

Shores Homecare Limited

# Shores Homecare Limited

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Shores Home Care Limited is a domiciliary care service registered to provide personal care to people living in their own homes. The service supports adults, older people and people who may be living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 19 people were receiving a regulated activity.

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

Checks in place to monitor the quality of care provided were not always effective. They had not identified the shortfalls identified at inspection. The provider's policies did not always contain up to date information and staff recruitment was not consistently robust. We made a recommendation regarding recruitment.

Measures were not in place to safeguard people's finances. The nominated individual started implementing a system during the inspection. Accidents and incidents records were not always fully completed and there was no monitoring to identify trends. People received their medication as prescribed. However, there was a lack of information in people's care plans regarding the support they needed with medication administration.

People's end of life wishes had not always been explored. People's care plans did not contain person centred information. Care plans had not been reviewed to ensure they contained accurate, up to date information. The nominated individual told us they would carry out a full review of all care plans. We made a recommendation regarding person centred care planning.

People were happy with the care they received. People and staff gave positive feedback about the registered manager. There were sufficient staff employed to meet people's needs. People told us there was a consistent staff team who treated them with respect. We received positive feedback about the staff and their caring nature. People's privacy and dignity was maintained. Staff felt well supported. They received induction, training and ongoing supervision.

People told us they felt safe. Infection control procedures were in place to reduce the risk of spread of infection.

People's needs were assessed prior to them receiving a service. They were supported to access health care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 20 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in the governance of the service. Please see the action we have told the provider to take at the end of this report

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Shores Homecare 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 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 16 December 2019 and ended on 17 December 2019. We visited the office location on 16 and 17 December 2019.

#### 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager and three support workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the nominated individual to validate evidence found. We spoke with one person who used the service and one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment was not always robust. For example, one person had commenced shadowing in a person's home without completion of their police check. The nominated individual told us this person did not work independently, however there was no records to evidence this. Two staff had not received sufficient references to ensure they were of suitable character prior to starting their employment.
- The provider's recruitment policy was not robust and although it had been recently reviewed it did not contain accurate information.

We recommend the provider seeks advice and guidance from a reputable source, about the implementation of a robust recruitment procedure.

- We discussed our concerns with the nominated individual, who assured us going forward all appropriate checks would be carried out and the recruitment policy would be updated.
- There were enough staff available to meet people's needs as staff were flexible to cover the shifts required. People told us staff turned up on time.

### Learning lessons when things go wrong; Assessing risk, safety monitoring and management,

- Accidents and incidents were not monitored for lessons learnt.
- Incident records were not always fully completed. For example, they did not contain detail of any action taken and did not always contain the date of the incident.
- Environmental risk assessments had been carried out to ensure the property was safe for people and staff.

### Systems and processes to safeguard people from the risk of abuse

- The systems in place to safeguard people's finances were not always robust. Records and checks were not always clear in relation to financial transactions. The nominated individual immediately started to address this.
- People told us, "Yes, I feel safe. The staff make sure I'm safe. They always remind me to lock up and tell me never to answer the door to anyone I don't know. "
- Staff had received safeguarding training and understood their responsibility regarding reporting any concerns.

### Using medicines safely

- People received their medication as prescribed.

- Medication care plans lacked detail to guide staff on how people received their medication.
- Medication competency assessments were not carried out to ensure staff were competent to administer medication.
- The nominated individual assured us she would implement competency assessments and all peoples medication care plans would be reviewed.

#### Preventing and controlling infection

- Staff wore personal protective equipment, such as gloves and aprons to help reduce the risk of spreading infections.
- People were supported with household tasks to help keep their homes clean.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction, shadowing and ongoing training.
- Staff received supervisions and felt adequately supported. One care worker told us, "We have supervisions every six months, if we need anything in between we can just come in to the office or ring the registered manager. I feel supported".

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

- If people needed support they were supported with their fluid and diet intake. People confirmed staff supported them to make choices regarding their nutrition.
- Staff completed records to monitor that people had sufficient food and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Assessments were carried out prior to people starting to receive support. People and their relatives confirmed they were involved in the assessments.
- Where people required support with their health care, this was provided.
- People were supported to attend appointments. Staff recorded any information or advice given at people's health appointments.

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 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People had signed to say they consented to their care plans. Where people's relatives had signed consent on the person's behalf, it was not always recorded if they had lasting power of attorney. We discussed this with the nominated individual who took action to address this.
- Staff gained people's consent before providing them with support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care they received, and they confirmed staff treated them with respect.
- Staff were considerate, kind and caring in their approach. People gave positive feedback about the staff that support them. Comments included, "Yes staff are caring, they are kind and considerate". And "They [staff] are lovely people, very kind and dedicated".
- People were given the opportunity to express any diverse needs so these could be respected.
- People had consistent staff who they had developed positive relationships with. A relative told us, "They know my relative well, and they have formed relationships with us as the family."

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

- People were supported to make decisions. One person said, "Yes, I make my own decisions, and they respect what I say, if I don't want to do something or go somewhere they say that is fine."
- People and their relatives felt encouraged to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. People told us how staff supported them to make them comfortable with tasks such as personal care. For example, ensuring doors and curtains were closed and asking permission before supporting them.
- People's their independence was encouraged. One person told us, "Yes they encourage my independence, I do lots for myself, but they help me when I need it. They do anything I ask straightaway."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not always contain person centred information. For example, they did not always include people's likes and dislikes or their preferences of how they wanted to receive their support.
- There was a lack of information in care plans to guide staff on how to support people.
- Care plans went long periods of time without reviews so did not always contain accurate information.
- The nominated individual agreed further information was needed in people's care plans and assured us a full review would be carried out.
- Staff knew people's preferences and needs. People were happy with the care they received.

We commended the provider seek advice and guidance from a reputable source about person centred care planning.

End of life care and support

- People's end of life wishes had not always been explored. We discussed this with the nominated individual who assured us people would be offered the opportunity to discuss their wishes.
- Staff had received training to support people at the end of life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required, the nominated individual accessed information. For example, care plans in different formats such as large print.
- Care plans detailed people's individual communication needs. For example, any visual problems or hearing loss.

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

- Where it was part of their care package, people were supported to access social events and activities.
- The main agency office was located within The Shores Centre. The centre had a café on the premises and rooms where groups could be held such as the Parkinson's group. People who used the service were supported to access the centre and to attend the appropriate social groups.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. People were given information on how to complain and they would feel confident to complain if needed. One person told us, "Yes I have had a copy of the complaints procedure, and I could ring the registered manager anytime."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The checks in place had failed to identify shortfalls in governance arrangements. For example, the lack of monitoring of accident and incidents, recruitment checks had not been robust and lack of safeguards for people's finances. Checks also failed to identify staff were not receiving medication competency and 'spot checks'.
- Records were not kept up to date. For example, people's care plans were not regularly reviewed, kept up to date and some did not contain accurate information.
- People's care files were unorganised, and records were not secured in files.
- Policies and procedures had not been reviewed effectively; some policies contained out of date information.
- Surveys had been carried out with people who used the service. However, there was no evidence to show feedback had been fully explored and used to improve care.

The lack of up to date records, ineffective checks and inaccurate policies is a breach of Regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

- The nominated individual was open and honest during the inspection and was accepting of any feedback given. Following the inspection, they sent an action plan of how they were going to address the areas identified.
- People and staff gave positive feedback regarding the registered manager. Comments included, "The registered manager is wonderful" and "The registered manager is approachable, I can ring them at any time."

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

- People were happy with the care they received.
- The nominated individual showed a passion for supporting the staff to develop in their roles and careers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us the registered manager checked with them if they were happy with the service.

- The office had full disabled access so people were able to access it if they wished to do so.
- The registered manager attended local authority provider forums to develop relationships and discuss best practice.

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

- The registered manager and nominated individual were aware of their responsibility to be open and honest.
- The registered manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems including audits and checks had failed to effectively monitor and improve the quality and safety of the service.