

Shepshed Carers Limited

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Inspection report

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Date of inspection visit: 12 August 2014

Date of publication: 16/01/2015

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	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced in line with our new inspection process.

Shepshed Carers Limited provides care and support to people living in their own homes. At the time of our inspection there were 280 people using the service.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People we spoke with told us they were satisfied with the care and support provided. They had developed good relationships with their care workers and told us they were treated with kindness and respect and felt safe using the service.

Staff had a good understanding of the needs of people they cared for and were positive about their role and the organisation. Staff recruitment procedures were robust and ensured that appropriate checks were carried out before commencing work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision and appraisals in line with the provider's policy. There were sufficient numbers of staff available to ensure people's needs were being met.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account and recorded in support plans although there was some inconsistency with the level of detail recorded. Risks to people's health and well being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to.

There was a satisfactory complaints procedure in place and we saw that appropriate action had been taken in response to complaints. People who used the service knew how to contact the office should they require assistance and were comfortable to do so.

There were systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff demonstrated a clear understanding of what abuse was and how to manage and report any situation of this kind. This meant the agency had taken steps to minimise the risk of abuse.

Risks to people's health and well being had been identified, assessed and managed in an appropriate way.

There were sufficient numbers of staff available to be able to meet the needs of people who used the service. Staff had been appropriately screened to ensure they were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective.

People who used the service told us they were satisfied with the care and support being provided and with their care workers.

People's health and welfare needs were met and staff responded quickly and appropriately to any changes in need, including referral to appropriate health professionals when necessary.

Staff had a good understanding of the needs of people who used the service and had received relevant and appropriate training and support to ensure they delivered effective and care that was individual to the person.

Good



Is the service caring?

The service was caring.

People who used the service told us they had developed positive and caring relationships with their care workers.

Staff showed consideration for people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

People were given opportunities, to express their views and opinions. Records showed their views and opinions were listened to and acted upon.

Good



Is the service responsive?

The service was responsive.

People we spoke with told us they were encouraged to make their views known about the service and gave us examples of how the service had responded.

People's care records showed that important information about their individual needs and preferences had been recorded but there was some inconsistency with the level of detail.

There were appropriate arrangements in place to deal with people's concerns and complaints. People knew how to contact the office if they needed to and felt comfortable to do so.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People we spoke with were satisfied with the management of the service and staff felt their views were valued and respected.

There was a registered manager in post and there was a clear management structure in place. The managers and staff were clear about their roles and responsibilities and felt supported in their individual roles.

There were appropriate arrangements in place to assess and monitor the quality of the service provided.

Good



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Detailed findings

Background to this inspection

The inspection team consisted of one inspector and an Expert by Experience who had experience of supporting older people. An Expert by Experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show how they were meeting the requirements of the five key questions.

At the last inspection on 6 November 2013 the provider was compliant with the regulations we inspected.

We spoke with 20 people who used the service, three relatives, two managers, one team leader, seven care workers and the registered manager.

We reviewed 10 people's care records including care plans, risk assessments and daily records. We looked at staff training, supervision and appraisal records and staff recruitment records. We also looked at records in relation to the management of the service.

Is the service safe?

Our findings

All people we spoke with told us they felt safe when their care worker was providing their care and support.

Comments included, “Everyone is very respectful and I have no worries at all about them when they are here”, “I feel very safe. They are wonderful people. They feel like friends and I can discuss anything with them” and “They are very good about making sure I get the right tablets in the morning and at night and they write it in the book so there are no mistakes”.

People we spoke with knew how to contact the office and report any concerns they may have. Many gave us examples of where managers had quickly resolved any problems or issues they had.

Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and were able to tell us the right action they would take to report and document matters.

The provider had an up to date safeguarding policy and procedure which was in line with national guidance about how to protect people from the risk of abuse. In addition, we saw that the provider was aware of local procedures for reporting abuse and we saw examples of where appropriate action had been taken by staff in the reporting and management of concerns about people’s safety and welfare. Staff were also clear about how to report accidents and incidents. This meant that people were protected from the risk of abuse because the service had systems in place to safeguard those they supported.

All care records we looked at included risk assessments which identified potential risks to people’s health or welfare. They also included a report of action that should be taken to minimise the risk. This meant that staff were aware of how to provide care and support in the safest way.

The registered manager told us they were in the process of developing policies and procedures in relation to the Mental Capacity Act (MCA) as part of their provider information return. We discussed this with the manager and found they had a good understanding of the principles and how they might apply to people who used the service. The registered manager also told us about their plans for developing staff training in this area.

We looked at a sample of staff rotas and found that all care calls had been allocated a care worker to provide the person’s care and support. Managers and team leaders we spoke with told us they were able to provide a care worker for all care calls within a 15 minute time period either side of the allocated call. Wherever possible people received care from care workers who were familiar with their needs and staff we spoke with confirmed this. Cover had been provided when regular care workers were unwell or on holiday. People we spoke with were confident in receiving their calls as planned and had no concerns about their calls being missed or delayed. This meant there were sufficient staff to meet the needs of people who used the service.

We looked at the records of six care workers and found that appropriate checks were undertaken before staff began work. Records showed pre-employment checks had been carried out, which had included the completion of an application form, the seeking of two written references, carrying out a police check and confirmation of their identity. This meant people using the service could be confident that staff had been screened as to their suitability to work for the agency. We found that staff received a comprehensive induction programme which included a period of time shadowing experienced care workers. Staff also had access to an on-going training programme. Staff we spoke with said they felt well supported by the manager and the organisation.

Is the service effective?

Our findings

People we spoke with told us they received effective care that met their needs. People were overwhelmingly positive about the service and support they received from care workers. Comments included, “They are all nice. They come at a regular time and I am pleased that they come”, “I really look forward to them coming. I wouldn’t see anybody without them”, and “It’s a relief to me and my brother to know that mum is looked after by people who know what they are doing and understand her”.

We found that people’s needs had been assessed and care plans were developed to meet people’s identified needs. Care plans contained sections about people’s health and support needs and were individual to each person. We found that people’s medical conditions had been taken into account in the way their care was delivered and records gave staff clear guidance about how people’s care should be delivered.

Records showed that staff monitored and responded to people’s changing health needs when required. For example, when appropriate we found that weight charts had been kept and there was guidance in place for staff about when they should refer people to relevant health professionals. We saw evidence that support was available for people to attend GP or hospital appointments should they wish a staff member to accompany them. Staff we spoke with gave us examples of when they had supported people with their health needs and were clear about their responsibilities in this area for the people they cared for.

Most people who used the service made their own meals or had family support to do this and did not require additional support with nutrition and hydration from care workers. However, where people did require further support in these

areas we found that care plans provided clear guidance to staff about how people’s nutritional needs should be met. For example, we found one person required thickener to be included in their drinks and daily records showed that care workers had been following this guidance. We also found occasions where care workers had been asked to monitor people’s food or fluid intake and we saw that charts had been kept and returned to the office for monitoring.

Staff we spoke with had a good understanding of the needs of people who used the service and were able to tell us about people’s personal preferences and individual needs. Staff told us they had been supported to develop the skills required to be able to meet the needs of the people they cared for. For example, one care worker told us, “Training when I started the job was wonderful. We have annual updates on health and safety and lifting and handling. I have also had training in palliative care and dementia care”.

Records we looked confirmed this was the case and we found that all staff were required to complete a programme of training to enable them to deliver appropriate care. This included training courses such as moving and handling, health and safety and infection control. Staff had also received training to enable them to meet people’s specific needs such as catheter care and continence management. We found that Shepshed Carers also provided a number of additional opportunities for further training and development in a range of topics that supported staff to deliver effective care to people.

In addition we found that staff received regular support through the use of regular supervisions, an annual appraisal, competency checks and team meetings. This meant that staff had been supported to deliver effective care that met people’s needs.

Is the service caring?

Our findings

All people we spoke with were content with the care being provided and felt their care workers were kind and respectful. People also told us that care workers provided care in accordance with their wishes and preferences. For example, one person said, “They started coming after I came out of hospital. There are some things they try to do and I feel I don’t need them so I tell them and they can see I’m able to do it for myself”.

One person told us about how care workers had maintained contact with them whilst they were in hospital. They said, “They came as soon as I was out of hospital to make sure I was looked after properly. I’m going into hospital again soon and will need extra help when I come home...they have reassured me that they will come straight away and sort out what I need”.

Some people told us about individual staff members and comments included, “She is wonderful, nothing is too much trouble” and “if I want anything doing they will always do it for me if they can. (Staff member) came and suggested things I might need and might help me. She is marvellous”.

Other people told us about how much they valued the care and support they received from their care workers. For example people commented, “They are more like friends than anything else. They always make time to have a chat”

and “I can’t praise them enough. I would be very lonely without them. They all do a good job and are very professional but they make time for me as well.” This indicated to us that people had developed positive, caring relationships with the care workers who supported them.

People who used the service had been involved in decisions about their care and support. We found they had been involved in the assessments of their needs when they first began to use the service and that these had been incorporated into care plans which were then shared with people and their representatives. People’s individual needs, wishes and preferences had been recorded but we found inconsistencies in the level of detail depending on which team had carried out the assessment. Records showed that people were included in reviews of their care and their opinions and thoughts about how the service was being delivered were valued and acted on.

We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. Staff spoke positively about the support they were providing and felt they had developed good relationships with the people they supported.

There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected and records showed that staff had received training in these areas.

Is the service responsive?

Our findings

People we spoke with told us they were encouraged to make their views known about the care and support they received. Comments included, “I can do a lot for myself but there are times when I’ve needed a bit of extra help. I phone up and tell them and they are very good” and “I’m able to make my own decisions, if I want anything else I know I only have to ask”.

One person we spoke with was concerned about one of their care workers and how they provided their care. We spoke with the manager of the service and they told us the person had also raised a similar concern with them and the care worker was no longer attending to this call. This was a good example of the provider listening to people.

The registered manager of the service told us they tried to be as flexible as possible and accommodate people’s requests for timings of care calls, changes in the level of care and other requests. One person we spoke with confirmed this and told us, “We can’t fault them...I’ve phoned and somebody has come straight away to help me”.

In all the care records we looked at we found that as well as a needs assessment, risk assessment and care plan, information about the person was recorded. This information often included the person’s life and social history and ethnic and cultural needs. This meant that staff had access to important information about the person that would assist them to meet their individual needs.

Staff we spoke with told us about the positive relationships they had developed with the people they cared for and were able to tell us about people’s individual preferences and needs. All staff we spoke with understood the importance of acting in accordance with people’s wishes, needs and preferences.

The service had an appropriate complaints policy in place. The team managers’ recorded all complaints and concerns the service received. We looked at examples of these and found that concerns and complaints had been appropriately responded to within a timely manner. People who used the service had been provided with a copy of the complaints policy and were aware of how to contact the office if necessary. The service also provided a 24 hour on-call system so there was always a staff member available to respond to people if necessary.

We found that people had been asked for their views about the service in an annual questionnaire. We looked at the results of the last survey which had been carried out in December 2013. We found that the majority of people were satisfied with the service and their care workers. The results showed that people felt care workers completed all the tasks set out in their care plan, were reliable and timely and felt comfortable with the care being provided. Where people had made individual comments we found that they had been followed up by the manager.

Is the service well-led?

Our findings

People we spoke with told us that Shepshed Carers was a well run effective service and were complimentary about their care workers and the managers. One person commented, "(Shepshed Carers) is a very well run service. I think it is a family run business, at least that is what it feels like, and I think that is what makes it good".

The service had a registered manager in post and there was a clear management structure in place. The registered manager was supported by additional managers and team leaders arranged according to geographical location. We spoke with the registered manager, two other managers and a team leader. They all demonstrated that they understood their roles and responsibilities well and said they felt supported by the management structure within the organisation. Staff we spoke with were positive about the management and running of the service. For example, one staff member told us, "I have been with them for six years and I have learned a lot. They are lovely".

All staff we spoke with told us they would have no concerns about speaking to a manager or team leader if they wanted to raise issues about the delivery of care or running of the service. Staff were also aware of the services whistleblowing policy and had received a copy of the staff handbook which was clear about the aims, objectives and values of the service. We found all staff teams had regular team meetings. Minutes of these meetings showed that staff were encouraged to be involved in the development of the service and be open about any concerns or issues they may have. Staff we spoke with felt that their opinions and contributions were respected and valued by the service.

Staff were particularly complimentary about the level of training they received and the registered manager told us about different training courses and programmes they had introduced to develop the staff teams' knowledge and skills. This was one way the service could ensure it was working to best practice guidelines.

People who used the service were encouraged to share their views in regular reviews of their care and through the use of annual questionnaires. We found that people's views, comments and concerns had been appropriately considered and responded to by managers and team leaders.

We looked at the systems in place for the recording of incidents and accidents and found they had been recorded appropriately by staff and responded to when necessary.

We found the registered manager had implemented an effective quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews of people's care plans and risk assessments, audits of staff training, supervision and appraisal and regular competency checks of staff performance. Competency checks took a number of different formats including testing staff knowledge following training, observing their competency to carry out tasks such as administering medication and carrying out spot checks to ensure staff were caring for people appropriately. This meant that the service continued to review its operations in order to improve the quality of service being provided.