

Share The Care Ltd

Share the Care Limited Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 20 June 2017, and was an announced inspection.

Share the Care Limited is a small domiciliary care agency which provides personal care and support for people living in their own homes. The agency provides care for people in Queenborough area of Isle of Sheppey. This includes older people, people with a learning disability, mental health, complex needs and people with a physical disability. At the time of the inspection, the service was providing personal care to 18 people.

There were two registered managers at the service. The registered managers were also the providers. 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 and associated Regulations about how the service is run.

The registered managers had no quality assurance systems in place to monitor and improve the quality of the service provided. We did not see any audits being undertaken. However, the registered managers were in touch with both staff and people who used the service daily.

The registered managers carried out risk assessments when they visited people for the first time. However, the risk assessments failed to identify people's specific health and care needs, their mental health needs and medicines management. Risk assessment did not follow stipulated guidelines. We have made a recommendation about this.

Robust recruitment procedures had not been followed to make sure that only suitable staff were employed. There were gaps in documentations as some files had no MOT or car insurance and no education histories with dates for staff. We have made a recommendation about this.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the registered managers to any identified health needs so that their doctor or

nurse could be informed.

People said that they knew they could contact the registered managers at any time, and they felt confident about raising any concerns or other issues. The registered managers carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the registered managers.

People said that they knew they could contact the registered managers at any time, and they felt confident about raising any concerns or other issues.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

During this inspection, we found a breach of regulations relating to fundamental standards of care. You can see what action we told the providers/registered managers to take at the back of the full version of this 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 agency carried out individual risk assessments to protect people from harm or injury. However, these did not follow health and safety guidelines and not robust enough.

Recruitment procedures were not effectively established.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

Is the service effective?

Good 

The service was effective.

Staff received on-going training in areas identified by the registered managers as key areas.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and have been trained on Mental Capacity Act (2005).

Is the service caring?

Good 

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff adhered to visiting times.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered managers had not maintained a quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Records were not always clear and robust.

Staff meetings had been taken place since the agency started operating in March 2016.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Share the Care Limited Office

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 20 June 2017 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector and an expert by experience who contacted people, families and staff for their views. The expert by experience had personal experience of using similar services, working with older people who use regulated services.

Prior to the inspection we reviewed other information we held about the service, we looked at the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We visited the agency's office in Queenborough area of Kent. We spoke with the providers who are also the registered managers. We also spoke with two care workers. Our expert by experience spoke with three people who used the service and six relatives. We also requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

During the inspection visit, we reviewed a variety of documents. These included five people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as audits, satisfaction surveys and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which included the training record and staff rota. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People we spoke with told us they feel safe with the care workers who visited them. Everyone told us they had confidence in the staff and felt they were able to carry out their role safely.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. The training plan sent to us confirmed that all staff had completed safeguarding training in 2016 and 2017 respectively. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. One member of staff said, "I will report any suspicion of abuse to my manager immediately". Staff spoken with understood what whistle blowing is about. They were confident about raising any concerns with the registered managers or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

Before any care package commenced, the registered managers carried out risk assessments of the environment, and for the care and health needs of the person concerned. However, the environmental risk assessments named 'internal risk assessment' were not thorough. They did not follow health and safety guidelines for the implementation of a robust risk assessment, which are to identify the hazards, decide who might be harmed and how, evaluate the risks and decide on precautions, record your findings and implement them and review your risk assessment and update if necessary. We found for example that the risk assessment in place only tabulated the areas such as lighting, ventilation, flooring and obstacles amongst others. The risk assessments failed to identify the hazards. Instead of the identification of hazards, 'normal' was written. People's individual risk assessments also did not follow 'The Health and Safety Executive's Five steps to risk assessment'. The risk assessment we saw only stated 'Yes or No' to tell us if the person was supervised. The risk assessments in use also failed to identify people's specific health and care needs, their mental health needs and medicines management. The provider's risk assessment policy clearly stated 'It is our policy to carry out suitable and sufficient risk assessments of our activities'. This meant that the providers/registered managers had not followed their own policy on risk assessments, which could put people at risk.

We recommend that the registered managers seek advice on the implementation of suitable and sufficient risk assessments for all of their activities based on the health and safety guidelines.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered managers viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. At the time of our inspection, there were no incidents.

People were not protected by robust recruitment procedure. Staff recruitment files evidenced that the

registered managers had not fully followed their recruitment and selection policy. We looked at three staff files. All the three staff files did not contain education history and all gaps were not explained. We were unable to determine when staff left education and started working. One staff file showed that the registered managers had not gained two references before the staff started working. The registered manager failed to ensure a risk assessment was in place in order to mitigate any likelihood of associated risks that may occur as a result of lack of a second reference. We spoke with the registered manager about this and they explained that it had been difficult for them to secure a second reference for this person. Staff recruitment records evidenced that the three staff files did not contain evidence of induction. We found no records of staff car insurance and MOT in care staff files who drives. Robust recruitment procedures had not been followed to make sure that only suitable staff were employed.

We recommend that the registered managers seek advice on the implementation of schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staffing levels were provided in line with the support hours agreed with the care manager and the person receiving the service. The registered managers said that staffing levels were determined by the assessed needs when initial assessment took place and also whenever a review took place. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. One of the registered managers told us that they carried out visits to people whenever required to ensure their staffing needs were met.

The registered managers had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographic identification of recruited staff was not available in two staff files.

Medicines were managed safely if people required support with this. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current guidance. Care staff were trained to assist people with their medicines where this was needed. Staff also recorded in the care plan when they had prompted someone to take their medicines. Care staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the registered manager would contact the GP or appropriate healthcare professional.

Is the service effective?

Our findings

People receiving services provided by Share the Care Limited and acknowledged they were able to make choices and decisions. All felt comfortable voicing their agreement to the care received. They all felt the care provided met their expectations and that staff understood their needs.

Staff had appropriate training and experience to support people with their individual needs. One of the registered managers told us that they carried out induction and training, which included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and Mental Capacity Act 2005. Staff were given other relevant training, such as health and safety and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were not supported through individual one to one supervision meetings. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor regularly. It was acknowledged by the registered manager and staff that supervisions had not happened as stated in their policy. The provider's policy clearly stated, 'Every employee will be invited to a supervision session with their line manager or supervisor at least four times each year'. However, this had not been implemented. This showed that the registered managers had not complied with their own procedure regarding staff supervision.

Spot checks of care staff were carried out by the registered managers in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time, people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. Staff told us that the registered managers would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Yearly appraisals were carried out and reviewed. Tasks to be carried out were identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was an on-going action and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had received training on the application and awareness of the Mental Capacity Act 2005. This enabled staff to understand issues around MCA and consent issues more. People's care plans contained a section about consent, which they agreed with. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise

their ability to make decisions or participate in decision making.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. Staff were aware of people's nutrition, hydration and special diet needs.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered managers, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns.

Is the service caring?

Our findings

Comments we received from people included, "Lovely people", "Very happy with them.", "They [staff] know their job. They hit it off straight away. Very nice staff. Not a bad word to say about them [staff], "We understand each other and get on well", "They have been very good up to now", "Brilliant, very nice staff and very caring" and "Very pleasant and lovely people".

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to transfer from bed to chair. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. People confirmed to us that they were able to make choices and decisions about their care and support.

People were informed of agency processes during the assessment visit. One person said, "They gave me information before starting. Had an assessment first which was sorted out with me in the beginning". The registered managers provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern.

The agency had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People told us that they were getting the help and support they needed and were happy with the carers. Everyone and their relatives said they felt comfortable contacting Share the Care Limited if they had to raise concerns.

A healthcare professional commented, 'The referral was quick in responding and offering a service'.

The registered managers told us that they carried out people's needs and risk assessments before the care began. They told us that they discussed the length of the visits that people required, and this was recorded in their care plans. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. These were reviewed as at when necessary for example if people's needs changed. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered managers matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The agency recently sent out questionnaires to people and staff. Feedbacks from these were received in June 2016, which supported what people told us. People had been asked to confirm their views about the service by answering questions. One person commented as follows, 'They have always been very caring and compassionate and throughout the care, I am always left with my dignity. The staff always happy in their work and always put a smile on my face. I would strongly recommend the agency to anyone'. This showed that people spoke positively about the services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff. Staff were aware of the complaints procedure.

The registered managers dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered managers visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

Is the service well-led?

Our findings

People we spoke told us they felt the service was organised very well. There was a good level of communication and carers were well trained, very reliable and punctual. Other comments we heard were, "Well organised", "Communication and reliability impressive. I would recommend them.", "Really professional service. Excellent carers. Good and trained people run the agency" and "Cannot fault them at all. I will give them a 5-star Certificate".

Our discussions with people, the registered managers and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

The management team were the two registered managers. The registered managers were familiar with their responsibilities and conditions of registration. The registered managers started the agency after working in the healthcare sector for a number of years. . The providers/registered managers have many years of experience working within Health and Social care sectors. It was clear that the registered managers showed a passion to ensure that people were looked after to the best of their ability. The registered managers were also sometimes involved in the direct delivery of care, which meant that they were in contact with people who used the service regularly.

Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. A members of staff said, "I believe they [managers] are very good. They explain if we do not understand something and also show us. Yes, very approachable".

Communication within the agency via staff meetings did not take place. There had been no staff meetings since the agency registered with CQC in March 2016. This would have provided a forum where staff shared information and reviewed events across the agency. This meant that the registered managers had not enabled a consistent system of communication that provided for staff voices to be heard.

We recommend that the agency seek advice and guidance from a reputable source, about promoting communication with staff.

Records were not always clear and robust. It was not always clear from the records if an initial assessment was carried out prior to service starting. All the five care records we looked at did not have the initial assessment carried out which informed the development of the care plan. We spoke with the registered managers about this. They told us that they presently do not have a comprehensive initial assessment form. They only write on papers which are destroyed after putting together the care plan. Details were not in place in care plans for the task the care staff should carry out whilst they were supporting people. We found that dates were missing in recruitment files such as education records with dates and no records of staff induction in some staff files.

Audit systems were not in place to monitor the quality of care and support. Although we found a record

named 'Care audit' and action plan in place dated 01/06/17. This looked at only the risk assessment and failed to identify the concerns we found above about risk assessments. There were no audits of calls times carried out to ensure that people were getting the care and support they were assessed for. There were no comparisons of planned and actual delivered hours of care had been made. Visit log books had never been audited in line with call times. Staff files were not being audited. Auditing of this would have identified the issues we found in 'Safe' domain above with recruitment. We spoke with the registered manager about this and they told us that this was being implemented. Checks were not being carried out to ensure that medicines were administered appropriately, and that care staff signed medicines administration records for any item they assisted people to take. This meant that there had not been a robust monitoring system in place since the coordinator left.

The providers/registered managers failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There were a range of policies and procedures governing how the service needed to be run. The registered managers followed these in reporting incidents and events internally and to outside agencies. The registered managers kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Staff knew they were accountable to the registered managers. They said they would report any concerns to them. The registered managers had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported. The registered managers had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered managers has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided.</p> <p>This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014</p>