

Shared Care Services Limited

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Inspection report

119 Eastern Avenue
Ilford
Essex
IG4 5AN

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03 May 2017

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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

This inspection took place on 3 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Shared Care Services is registered to provide personal care to people in their own homes. At the time of the inspection they were providing a service to 41 people. This was mostly to children and young people with a learning disability.

The service has a registered manager. 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.

Relatives were very happy with the quality of care provided. They told us their family members were supported by regular staff who provided continuity of care. They added that staff knew those they supported well and had formed good relationships with them.

Systems were in place to ensure that young people aged 16 and over, received care and support in line with the Mental Capacity Act 2005.

Systems were in place to ensure that children and young people received their prescribed medicines safely and appropriately. Medicines were administered by staff who were trained to do this and the registered manager will be carrying out competency assessments on staff who administer medicines. We recommend that medicines records be changed in line with National Institute of Clinical excellence guidance to help to ensure safe practice and lessen the risk of error.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet children and young people's assessed needs, preferences and choices and to provide an effective and responsive service.

Children and young people were protected by the provider's recruitment process which ensured that staff suitability was checked before they started to work with them.

Staff knew and respected children and young people's religious and cultural needs and how to support them in line with these.

Staff supported children and young people with their eating and drinking using food and fluids provided by families.

The registered manager monitored the quality of the service provided and sought feedback about the service from relatives, children and young people.

Staff told us that they received good support from the registered manager. They were confident that any concerns raised would be addressed. Relatives also felt able to talk to the registered manager and to raise any issues they might have.

Children and young people received a safe service. They were supported by caring staff who treated them with respect and kindness.

Staff liaised with relatives to support children and young people with their healthcare needs.

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. Systems were in place to ensure that children and young people were supported safely by staff.

People were supported to receive their medicines appropriately and safely.

The provider's recruitment process ensured that staff were suitable to work with children and young people who need support.

Is the service effective?

Good ●

The service was effective. Children and young people were supported by staff who had the necessary skills and knowledge to meet their needs.

The staff team received the training and support they needed to enable them to competently work with children and young people who used the service.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs).

Systems were in place to support children and young people with their nutritional needs.

Is the service caring?

Good ●

The service was caring. Relatives were very happy with the staff that supported their family member's. They told us staff were kind, caring and patient.

Children and young people were encouraged to develop their skills and independence.

Children and young people's cultural and religious needs and wishes were identified and respected and they were supported in line with these.

Is the service responsive?

Good ●

The service was responsive. Children and young people received person centred care and support from regular staff.

Care plans were reviewed each year and updated when needed.

Staff provided a service that was responsive to children and young people's changing needs and wishes.

Relatives were given a copy of the complaints procedure and knew how to make a complaint and who to make it to.

Is the service well-led?

The service was well led. The registered manager monitored the quality of the service provided and sought feedback from people about the service.

Staff told us that the registered manager provided clear guidance and that they were aware of what was expected of them.

Relatives, staff and social care professionals said the registered manager was knowledgeable and accessible.

Good 

Shared Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out by one inspector and an expert by experience.

At their last inspection in January 2015 this service met the standards that we inspected and received a rating of good.

During the inspection we spoke with the registered manager. We looked at four people's care records and other records relating to the service. This included three staff files, training records and one medicines record.

After the inspection we spoke with the relatives of seven children and young people who used the service, five staff and two social care professionals.

Is the service safe?

Our findings

Relatives told us children and young people were safe with the staff that supported them. One relative told us, "Yes my [family member] is safe with their carer." Another said, "Yes they are safe. One carer comes every day. I trust them."

Staff told us and records confirmed that they had received safeguarding children and adults training and were clear about their responsibility to ensure that they were safe. In addition to training they told us the registered manager discussed safeguarding with them. A staff member said, "[Registered manager] always talks about safeguarding, how to protect people and how to report." Staff and relatives were confident that any concerns would be listened to and dealt with by the registered manager. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider had a satisfactory recruitment and selection process in place which ensured that only suitable staff were employed. This included prospective staff completing an application form and attending an interview. Staff files showed that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with children and young people or people who use services. A member of staff told us that "everything" was checked before they started to work with children and young people. They said references were taken from where they were working and from others who knew them.

Children and young people who used the service were protected from risks. We found that risks were identified before they started to use the service and updated as and when needed. Risk assessments were relevant to each person's individual needs. For example, moving and handling, eating and accessing the community. Staff were aware of risks to the children and young people they supported and how to minimise these. For example one, member of staff told us the young person they support needed two people to assist them with personal care. They added that they must never provide this support on their own as it could cause harm to the person and to themselves.

Families retained responsibility for children and young people's medicines. However, some staff had recently started to support one young adult with their medicines. Staff had received medicines training but their competence to administer medicines had not been assessed. The registered manager told us they would carry out competency assessments including assessment through direct observation, for the staff who carried out this task.

Medicines records were kept. The record sheets had a list of medicines prescribed to the person and staff circled which one they had given and signed that they had given the medicines from either the green box (morning) or yellow box (evening). If a different member of staff administered the medicines they completed a new record sheet. Although the records we saw had been completed by staff when they administered medicines, the recording system did not meet with the NICE (National Institute for Clinical Excellence)

guidance on managing medicines for adults receiving social care in the community. We recommend that medicines records be changed in line with that guidance. This will help to ensure safe practice and lessen the risk of error.

Sufficient staff were employed to ensure that children and young people received a consistent service from regular staff who were aware of their needs and how to meet these. Relatives told us staff consistency was very good. One relative said, "We have had the same carers for a long time." Another told us, "[Carer] has been with us for two years. They are very good." Relatives also told us that staff were reliable and they never had any missed visits. One said, "No missed calls our carer is reliable." Another told us, "No missed calls. They always turn up."

Is the service effective?

Our findings

Relatives were happy with the care provided and felt care staff demonstrated good levels of training and competency. One relative told us, "They are better now than they used to be. They know their equipment and are well-trained." Another said, "Agency does training sessions." A social care professional told us the registered manager was, "Good at giving staff training and brings staff up to meet the child's needs."

Children and young people were supported by staff who had the necessary skills and knowledge to meet their assessed needs and preferences. Staff told us and records confirmed that they received a range of training to enable them to provide an effective service. One member of staff told us, "Every week there is something to help us improve. They are giving me skills." Another said of training, "It's given me the information to know what I need to do." Some training was provided by a separate training company and some by the registered manager. Topics covered included safeguarding children and adults, basic life support, epilepsy, autism awareness, medicines, infection control, moving and handling and mental capacity. In addition to short courses 75% of staff had achieved a minimum of a level three qualification in health and social care. Staff understood that there were some tasks they could not carry out if they had not received training. For example one member of staff told us they did not "do medicines" and a more recently employed staff said, "I'm not doing manual handling as I've not done the course yet."

Children and young people were supported by staff who received support and guidance to enable them to meet their assessed needs. Staff told us they received good support from the registered manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings to discuss work practice and any issues affecting people who used the service). One member of staff said, "I have supervision with [registered manager] every two months. It's useful. They give guidance and help." Another told us, "Any problems can be discussed at supervision meetings. [Registered manager] will advise and is there for me."

Systems were in place to share information when needed. Relatives told us they were pleased with the level of communication from staff and the agency. One relative said, "They respond quickly to questions and queries." Another told us, "The agency is easy to communicate with." A social care professional also confirmed that communication from the agency was good. They added that the registered manager contacted them if needs changed or issues arose.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people, aged 16 and over, 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 by the Court of Protection). We checked whether the service was working within the principles of the MCA. Staff had received MCA training and were aware of people's rights to make decisions about their lives. At the time of the visit it was not necessary for any of the people, aged 16 and over, who used the service to be deprived of their liberty. Systems were in place to ensure that people's legal rights were protected.

Families retained responsibility for children and young people's nutritional needs and staff supported them to eat and drink items provided by the family when this formed part of their care plan. Care plans contained information to enable staff to safely support children and young people with eating and drinking. For example, one care plan stated that staff must ensure that the young person only had small bites and was given their food slowly.

Families also retained responsibility for managing children and young people's healthcare needs. However, we found that staff noted and reported any concerns they had about their health. For example, in one young person's file we found that staff had raised the fact that they were concerned about an increase in someone's seizures. The registered manager had advised them to report this to the person's relative.

Is the service caring?

Our findings

Relatives told us that staff were kind and caring. They told us staff had taken time to get to know the children and young people they supported including their preferences and needs. Relatives consistently told us their family member's relationships with care staff were supportive and good. One person said, "The carer and my [family member] have formed a special bond." Another told us, "They have built a friendship with each other. The carers are mature, good at their job. They are polite and they do not get angry with [family member]." A third commented, "Carer understands my [family member] and they trust the carer."

Children and young people's privacy and dignity were maintained. They were treated with respect because care staff understood the importance of respecting and promoting their privacy and dignity. One staff member told us they always closed doors and curtains when bathing a child or young person and also when providing any other form of personal care.

Children and young people were encouraged to be as independent as possible and to do as much as they could for themselves. Care plans indicated that staff should promote independence. In one case this was by encouraging the child or young person to eat finger food themselves to support them to be more independent when eating.

The service had achieved C2E equality standard accreditation. C2E (Commitment2Equality) is an independent not for profit organisation. Committed2Equality is a National Equality Standard, designed for organisations to enable them to reach their equality potential and demonstrate their equality and diversity working practice. Accreditation is awarded to organisations that meet the National Equality Framework requirements. People's cultural and spiritual needs were identified and taken into account when staff were matched with a child or young person. One relative told us, "We are Muslim and our carer is Muslim and a female to. Hence they understand my [relative's] needs and they have both now formed a bond with each other." Another said, "They are respectful of issues and create a trust." Staff received equality and diversity training and told us that they were given information about different traditions, beliefs and food and that they had the opportunity to discuss these. One member of staff said, "There are a lot of Muslim carers and last week we talked about differences and beliefs and how to manage these. We also talked about the Koran."

Children and young people received care from a small number of staff who understood their needs and got along with them. Staff knew they needed to spend time with them and were given enough time to get to know someone who was new to the service. For example, in one young person's file we saw that the member of staff had met them and their family prior to providing support. In feedback to the registered manager their relative had said, "It's early days but [family member] is showing signs of accepting the member of staff and is responding positively." Other relatives told us, "They [staff] understand, they respect, and they are calm" and "Yes they take things slowly and explain. Wait and do not rush. They know [young person] well."

Is the service responsive?

Our findings

Children and young people received an individualised, person centred service. The service was flexible and adapted to accommodate and respond to the needs of the children, young people and their families. One relative told us the service was, "Flexible in changing timings or hours, accommodating with rearranging plans." Another said, "Yes they are. They wait here if [parent] is running late. They will call them and carers will wait for [parent] to get home to takeover. Up to 20 min sometimes." One social care professional told us, "[Registered manager] is open to sit around the table to see what can be done to get a good outcome for children." Another told us the registered manager was very responsive and carried out assessments very quickly. Also that if the agency could provide a service this was organised at short notice when needed.

Prior to children and young people using the service information was obtained from relevant social care professionals. The registered manager reviewed this, took into account the needs of the person and the skills, ethnicity and gender of staff available. If it was felt the service might be able to support the person the registered manager visited and carried out more detailed needs and risk assessments before they introduced the member of staff to the family.

Each child and young person had an individual care plan outlining their needs and staff were very knowledgeable about these. They told us that in addition to the information in care plans relatives were usually at home and supplied additional information and guidance. A relative told us, "They know [young person] well, it's been seven years. It's like they've raised them."

Individual care plans covered the areas where people needed support but these were not always detailed. For example, one plan said to assist with personal care, another said to support to stay safe. We discussed this with the registered manager and they undertook to add more detailed information to ensure that the support people need and that staff were providing was recorded. Also to develop care plans in a more user friendly format.

Systems were in place to ensure that staff had current information about how children and young people wanted and needed their support to be provided. This enabled staff to provide a service that was responsive to their changing needs and wishes. Staff told us they received the information they needed to support people. One said, "Everything is explained in the care plan and it makes it easier to work with the person." Another told us, "Oh yes they have a care plan. I have read it and [registered manager] explained it." Care plans were reviewed annually and updated whenever needed. For example, if someone's needs had changed. Relatives told us they were involved in developing and reviewing care plans. Comments included, "Yes I am involved with care plans. We've always used the same agency and they are brilliant. No problems at all" and "Registered manager comes home and we talk things through." Staff told us that any changes were communicated to them by relatives and by the registered manager. One member of staff said, "Registered manager has two monthly meetings and tells us about everything that is going on."

The service had a policy and procedure for reporting complaints and this formed part of the information pack given to relatives when children and young people started to use the service. The pack also contained

a suggestions or complaints form. Relatives knew how to complain. Some told us they had not had any need to complain. One relative said, "We have not raised any issues as not had any." Others told us they contacted the registered manager. One relative said, "I call the manager myself. They are very approachable." Another commented on the registered manager saying, "They are always at hand." A social care professional fed back that they had never received any complaints from relatives about the service.

Is the service well-led?

Our findings

Relatives and social care professionals told us that they were happy with the way the service was run. One relative said of the service, "They are efficient. Well-organised. Always been reliable, professional. They meet our needs." Another told us, "They are good and they provide a very well managed service." The registered manager demonstrated a good understanding and knowledge of people who used the service and of the staff team.

People also spoke positively about the registered manager. One relative said, "Yes I know [registered manager]. They are good, keep in touch with us via phone and visits sometimes to organise the care plan and get it signed." Another told us, "[Registered manager] is good, if there are any changes they pull together and work as a team." A social care professional said, "Having a qualified social worker who understands issues and needs is helpful." A member of staff commented, "It's a good agency. The manager is so good, they guide and train us." Another told us, "[Registered manager] visits when I am working and asks the family if everything is okay."

Staff were clear about their roles and responsibilities and what was expected of them. They told us that the registered manager was accessible and approachable. One member of staff said, "[Registered manager] is kind, helpful and explains things. If there is anything they are just a phone call away." Another said, "[Registered manager] is really good and understanding."

People were provided with a service that was monitored by the registered manager to ensure it was safe and that they received the care and support they needed and wanted. This was done by contacting relatives approximately every six to eight weeks and asking them for feedback. Feedback was also sought when the registered manager visited people for their annual review. In individual files there were notes of the discussions and comments received. The notes also indicated that the registered manager had advised relatives to contact him if they needed to.

Systems were in place to get feedback about the service provided. This included an annual quality assurance survey which was sent to relatives with a prepaid envelope for returning the completed survey. In addition to the written survey an 'easy read' format was also sent to help children and young people to give their feedback. One relative told us, "We were sent some forms and surveys." The most recent survey had been in June 2016 and responses were positive. For example, one relative had written, "We are very happy with level of care provided by [staff member]. Excellent." Another had commented, "Excellent service by carer."