

Shared Care Services Limited

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Inspection report

1st Floor
375 Hoe Street
Walthamstow
London
E17 9AP
Tel: 020 8520 9933
Website: www.sharedcare.co.uk

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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 

Overall summary

The inspection took place on 15 January and 22 January 2015 and was announced. We gave the service short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection, on 3 December 2013, we found the service met the regulations we inspected.

Shared Care Services Limited provides personal care services to people in their own homes. At the time of this inspection there were 36 people using the service, mainly children and young adults.

People who used the service were protected from the risk of harm or abuse because staff were knowledgeable about the process of safeguarding and whistleblowing. There were sufficient numbers of staff employed to meet people's needs and provide a flexible service. Risk assessments were done to identify and minimise the risks to people and to staff.

The service completed adequate recruitment checks before staff began working with people. Staff had the knowledge and skills required to support people with

Summary of findings

their care and support needs. They received regular training and were knowledgeable about their roles and responsibilities. Staff received regular supervisions and appraisals to ensure they continued to provide a good quality service and had the opportunity to develop their skills.

Staff knew the people they were supporting and provided a personalised service. People received consistency and continuity of care because staff worked with them for a long time. Care plans were in place detailing people's needs and wishes. People consented to the care service provided and staff obtained consent before carrying out care tasks. People were supported to eat or drink or attend healthcare appointments if required.

The service had a system to deal with foreseeable emergencies. People told us the service responded in a timely manner to any queries, requests or concerns. People knew the process of making a complaint. Staff had received equality and diversity training and the service had a policy with guidelines.

At the time of our inspection the provider also acted in the role of the registered manager. 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.

The manager told us they had an "open door policy" and people, relatives and staff told us they could contact the manager at any time if they had concerns. The service had quality assurance systems to ensure they provided good quality care. There was a system to monitor and observe the quality of work the staff provided and the manager obtained verbal and written feedback from people and their families.

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 and had access to the organisational policy and procedure for protection of children and vulnerable adults from abuse.

Staff knew who to contact and what the procedure was if concerns arose around abuse.

Risk assessments were done to identify risks to people using the service and to the care staff supporting them.

There were sufficient numbers of staff available to keep people safe and the service had a system to cover staff absences.

People were protected from the risks of the spread of infections.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills required to meet their needs.

Appropriate recruitment checks were done before people began work. New staff completed an induction period of training before they began to work with people.

Staff received refresher training in the mandatory areas of care every year and this was up to date.

Staff received regular supervisions and appraisals.

People were supported with health needs as required by their care plans.

Good



Is the service caring?

The service was caring.

People and their representatives were of the view that the manager and staff were very caring.

The service had a privacy and dignity policy and staff were knowledgeable in this area.

A matching process was used to assign staff to families which took into account people's requests and assessed needs.

Staff worked with people and their families for a long time so that consistency and continuity of care was provided.

The service had a consent policy and care records showed that consent forms had been signed to agree to the service provided.

Good



Is the service responsive?

The service was responsive.

People had a care plan which reflected their preferences for how care was provided. Care plans were reviewed annually by the service or if a person's needs changed.

Staff were knowledgeable about how to deal with emergency situations.

Good



Summary of findings

There was an on-call system which operated out of hours so that people, their representatives and staff could receive advice or support at any time.

People confirmed that the service responded in a timely manner to any queries, requests or concerns.

There was a complaints policy in place and people were aware of how to complain.

The service had an equality and diversity policy and staff had received up to date training in this area.

Is the service well-led?

The service was well led and had a registered manager.

People, relatives and staff were confident that they could contact the manager if they had concerns.

The manager participated in a leaders' network in the borough to obtain new ideas and receive professional support.

There were systems to monitor the work of the staff.

The service has a system of obtaining written and verbal feedback from people and their families on the quality of the service provided.

The service received feedback from the local authority during contract monitoring visits.

Good



Shared Care Services 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 took place on 15 January and 22 January 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector carried out this inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the provider's head office and spoke to the manager, reviewed the care records of four people that used the service, reviewed the records for four staff and records relating to the management of the service. We also reviewed a contract monitoring report from the local authority. After the inspection visit we undertook phone calls to two care workers, two people that used the service and relatives of three people who used the service.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe using the service. One person said “very much so” and a family member told us they felt their relative was “one hundred per cent” safe.

We reviewed the staff training records and saw staff had received training in safeguarding vulnerable adults. An adult safeguarding policy and the child protection procedures were available and staff were required to read it as part of their induction. We reviewed these policies and saw they were detailed and gave clear guidance on reporting of incidents. No adult safeguarding or child protection concerns had been raised since the last inspection. Staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

The service had a whistleblowing policy which included the protection that would be offered to whistleblowers. Staff described the whistleblowing process to us. One staff member told us if they became aware of “any wrong practise, I can tell CQC or someone in a higher authority.”

Staff were aware of the reporting process for any accidents or incidents that occurred. We saw there had been no accidents or incidents reported since the last inspection. Staff told us they would always report directly to the manager so that appropriate action could be taken.

The manager told us the agency had not had to administer medicines for about two years and at the time of inspection nobody needed help with their medicines. Staff and relatives we spoke with confirmed this was the case and explained it was the responsibility of the family. The manager told us that staff continue to receive medicines training and there is a medicines policy in case they start

working with anyone who would need help with medicines. Training records confirmed that staff did receive regular medicines training and this was up to date. The medicines policy covered guidance on helping to order and collect medicines, reminding a person to take their medicines and helping to open containers, supervising self-medication and directly administering medicines.

Assessments were done to identify any risks to the person using the service and to the care staff supporting them. Risk assessments were tailored to the individual and included safety of the environment, maintaining independence, health and community access. We saw that information about risks included the action to be taken to minimise the risks and were updated annually or when there was a change in need.

There were sufficient numbers of staff available to keep people safe. The manager explained that the local authority decided how many hours support each person should receive. We saw that the number of staff supporting a person could be increased if required. The service used a matching process, including gender preferences, to allocate staff to people. If staff were unable to work they informed the manager in advance and cover was arranged so that people receive the support they required. Staff and relatives confirmed this was the case.

The service had an infection control policy which gave guidance to staff on the procedures for infection control. Staff were knowledgeable about infection control. The manager told us staff were provided with personal protection equipment which consisted of gloves, aprons and shoe covers and staff confirmed this. Relatives confirmed that staff used their personal protection equipment and followed recommended hand washing procedures. This meant that people were protected from cross contamination of infections.

Is the service effective?

Our findings

We discussed the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS) with the registered manager who was able to tell us what this was. MCA and DoLS is law protecting adults who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. At the time of this inspection the people using the service were mainly children living in their family home so the codes of practise associated with MCA and DoLS were not applicable. The manager confirmed that people using the service who were over the age of eighteen were not subject to deprivation of liberty safeguards through the court of protection. The manager and staff were knowledgeable about the Children Acts of 1989 and 2004.

People's health needs were met by their families but staff were available to assist if required by the care plan. Staff and relatives told us that if it was part of the person's care plan staff accompanied the person to health appointments along with the relative. The manager and staff confirmed when staff did not attend appointments, families would pass recommendations from healthcare professionals to staff. Relatives and staff told us that staff did not prepare food for people but assisted people to eat and drink if required by the care plan.

People were supported by staff who had the knowledge and skills required to meet their needs. One person said "I think in our opinion without our carer, it would be much harder for our family." A relative told us the staff member who worked with their family "understands my children, understands my needs ... knows their job inside out." Staff had up to date training in all areas of care including health and safety, first aid and fire safety. We saw there was a plan for all staff to attend training in mandatory areas of care including person centred planning and the Mental Capacity Act 2005.

Staff received regular supervisions every two months. Supervision notes were signed and dated by the manager and staff member. Records showed that topics discussed included anti-discriminatory practise, safeguarding and changes in the needs of the people the staff member worked with.

We saw that staff who had worked for more than a year had received an annual appraisal which summarised the overall assessment of the staff member's performance over the past year. Appraisals included the goals the staff member would be working towards for the next twelve months. We saw the appraisal form contained comments from both the manager and the staff member and detailed performance and development goals for the next twelve months.

We looked at four staff files and saw that appropriate recruitment checks had been carried out before employing people. Staff files contained application forms with gaps in employment explained, two references, proof of identification and proof of the right to work in the UK. We saw that staff also had up to date checks showing they did not have a criminal record and had answered medical questions to show they were fit to work. We saw that staff had signed a contract which included their job description in their records.

The manager told us that new staff were required to complete a three day induction period and complete the skills for care common induction standards. Staff confirmed this and we saw from the training records that this was the case. Staff were required to read the organisations policies and procedures. The manager and staff told us that progress with reading policies was covered in supervisions. Staff were required to shadow an experienced member of staff for one week before they began to work on their own.

Is the service caring?

Our findings

People were satisfied with the agency and told us the manager and staff were caring. One person told us they “had the same carer for the last four years [who] knows our needs inside out...110 per cent caring.” A relative told us “very caring, all the carers I’ve had are brilliant.” Another relative told us their regular staff had developed a good relationship with their child and knew what was needed without having to be told. The manager explained to us that consistency and continuity of care meant the staff were able to get to know people well. Staff and relatives we spoke with confirmed this.

The manager told us they would visit a family before they began working with them and would spend time talking to the parents and their children, “to get to know people sensitively.” We saw that the service used a matching process to fulfil requests from people and their families about the type of staff assigned to them. For example, the agency would provide staff who had the ability to acknowledge and respond to people’s cultural and linguistic needs if required. Staff confirmed the manager introduced them to the family before they began working with them and they would read the care plan.

The service had a policy of providing visits of a minimum of one hour. The manager explained this allowed staff to get to know the families they worked with and provide a

personalised service. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The manager and staff told us that staff worked with families for a long time to provide consistency and continuity of care. This meant that staff were able to form caring, working relationships with the people they worked with.

We saw that part of the staff induction process covered privacy and dignity and this was followed up in supervisions. The privacy and dignity policy gave a clear description of what being treated with privacy and dignity means and what not to do. Staff told us they respected people’s privacy and dignity and when giving support with personal care they “close the door and curtains” and “make sure no other person is there.”

The service had a consent policy which provided guidance to staff in relation to obtaining consent for providing and delivering care to people. Care records showed that the parents had signed consent forms on behalf of their children. One staff member told us that before carrying out any aspect of care they would “ask them if you can help them or ask the parents.” Another staff member said it was important to respect the person’s wishes because “every child has their own personal rights.” Relatives confirmed that staff requested verbal consent before carrying out care and respected the wishes of their family members.

Is the service responsive?

Our findings

People told us the service was responsive. One person told us the agency responded to requests or concerns within 24 hours. A relative told us they were able to “phone up Shared Care, they know what I need and what I require, I’ve never had a complaint.” Another relative told us on one occasion they had a query about the cover staff they were allocated when their regular staff was on leave from work and the manager had responded quickly in a satisfactory way.

We looked at the introductory pack which was given to families when they first started using the service. We saw this included a “service user” guide, a pictorial sheet about Shared Care Services, communication pages used when more than one staff worked with a person and the complaints policy with complaints form.

The service had a complaints policy which explained the definition of a complaint and the three stages involved in complaints handling. We looked at the complaints records and saw there had only been one complaint since the last inspection. We saw this complaint was logged and investigated by the manager and an outcome had been recorded with the date of conclusion. The record also showed that the person making the complaint was satisfied with how the complaint had been handled.

People’s needs were assessed and care was planned and delivered in line with their individual care plan. We saw evidence that care plans were reviewed every year and

updates had been added if there had been any changes in people’s care needs. The manager told us if a person’s needs changed the care plan would be reviewed as required.

We looked at four people’s care records. They included a personal details page, health professionals contact details, care needs assessment, health management plans and a detailed care plan. We saw the assessment included people’s communication abilities, mobility, behaviour, interests and activities, daily routine and cultural and religious requirements. The care plan contained information on family involvement, and people’s wishes, likes and dislikes.

Staff told us how they would deal with an emergency and explained they always notified the manager when dealing with an emergency. One staff member gave us a detailed example of how they had dealt with a recent example. The service had a system in place for responding to foreseeable emergencies. The manager and staff told us there was an on-call system which staff, relatives or people using the service could access if required. Relatives confirmed they were able to access the on-call system if needed by calling the office number which transferred to a manager’s mobile out of hours and they always got a response.

The service had an equality and diversity policy which gave guidance to staff in meeting the needs of people with protected characteristics. The manager told us how they recruit staff from many diverse backgrounds in order to meet the needs of people living in the areas they covered and we saw evidence of this from the staff records and people’s files. We also saw from training records that staff had received equality, diversity and human rights training

Is the service well-led?

Our findings

People told us they felt confident that the service was managed well and that the manager would address any concerns in a timely manner. The manager told us that they had an “open door policy” so that staff, people or their representatives could contact the agency anytime they had concerns or queries. One person told us the manager was “very approachable, we can phone him anytime, he never hides.” Relatives told us the manager “is quite accessible...and thoughtful” and “very approachable.” Staff told us the manager “is always available and very approachable”, and “will help you at any time.”

The manager told us they were a member of a leaders’ network in the borough and were able to receive support and suggestions from the other service managers in this group. The manager also told us they took part in training opportunities offered by the Redbridge and Waltham Forest learning collaborative.

The responsible individual as the provider of the service was also the registered manager. We asked the manager how they monitored their staff were providing a good quality service to people. The manager told us they phoned families every four to six weeks and carried out unannounced observations of staff at work. People confirmed this was the case. We saw the outcome of this monitoring was recorded on “Action Plans” in people’s care files. The manager recorded the outcome with any relevant action needed. Action identified during the monitoring system was followed up in staff supervision, training and appraisals. The manager signed and dated the action plans when the action was completed.

We reviewed a report from a local authority contract monitoring visit. In this report the visiting officer stated that

the system of the manager regularly calling families “is an excellent way of working” because this made sure the manager was able to keep aware of what was going on. The report also stated the standard of paperwork “is very high” and commented that the form used for staff supervision “was excellent.” The report showed that the local authority was satisfied that “Shared Care Service Limited is continuing to meet all of their contractual terms and conditions.”

The service had a system to obtain feedback from people using the service and their families about the quality of the service provided. We saw the feedback form covered different aspects of the service provided including punctuality of staff, respecting choice, responding to changing needs and consisted of fourteen questions. People ticked boxes to indicate how satisfied they were with each aspect.

The service had provided a pictorial version of the feedback form for people using the service to complete. This version gave a choice of three emotion faces for people to tick and consisted of a smiley face to indicate satisfaction, a sad face to indicate dissatisfaction and a face with no expression for the person to indicate they were neither satisfied nor dissatisfied. We noted that the majority of people using the service and their families had completed the most recent survey done in May 2014. This meant that the views received were a true reflection of the level of satisfaction. We saw from this survey, nobody indicated they were dissatisfied with the service and most people indicated the service was excellent. The manager told us that issues raised from the satisfaction survey are dealt with during supervision, training and appraisals. The manager also said that good practise highlighted is also shared with staff.