

Shy Lowen Care 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shy Lowen Care Limited is a supported living service. They provide personal care and support to people with learning disabilities and/or autism who live in their own home in order to promote their independence. The support that people receive is often continuous and tailored to their individual needs. Two people living in one separate supported living setting received the regulated activity of 'personal care' from Shy Lowen Care at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, where staff had assessed people's capacity and decisions had been made in their best interests, these had not always been documented. We have made a recommendation regarding this.

People and their relatives were positive about the caring nature and approach of staff. Relatives told us their family members were supported by staff who were kind and compassionate. They told us people were safe with the staff who supported them and were confident that any concerns would be dealt with promptly. Appropriate numbers of staff supported people to deliver the care and support people required.

Staff told us they had received appropriate training which supported them to carry out their role. Staff told us they could seek advice from the registered manager. The registered manager and staff were passionate about the care they delivered and were driven to improve the service. They communicated and engaged with others, such as family members, to improve the lives for people. Quality assurance systems had been introduced to identify and address shortfalls in the service.

The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on. The risk posed to people had been assessed and suitable action had been taken to minimise the risk posed to people using the service.

The registered manager monitored the delivery of care through staff observations and feedback from people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 15 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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.

Shy Lowen Care 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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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

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 worked 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 one relative about their experience of the care provided to their family member. We spoke with two members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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 analysed additional information provided by the registered manager.

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 remained the same. This meant people were safe and protected from avoidable harm .

Systems and processes to safeguard people from the risk of abuse

- One relative said "Yes I feel people are safe. They have regular staff who know them well. I don't have any concerns about safety."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. There were clear guidelines for staff on how to support people with managing their money and minimising the risk of financial abuse.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. Staff ensured they supported people who were at risk of malnutrition in line with the recommendations made by the health professionals involved in their care.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. During our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. Relatives confirmed this. One relative said, "The staff team is small, and they know the needs of the people they support really well."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. The registered manager told us they had identified the need for further staff training and this had been arranged.
- At the time of our inspection, nobody living at Shy Lowen Care had any prescribed medicines. However, the provider's policies provided clear guidance on how people would be supported if they required any medicines.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely prepare people food when required and understand the procedures in place for minimising the risk of infections. Staff told us they had access to protective equipment such gloves and aprons when they were supporting people with their care.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.
- The service had a process of learning from accidents and incidents. The registered manager told us that when an accident or incident occurred, staff would receive a full debriefing and be given time to reflect on the incident during supervision to enable learning. Staff meetings and supervisions would also be used to explore learning from any incidents and accidents.

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 we found some improvement was needed, and this key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff were knowledgeable about the principles of the MCA and understood the need to ask people for consent and how to respect people's choices.
- At the time of the inspection, nobody living at Shy Lowen Care was subject to a DoLS.
- Where people did not have the mental capacity to make decisions, they were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. When staff had assessed that people lacked the mental capacity to make specific decisions they had involved relatives and professionals in making decisions on behalf of people. However, the assessment and decision-making process described by staff had not always been documented in line with current guidance. This meant there was no record of how these assessments and decisions had been made .

We recommend the provider consider current guidance around recoding mental capacity assessments and associated best interest decisions.

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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. People and their relatives told us they were involved in the assessment process and had a copy. Care staff confirmed this was done as they could access the assessment once they were

supporting people in their homes.

- The registered manager used spot checks to monitor that people's care was provided in line with their care plans. As the registered manager also worked shifts, they would spend time during these shifts to review people's records to ensure these were being completed accurately.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training included emergency first aid, safeguarding, equality and diversity, fire safety, infection control and MCA. Relatives told us staff knew people well and were able to respond to their individual needs.
- Staff had received an induction when they first started working at the service. This included the completion of mandatory training. The staff we spoke with told us they had received a good induction which had prepared them well for their role and to meet people's needs.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

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

- People were supported to meet their ongoing healthcare needs. Staff did this by arranging appointments and attending them with people.
- Care records we looked at evidenced that people had been referred to healthcare professionals such as, Speech and Language Therapist (SLT) and GP's. One person was referred to SLT in relation to their speech to enable better communication. We saw that advice given by healthcare professionals was acted upon and included in people's care records.
- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff had spent time with people to identify their strengths and enable people to be involved in making choices about their meals and preparing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. Where people were at risk of choking, staff were aware of the risks posed to people and were able to explain to us how they would support people to minimise these risks.

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 the rating 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

- Relatives told us staff were kind and caring towards their family member. One relative said , "The staff are very caring. They treat them like their own family."
- People's needs in respect of their religious beliefs were recorded, known and understood. For example, people were supported to attend church if they indicated a preference to do so.
- It was evident from speaking with relatives that staff recognised the diverse needs of people and treated everyone as equals. Relatives told us people were free to practice their religion if they wanted to. One relative said, "They have full choice over whether they want to attend church or not."
- The service had an Equality and Diversity policy in place to ensure all staff were treated equally.

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

- Relatives told us the service involved them and their family member in developing and reviewing care plans and their views were respected.
- During our conversations with staff, it was evident that staff knew people's communication needs well and were able to engage effectively with them.
- People's records documented how staff took their choices and preferences into consideration. This included asking people about their lunch preferences and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. Personal care was delivered in private. Information held about or generated about people, in paper or electronic format, was kept secure. Consent was sought from people or their representatives for confidential information to be shared with appropriate persons, for example, involved health and adult social care professionals.
- Staff told us it was important to support people to maintain their self-esteem and self-worth. They told us they did this by, ensuring people were included, their views listened to without judgement and by understanding and meeting people's personal choices and preferences (where safe to do so).
- Support plans were clear about what people could do for themselves. Where people could manage aspects of their personal care independently this was clear in their care plans. People were encouraged to participate in household chores such as cleaning their room. The staff we spoke demonstrated a clear understanding around what people could do independently and how they would promote this. People could have a key to lock their room if they wished. Staff respected people's personal space and knocked on bedroom doors before entering.

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 remained 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

- People received personalised care from staff who knew them well. The staff we spoke with were able to describe people's likes and dislikes and were able to support people in line with their individual preferences. Relatives told us staff were reliable and flexible. They told us the people were supported by a small and regular staff team. This enabled staff to get to know people and their needs well.
- An assessment of people's needs was carried out before a service was provided. The registered manager told us people's needs were monitored by staff and the registered manager.
- Staff confirmed they were informed about people's care needs and support requirements and worked in partnership with people's families.
- Copies of people's care plans were held securely in the provider's office and in people's own home so that staff always had access to people's care records.

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.

- People's communication needs were assessed and recorded. Where people were unable to communicate verbally, the service had used easy read widgets to enable them to express their views and wishes. The registered manager told us people were given information about the service in a format that met their needs.
- Relatives confirmed staff took their time to communicate with their family member and gave them time to respond to their questions.

Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or make a complaint. Information of the provider's complaints procedure was shared with people when they started to receive a service. This was available in an easy read format.
- The service had not received any complaints. However, the registered manager was able to explain how they would address any concerns, and this was in line with the provider's complaints policy.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager told us if

people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs.

- The registered manager told us they would seek advice and support from the people's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.

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 remained as 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.

- Staff told us they felt supported by the registered manager and felt able to raise issues.
- The relatives and staff we spoke with praised the registered manager. Staff told us the registered manager had an open-door policy and was available to support staff at any time. The staff we spoke with told us morale was good amongst the staff and the strong leadership from the registered manager was a contributing factor to this.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences.
- The culture and values of the service were clearly embedded in staff practices and their approach when supporting people. Relatives told us their family member received care which was person-centred and tailored to meet their individual needs. One relative said, "Everything is done in accordance with his (family member's) choices. The staff are always asking him what he would like. If he wants things done differently, the staff will listen to his wishes. The staff do their best to make sure it is always the way he wants it to be."

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; continuous learning and improving care

- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place to for staff to report any concerns, accidents and near misses promptly. At the time of the inspection, there hadn't been any incidents which met the Duty of Candour threshold. However, the provider's policies clearly stated what was required if such an incident occurred. The registered manager could describe what they would do if such an incident were to occur.
- The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Monthly quality assurance surveys had been sent to people and all the results received were positive.
- Effective quality assurance checks were carried out by the provider. These included checks on care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the staff and actions was taken to address any issues. For example, the registered manager had identified in one

audit that people would be able to express their opinions better through monthly surveys. As a result, this was introduced, and staff supported people to express their views.

- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed.
- The provider had a management structure and clear roles that staff understood and could explain their roles.
- Staff told us that staff meetings took place on a regular basis and they felt supported by the registered manager. Staff told us the registered manager was proactive in keeping them informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.
- The service had processes in place to ensure appropriate action was taken when things went wrong and that these incidents were used in a positive way to improve the service.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.