

Shaw Community Services Limited

Shaw Community Services Limited (DCA) - Herefordshire Branch

Inspection report

Leadon Bank
Orchard Lane
Ledbury
Herefordshire
HR8 1BY

Tel: 01531638138
Website: www.shaw.co.uk

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22 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection on 21 and 22 July 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

Shaw community services ltd is registered to provide personal care and supported living services. The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 48 people received support with personal care and supported living services.

There was a registered provider for this service. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 and their relatives said they were well supported by the staff and the management team. They told us staff were caring and treated them with dignity and respect. People told us there had been a lot of new staff members recently. They acknowledged that the registered manager was working on providing regular staff that knew them well. When identified as part of their care planning, people were supported to eat and drink well. Relatives told us they were involved as part of the team to support their family member. People and their relatives told us staff would access health professionals as soon as they were needed.

Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by staff who were trained and aware of the risks associated with them. Systems were under review to ensure people consistently received their medicines as prescribed.

Staff had up to date knowledge and training about how to support people. They ensured people gave their consent to the support they received. The management team took appropriate steps to ensure when people were supported with decisions these were done in their best interest. The management team were adaptable to changes in peoples' needs and communicated changes to staff effectively. They were improving the levels of permanent staff to ensure people were supported by staff they knew.

People and their relatives knew how to raise complaints and were confident action would be taken when needed. The management team had arrangements in place to ensure people were listened to and action taken if required. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

The management team monitored the quality of the service. The registered provider had systems in place to identify improvements and action them in a timely way.

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

People were supported by staff that managed their identified risks. Staff were aware of how to identify risks to people's safety. People were supported to have their medicines in a safe way. The registered manager was working towards ensuring people had regular staff that knew them well.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff received support and training they needed to provide effective care for people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from caring, knowledgeable staff who provided support in an inclusive way. Staff respected peoples' dignity and their right to make decisions for themselves. They encouraged people to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People and their families were involved in their care and support, which was regularly reviewed. People benefitted from care that was adaptable to their needs. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was inclusive for people using the service and staff. The management team had identified areas of improvement and were driving improvement to the quality of care provided.

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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 was an announced inspection which took place on 21 and 22 July 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided by the service. The Local Authority is responsible for monitoring the quality and funding for some people who use the service.

We spoke with people who lived at the supported living complex and those who lived in the community. We spoke with eight people and one relative. We spoke with six staff and the registered manager.

We looked at the care records for eight people including medicine records. We also looked at complaint files, minutes of meetings with staff and quality checks on aspects of the service which the registered manager and the provider completed.

Is the service safe?

Our findings

People explained they were supported by staff who always provided support in a safe way. One person said, "I may not know the member of staff but they always help me feel safe." People told us staff usually arrived promptly to support them with their needs, and stayed their full length of time. Relatives told us their family member received care that improved their safety and provided the support they needed. They said staff supported their family member's well-being.

People told us that staff arrived promptly, and stayed for their full time when supporting them with their needs. People we spoke with said they did not always have support from staff who knew them. Two people told us there had been more regular staff recently and they felt it was improving. All the people we spoke with said they received a rota to know which staff were visiting them, however seven people said that the rota was not always accurate and they were not always told when someone different was arriving. They told us they preferred to have regular staff who knew them well. One person said, "I find it really hard to have new faces, especially when I am having personal care." They went on to say they had discussed this with the registered manager and knew she was trying to improve the continuity of staff.

Staff we spoke with told us they had regular people to support as much as possible. One member of staff told us, "I know my [people] really well; I keep the same ones, unless I am covering for other staff." We spoke with the registered manager and she explained that there had been a higher staff turnover during the last three months. She went on to say she had taken steps to improve this, through updated recruitment campaigns and additional support for existing staff. Staff we spoke with told us that there were more staff available now, although some were still in the process of induction. They also said the registered manager regularly covered care calls for people and they felt this was a benefit to them because she had a good knowledge of people's needs. The registered manager also said she used agency staff when she needed to, and this ensured there were sufficient staff to meet the needs of people using the service.

The management team explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. All staff were encouraged to report concerns to the registered manager.

People told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with administering medicines, and supporting people to mobilise. One person said, "We discussed everything at the beginning, and worked through any concerns." Staff gave examples of how they managed risks to people while maintaining people's independence where possible. For example, one member of staff explained how they always encouraged one person to take their mobility aid when they walked about because it reduced the likelihood of falls for that person. Staff we spoke with said they always read people's care plans and looked at the daily notes so they were aware of what support the person needed and how they had been supported. One member of staff said, "I start a bit earlier so I can read the handover book to ensure I have all the up to date information. I always read the daily notes, and we

speak to each other to share updates." Staff had a good understanding of these identified risks, and how they reduced them; these were reflected with in people's risk assessments.

Staff we spoke with explained about the checks completed by the provider to ensure staff were suitable to support people before they started work at the service. They said they completed application forms and were interviewed to assess their abilities. The provider checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The registered manager used this information to ensure people using the service were not placed at risk through recruitment practices.

Some people said they needed support with their medicines. This was discussed with them and they were included in decisions about how they were supported. One person told us "They are very hot on the tablets; they make sure I have them." We saw people's plans guided staff in how to support people with their medicines.

Staff told us they had received training in administering medicines and their competency was assessed. They said they would not administer medicines until they felt confident. They told us senior staff completed competency checks on how they administered medicines and records in people's homes. When concerns were found staff said appropriate action was taken.

Prior to our inspection the registered manager had reported a number of issues with the administration of medicines. She had put systems in place to improve how medicines were administered. She had changed how medicines were supplied and the senior team were completing more regular checks to ensure people had their medicines as prescribed. People and staff said there had been an improvement and the registered manager was monitoring the new systems to ensure they were effective.

Is the service effective?

Our findings

People told us staff had the skill and knowledge needed to meet their needs. One person told us about staff, "They know what they are doing." Another person said, "They seem well trained, and know what they are doing." A relative said, "They all seem to know what they are about." One person told us they were aware new staff worked alongside other more experienced members of staff until they knew what was needed.

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they would not support people on their own until they were confident to do so. They told us they were regularly assessed to ensure they supported people appropriately. Staff said this was very supportive and enabled them to be confident about what they were doing. They also told us they were prepared and had received training in all areas of care delivery. They were encouraged to complete training to improve their skills on a regular basis.

Staff we spoke with said they felt well supported and had regular supervisions. One member of staff told us how there had been a specific training session designed to update a group of staff who regularly supported people with learning disabilities. This was provided by a nurse specialist and a social worker. The member of staff said they now felt they were better equipped to support people and they had shared best practice ideas. They also said the registered manager had attended and shared some really useful ideas, which had improved their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People said that staff always asked before they supported them. One person said, "They always ask, always." Another person told us, "They will come up and ask first every time." Staff we spoke with told us they were aware of a person's right to accept or refuse care. They had an understanding of the MCA, and had received relevant training. Staff we spoke with said they always ensured that people consented to their care. Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, where people lacked capacity to make a decision in any part of their care planning a best interest decision had been made that involved other professionals where needed.

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 MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice when they needed to.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their care needs. They told us they were offered choice and encouraged to maintain a healthy diet. For people living within the supported living there was a restaurant that supplied nutritious meals available during the day. People told us that the staff were aware of any specialist needs and would encourage them to make health choices. One member of staff explained that one person needed to be encouraged to eat slowly because they were at high risk of choking. This person said staff were always with them when they were eating and they felt much safer because of this. This was clearly documented in the person's care plan. Staff knew what level of support each person needed.

People told us they received support with their all aspects of their health care when they needed it. One person said, "They will call the doctor if I want them to, they will always help with anything." Another person said they had been supported to attend appointments if they needed it. One relative explained how their regular carer was always quick to let them know if there were any concerns, which was very reassuring for them. Staff had involved other health agencies as they were needed in response to the person's needs. For example, staff told us would call the district nurses if a person had sore skin. We saw each person had their health care needs documented, and staff could describe how they met those needs.

Is the service caring?

Our findings

People and relatives were very positive about the staff and the management team. One person said about the staff, "They couldn't look after me better." Another person told us, "All the staff are caring, but I prefer the familiar faces." Relatives we spoke with told us they were happy with the support their family members received. One relative said, "They spoil my [family member] they couldn't treat them better." We saw positive interactions between staff and the people they supported during our inspection at the supported living unit.

The management team regularly checked to see if the people receiving the service were happy with the support from staff. Staff told us they supported the same people as much as possible because it was so important that people knew the staff. The management team had a good understanding that people needed to build relationships with staff. The registered manager said she tried to match the right member of staff to each person to facilitate an effective relationship, where possible. During the last few months this had been difficult because they needed support from agency staff; however they had successfully recruited new staff and were in the process of inducting them.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They will do anything I want I just need to ask." Another person told us they did not know how they would manage without their support. They said, "They really take the time to reassure me, they are all really kind and patient." A further person told us "They help me to be more independent, we work together." Relatives said they were involved with their family members care planning and they felt listened to. All the people we spoke with told us they were encouraged to be as independent as possible and staff would listen to how they wanted to be supported.

One person explained how their regular staff always listened to them. They went onto say how their regular staff had built a relationship with them and they enjoyed their company. They also said how staff never rushed them and always chatted about interesting things whilst they supported them. They said there was always a lot of laughter and banter which they enjoyed. Four people we spoke with told us there had been a lot of new staff and the use of agency over the last four months. However they said that this was improving now and they had more regular staff. This was important to the people we spoke with because they said they were much happier to have regular staff.

People said staff always respected their dignity, for example, always knocking and waiting before entering the room. One person told us, "They always explain what they are going to do next which really helps me feel confident." Another person said, "They really understand my problems and listen to me. Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff said, "We always focus on people being individuals and work with them to support them." Another member of staff explained how they adapted how they supported people. They said that for one person they liked to be supported by staff wearing uniforms when they were out in the community; however another person preferred them not to. The member of staff said they were all aware of this and supported each person as they preferred.

People's needs, preferences and how much they could do for themselves was assessed as part of the planning for their care and support. One person told us how critical it was that staff arrived at set times. They went on to say how staff always arrived when they should this was really important to them. Staff were aware of people's ability, and were adaptable for people whose ability may fluctuate. Staff told us the management team communicated with all of them to ensure they knew about any changes with a person's care needs.

Is the service responsive?

Our findings

People we spoke with said they were involved in planning their care. One person told us, "I asked for extra help when I was unwell and it was all sorted quickly." Another person said, "The staff are brilliant in the main, for anything you want they are there." Relatives told us they had been asked for their information when planning their family members care. People we spoke with said staff understood their needs and provided the support they needed.

Staff knew about each person's needs, they said they knew people really well and from the beginning they were given all the information they needed to support people. They could describe what care people needed and we saw this was reflected in people's care plans. We looked at care records for eight people and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. Staff explained when they needed extra support for a person the registered manager would listen and arrange this. For example using practice discussions or training to improve staff knowledge. Staff told us people's care plans were updated quickly when there were changes in the support people needed, to ensure all staff were aware. They also said they were usually informed by the office staff if there were any changes, and they were recorded in a communication book that staff had easy access to.

People said they felt they were supported by staff who spent the right amount of time with them. One person said that sometimes staff needed to leave and support another person who had called the emergency bell. However they told us they did not mind that because they had needed emergency support and were happy that staff always came to support. They said, "Staff never leave you in the lurch, they are always there when you need them." Staff we spoke with told us they would spend time to support people with everything they needed. People told us they received support that was flexible to their needs. For example, one person told us how staff would come and find them, because they enjoyed different areas at the supported living complex, and would ask if they were ready for their help.

People told us they had regular reviews of the care they received. People felt able to say if anything around the support they received needed changing or could be improved. The registered manager had implemented the keyworker system where people were allocated to staff they regularly were supported by. Staff would then regularly review how people were supported with them. This system appeared to work for some people but not for others. The registered manager was reviewing the system to ensure people were allocated to regular staff, she also said new staff would be supported to achieve this role. The registered manager aim was that all people who used the service had a regular review of how they were supported by a member of staff who knew them well.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I would be happy to speak with the manager I know her well." Another person told us, "I know I can speak to staff or the manager, they try their best." The registered manager said she had spent time with people receiving support in the community and had a lot of positive feedback from people using the service.

There were clear arrangements in place for recording complaints and any actions taken. The registered manager explained how she investigated complaints and took action to put things right. Staff told us complaint learning was shared at team meetings to ensure lessons were learnt. We saw investigations were completed and there was on going monitoring to ensure improvements were made. The registered manager explained how important complaints were to acknowledge mistakes and inform continuous improvement.

Is the service well-led?

Our findings

People who used the service and their relatives told us they liked the management team and felt the service was well managed. They said someone was always available to speak with and take action straight away if it was required. One person said, "It's well managed." Another person told us, "The manager listens and always apologises, she does her best." Relatives told us the service was well managed.

We saw people were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. These were then analysed and action taken when needed. For example, it was highlighted on last year's questionnaires that people were not receiving their rotas early enough; the registered manager has ensured these are now sent first class. All the people we spoke with said they received their staff rotas in good time. From last year's questionnaires the rest of the responses were positive and showed people and their relatives were happy with the service they received over all.

We spoke with the registered manager about the culture of the service. They explained that their focus was inclusion of people; their family's and staff to ensure a quality service. People told us they felt listened to and involved with how their care was provided. The registered manager said they believed in developing staff and building strong team relationships. For example, one new member of staff explained how new office staff were attending training with care staff to ensure they understood the role of care staff. They also said the new office staff were shadowing with care staff to support with this knowledge. Staff we spoke with explained how relationships had improved and they felt involved and listened to.

People told us there had been a lot of new staff recently. Staff said that there had been more staff than usual leave the service over the last six months. We spoke with the registered manager and she explained the steps she had taken to improve the levels of staffing and ensure people always received their support when they needed it. For example, she had used agency staff when there were no permanent staff available to ensure there were no missed visits for people using the service. She had also reviewed with the provider how they recruited staff, by changing their advert and where they advertised. The registered manager said the new campaign had been successful. The registered manager also said she was working with the new care co-ordinator, who was responsible for scheduling the care visits to improve the continuity of staff visiting people. This was to ensure they always had staff they knew. Although two people said there were improvements, the registered manager had not fully achieved this at the time of our inspection.

The registered manager had identified there were concerns about missed medicines for some people. She had discussed with staff and then the person responsible for training updates. She had worked with the trainer to target the areas where errors had occurred to ensure staff were updated. She had also changed the supplier of medicines, and changed the system for administering medicines. Staff said they found the system easier to use. The registered manager said they were trialling the system and she would discuss with staff to review the effectiveness. She said there had been no errors since this system had been in place.

She was also reviewing how the medicine visits were allocated to ensure they were not missed. This system was still under review because on the day of our inspection one person we had spoken with had not had

their medicine visit allocated to a member of staff and the medicines were nearly missed. The registered manager had also discussed with the senior team and they were completing more robust checks on competencies and records. However we found that this system was still bedding in because we found four records had missed signatures that had not been checked by the senior team. The medicines had all been administered; however checks were not completed to investigate the potential error.

The registered manager told us they were continually reviewing how they developed the service with the registered provider. For example, they had identified staff needed to feel appreciated and rewarded for their work. They explained how they had involved people who used the service in nominating staff for their national award system. One person we spoke with said this was a lovely idea, and they were happy to nominate some of the staff that supported them.

Staff said they were supported by the management team. They told us they could report concerns and they would be resolved quickly. One member of staff said, "The registered manager is amazing, she always listens and helps us work things out, they always have an open door." One example given by a member of staff, was the specialist training the registered manager had provided to support staff with one person using the service. They told us it was really useful and had helped improve their practice. Staff told us they had regular team meetings they could attend, where they shared information and ideas. This included discussing concerns about the people they supported and how they would resolve them. For example, if someone needed extra time they would look at ways to take action. Staff told us how any compliments were always passed on, and how this made them feel valued and appreciated.

Staff told us accidents and incidents were always reported. We saw the registered manager investigated the accidents to ensure any actions needed were made in a timely way. For example, we saw one incident that the registered manager had investigated and taken immediate action to resolve. The registered manager explained that they worked with the registered provider who had an overview of all aspects of care delivery.