctor, they'd let us know."

Staff gave examples of the action they had taken when a person was unwell, this included contacting the person's relatives, emergency services or requesting the office staff contact any health care professional also supporting the person to share information.

Whilst staff gave examples of how they promoted choice and supported and encouraged people to be involved in their care, people's care plans had not been signed by the person to confirm their consent. This is good practice to show people had been consulted and involved in their care. People told us they felt involved in their care, but could not recall being asked to sign any documentation as a method to confirm they had given consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw examples where a capacity assessment had been completed where there was a query if the person had mental capacity to consent to their care. These assessments concluded people did have capacity, however the management team and staff, were knowledgeable about the action required if a person lacked capacity. This included involving others in best interest decisions and to ensure that least restrictive options were considered.

Is the service caring?

Our findings

People and relatives were consistently positive about the staff that supported them, who they felt provided care and support with kindness and compassion. We received some very positive comments that demonstrated how staff were thoughtful and showed people they mattered. A person said, "Staff have a friendly nature. I've had care for eight years and these are the best ones I've had. They chat to me and take an interest in me, they're very good. They've enabled me to live a normal life again." Another person said, "They (staff) even post birthday cards for me, they offer to do the shopping, I think they'll do anything, they chat and are very friendly." A third person said, "One of them will bring our milk in or the eggs and they open the gates in case a car is coming, it's very helpful for us."

A relative said, "It's the way they speak to [relation] they're very friendly. They hold their hand, it's so caring the way they do this." Another relative said, "Staff are like family, we weren't sure when we began, but we don't know what we'd do without them now."

All staff spoken with including the registered manager and provider's representative, showed great warmth and care towards the people they cared for. This included a commitment and enthusiasm in providing the best care they could. A staff member said, "I love my job it's so rewarding, I wouldn't want to do anything else." Another staff member said, "I'm a firm believer in treating people in a manner that you would want and expect." The management team told us how they provided care when needed and that this was important to them, to ensure people received consistently good care. The registered manager said, "We know we need to get better with record keeping and we have plans to do this, but we have a real commitment to strive to provide the very best care we can for people."

People told us they received consistent care from a regular staff team and how this was important to them. The management team told us they knew consistently was the key element in providing good quality care and that they achieved this, by providing people with regular care staff. People's care records also confirmed they received care from regular care staff.

Staff demonstrated they had developed positive relationships with the people they cared for. They were knowledgeable about people's preferences, routines and showed respect about their lifestyle choices. Staff gave examples of how they promoted independence. One staff member said, "It's so important to encourage people to do as much as they can for themselves." Another staff member gave an example of how a person's physical needs had deteriorated, but told us they always asked the person what assistance they required. There was a recognition and sense of empathy and sensitivity towards this person's change of needs.

People's care plans provided staff with important information about preferences in relation to routines and how they wished staff to support them. People confirmed staff supported them in how they wished to be cared for.

People and their relatives were involved in care planning and reviews of the care provided. A person told us

how they were visited by the registered manager before they used the service. They said, "I told them what I needed, they made suggestions too. I make the decisions about my life and that's important to me." People gave examples of how their care had been changed in response to requests made or during review meetings. This included a reduction in a person's care package because their independence had been regained. We saw an example of a review meeting with a person and their relative. The person's care was discussed with them, such as what was working well, what could be improved upon and if any changes were required. In this example the person was satisfied with their current care package and did not request any changes.

People said staff always treated them with dignity and respected their privacy. A person said, "When they (staff) wash me on the bed, they always cover me in the middle, I'm never left exposed." This reflected other comments received from people. Staff understood why keeping information about people's care confidential was important. The provider had systems in place that ensured information about people's personal care was kept securely and shared appropriately.

Is the service responsive?

Our findings

People's care plans were not consistently detailed in the guidance provided for staff. For example, one person was described as having short term memory needs, but there was no explanation as to what this meant for the person. For example, how it impacted on their daily living and the support required from staff. This person's care plan also stated the person 'was not the most talkative', but there was no guidance for staff on how they could engage with the person or what they needed to consider when communicating with the person. This meant people may not have received an individualised and responsive service.

Action was not always taken to review people's care plans following a change in a person's needs. For example, one person's daily notes recorded they had experienced a fall but their care plan had not been reviewed to consider if any changes were required. Another person's catheter care plan provided staff with detailed guidance on the care required and action to take if concerns were identified.

The management team told us they had not completed reviews of people's care at the frequency they expected and were addressing this. The management team also acknowledged that people's care plans lacked guidance for staff in places and told us they would review and amend care plans.

Despite care plans lacking detail and guidance for staff, people told us staff provided care in the way they wanted, this showed staff understood their preferences and what was important to them. A person said, "Everything is done in the way I have asked for, if they're (staff) are unsure they always ask me. They know I don't like rushing." Another person said, "They provide care in the way I like, they know I like to wash my head, hair and neck myself, then they help with the rest." A relative said, "They're very good, they've listened to what we want and gone out of their way to provide it."

The management team were aware of their responsibility about the Accessible Information Standard (AIS). AIS requires providers to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The management team told us they had not been required to provide information in alternative formats such as large print, but they told us they would do so if required. The provider's service user guide that informed people about what they could expect from the service, advised people they could request a copy in alternative formats. This meant people would not be disadvantaged by not having information that met their individual sensory and communication needs.

People and relatives said they knew how to raise concerns or make a complaint. One person said, "I haven't had reason to complain, but have the confidence to if necessary." The service user guide provided people with guidance of the provider's complaint procedure. The management team told us they had not received any formal complaints since they had registered and any concerns raised were responded and resolved quickly.

At the time of our inspection no person using the service was receiving end of life care, we have therefore not reported on this. The management team told us whilst they had not provided end of life care training for

staff, they were wanting to provide this soon. They also told us that people's end of life care needs would be discussed with them and their relative where appropriate, to ensure care was provided in a manner that met the person's wishes.

Is the service well-led?

Our findings

The provider did not have sufficient systems and processes in place to check on quality and safety or to ensure the fundamental care standards were met. The management team had a commitment and passion to provide good care, but the arrangements to monitor the service was informal. This meant there was a risk that people's care may be compromised due to ineffective systems and processes.

There were no effective systems to identify and investigate medicines errors and incidents. This meant opportunities for lessons learnt to reduce further risk to people was not in place.

Care plans were inconsistent in the level of guidance provided to staff and had not been reviewed at the frequency the provider expected. This meant the provider had not sufficiently assessed, monitored and mitigated risks associated with people's care needs.

Staff refresher training and opportunities to formally review their work, training and development needs were overdue. Staff had received basic training, but consideration of training related to people's health conditions and care needs were very limited. Staff had not received opportunities to meet as a team to discuss concerns, share information and views of how the service could be developed.

The provider's representative did not complete any audits or checks on the service. They told us that because they also provided care and were in the office every day, they had constant oversight of the service. However, due to a lack of systems and processes we were not sufficiently assured there was effective governance.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Whilst the management team told us they were investing in the service to make improvements there was no action plan to confirm this. We were however, advised by the management team that a new electronic care record system was due to be implemented imminently.

People who used the service were positive about the care they received and were aware of who the management team were. A person said, "They're very easy to talk to." Another person said, "The manager sometimes doubles up with a carer and works alongside them, they help and watches over them." A relative said, "The manager is very good at listening, I would raise things with them if I had to." People told us they had experienced some difficulty when calling the office, but this had recently improved. A person said, 'There hasn't always been someone to speak to, it's got better, they've got a person that goes in now so you can always get someone, and they are friendly and helpful.'

People told us they had not been requested to complete a questionnaire by the provider to share their views of the service they received. A person said, "The carers ask us how it is, I think they pass it on." Another person said, "When I see the manager, they always ask." The management team told us they were in the process of developing and sending questionnaires to people to formally gain their experience about the

service.

People told us they felt the leadership of the service was good. A person said, "Everything runs smoothly, [relation] has further improved with their help, I can't ask for any more." People told us they would recommend the service to others. A person said, "I would (recommend it) they have never let me down. They do come regularly and they're always cheerful."

Staff were positive about working for the provider and had a clear understanding of the values and aim of the service. A staff member said, "We support people to remain as independent as possible to remain living at home." All staff were positive about the leadership of the service and told us they felt supported and valued by the management team.

The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not effectively managed. Regulation 12 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of systems in place to assess, monitor and improve the quality and safety of the service. 17 (1)