

Shaw Care SW Limited

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## Inspection report

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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

### About the service

Shaw Care SW Limited is a domiciliary care agency providing the regulated activity of personal care. The service provides support to people requiring assistance in their own homes. At the time of the inspection there were two people living with autism and learning disabilities receiving the service on a one to one, 24 hour basis.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right support

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and to achieve their aspirations and goals. Each person was supported to access and attend a range of social activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence. People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with a designated member of staff who was their keyworker.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation

to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service maintained daily records of how people's support needs were met and this included information about medical appointments with GP's and Dentists for example. There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

The provider had quality monitoring systems in place which were used to bring about improvements to the service. Staff received appropriate supervision and training in their roles and were able to feedback about the service.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

Rating at last inspection This service was registered with us on 23 July 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Shaw Care SW Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 August 2022. We visited the location's office on that date.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

A provider information return (PIR) is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 18 July 2022 to help plan the inspection and inform our judgements

We used all this information to plan our inspection.

During the inspection

We were unable to speak with people who used the service due to them being non-verbal. We spoke with one relative of the people about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff.

We reviewed a range of records. This included two people's care plans and medicines records. We looked at recruitment checks and training records of four staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training on safeguarding people from abuse. Staff we spoke with knew how to report incidents and relatives told us they felt people were safe. A member of staff said "I would report it straightaway without hesitation and document it and stop it at the time if I was able. If I could not go to management, I would tell CQC."
- There had been no safeguarding concerns since the service started supporting people.

Assessing risk, safety monitoring and management

- There were risk assessments in place to provide guidance for staff about how to keep people safe. Staff knew how to raise any concerns around changes of people's needs and told us they had sufficient time to read risk assessment guidance. Staff said; "I did have the time to read them [risk assessments and I have read them all and we also always have a verbal handover."
- Environmental risks were assessed, with measures put in place to remove or reduce the risks. We saw there were regular tests of fire equipment and evacuation drills to ensure they were fit for purpose.
- People had personal emergency evacuation plans (PEEPS) in place to ensure that any emergency evacuation and related communication was person centred to people's needs.

Staffing and recruitment

- There was a robust employment procedure for staff. Staff recruitment files showed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. The recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.
- Staffing levels had been assessed and rostered to meet people's person-centred needs. Staff said "There are enough staff but sometimes we are short-staffed, I do not feel it impacts on [People] because we use our own staff to cover" and "Yes, I think there is enough staff generally and to cover and I have never known it where they had to struggle for staff there."

Using medicines safely

- People's medicines were managed and stored safely in locked cabinets. Medicines records (MAR) were complete and topical medicine MAR had related body maps to ensure prescribed creams were applied appropriately.
- PRN (as required) medicine protocols were in place to ensure that staff had appropriate guidance when administering PRN medicines.

- Regular stock checks were carried out on people's medicines to ensure they were in continuous supply.

#### Preventing and controlling infection

- The service had appropriate policies and procedures in place to manage and reduce the spread of infection including a policy and risk assessment around COVID19.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing COVID-19 testing for staff.

#### Learning lessons when things go wrong

- The service had not experienced any incidents or accidents. We were assured by the registered manager that there were systems in place in the event of any such occurrence. We were told that learning would be undertaken to prevent recurrence and any risk assessments updated to reflect this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 were able to make most day to day decisions about their care and support, as long as they were given the right information, in the right format at the right time. People's relatives who held legal power of attorney were involved in supporting people make more complicated decisions.
- There were limited restrictions placed on people. Where there were restrictions, people's capacity had been considered and mental capacity assessments had been completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them being supported by the service. These assessments ensured that people were supported to live the life they choose, with the same choices and rights as other people.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and an effective induction into their role. The induction programme included a period of shadowing a more experienced member of staff. Staff who were new to care, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. The provider's essential training included areas such as medicines training, safeguarding, fire safety and first aid. Staff also had access to some other training focused on the specific needs of people using the service, such as epilepsy autism and learning disabilities. A staff member said "We are up to date in training, we do a lot of online stuff but any specialised training we do practically, like we did specific meds training for [Medical condition] that one of our [People] was having and we got that into place."
- Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. Staff members received a supervision every three to four months in line with the provider's policy. A staff member said "We get supervision about every two to three months."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans set out each person's likes, dislikes and dietary needs.
- Staff were aware of people's guidelines where they required specific foods and drink to enable a healthy diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs as described in their care plan.
- Relatives told us people's healthcare needs were supported. One relative said Yes they do [Support healthcare needs] and they let me know, yes probably getting dentist, optician involvement."
- Records demonstrated people were supported to see a range of professionals as required including; district nurses, chiropodists, GP, dentists and opticians.
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity;

Supporting people to express their views and be involved in making decisions about their care

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.
- People had family contact and staff told us how this was arranged. This included some people going for regular visits to the family home. Relatives were updated by regular telephone calls and e-mail. This meant people were supported to develop and maintain relationships important to them.
- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- People's independence was promoted through a set of goals towards independence which they were supported to achieve.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.
- People were enabled to attend staff meetings to be included in how the service was run and make informed choices about the way they lived their lives. Relatives also supported people to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care was personalised, well-planned and regularly reviewed with them. People's individual wishes, goals and preferences were included in their care plans. People's care plans included information on things important to them, their identity and lifestyle.
- Where people had preferences in their care plans such as enjoying 'takeaways' there was no detail to indicate what type of food, any preferred restaurant etc. Although staff working with people knew these details well, the information should be stated within the care plan for guiding any new staff. We spoke to the registered manager about including more detailed information in people's care plans to ensure staff have full guidance around people's preferences.
- At the time of the inspection no one was receiving end of life care or expected to be receiving this care in the imminent future.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were addressed in their care plans. Staff knew how to communicate with people and used the methods preferred by people for example by using real world objects or pictures. For example, staff could ask people to choose options for a takeaway by using pictures. People also used gestures to let staff know how they were feeling. A staff member said "[Person's name] will tug at [Their] t-shirt and come and get you if [They] want to go out and will go and get [Their] cup if [They] want a drink."
- Staff were aware of any specific needs of people, for example when people needed reminders, single words and small sentences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to visit their families and spend time with them.
- Care plans recorded information about people's interests, hobbies and what they enjoyed doing with their time.
- People were supported to access activities within and outside of their home. People could go out for the day with support or choose to an activity of their choice with support.

- People were supported to maintain relationships that were important to them. Relatives commented that people were supported to see them as well as their extended family.
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. Staff said "It is all about integration and inclusion and actively supporting people like we go horse riding, swimming and I took [Person's name] recently to Bristol museum and it is just a different environment to stimulate [Person's name].

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure for people, families and friends to use and compliments could also be recorded. At the time of the inspection no complaints had been made.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture within the service. Staff spoke positively and passionately about their work and the people they supported. Staff said "We try and promote respect and independence in everything [People] do and that they are fully involved in."
- Relatives and people were involved in decisions about care and asked for feedback about their care; this tended to happen regularly but was not always recorded by staff. The registered manager told us they would ensure that they would formalise a process for recording informal feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Due to the small size of service provision there was a basic quality assurance system in place. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. This included a series of spot checks observing care and support.
- The provider had a duty candour policy in place but had not had reason to use it. The registered manager was aware of how they should respond if there was a relevant incident. Staff knew they had to report concerns to the manager and were confident that these would be acted upon. One said, "[Registered manager's name] is approachable, I believe yes she would listen and would be able to resolve any issues."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views. One staff member said "It is pretty good. They listen and they are open to ideas and stuff like that."
- There were annual surveys for people and their relatives for feedback. The surveys were a tick box form; we were told the registered manager intended to improve the surveys so that they were more user friendly for people and to enable detailed feedback.

Working in partnership with others; Continuous learning and improving care

- The registered manager used a range of internal and external sources to keep themselves up to date with current knowledge and practice.
- Staff communicated with a range of professionals to ensure that people's needs were considered and

understood so that they could access the support they needed.

- There was a programme of staff training to ensure staff were skilled and competent, staff were also encouraged to complete additional qualifications such as NVQs.