

Shephards Care Services Ltd

81 Wood Lane

Inspection report

81 Wood Lane
Woodgate
Birmingham
B32 4AD

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14 July 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

81 Wood Lane is a domiciliary service providing personal care to three people at the time of the inspection.

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

Whilst we noted improvement in the systems around medicine management, further improvement was needed around the records of medicines given on an 'as required' basis. Additionally, further improvement was needed to ensure all risks to the person were clearly documented in people's care plans and risk assessments.

There remained a lack of a formalised structure to enable new staff to be inducted into the service, supervised regularly and their competence reviewed.

Some improvement had been made to the systems that monitored the safety in the service. However, further improvement was needed to ensure these systems became effective at identifying concerns. This would enable the provider to have full oversight of the quality of people's care

People were supported by staff who understood how to recognise and escalate safeguarding concerns should they have any. Improvements had been made to the recruitment systems in place.

People told us that staff had the necessary skills to support them safely. Staff had received training in most of people's individual support needs.

People had received support with their healthcare needs and the provider worked in conjunction with a number of healthcare professionals to ensure people received continuity of care.

We received positive feedback from the people who received care. Improvements had been made in seeking feedback from people who received support from the service.

Staff knew the people they were supporting well and felt supported by the registered manager.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 9 December 2021) and there were breaches of regulation relating to safe recruitment practices, supporting people safely, ensuring staff were inducted and

supervised appropriately and in the monitoring of the service. We placed conditions on the providers registration that required them to send CQC monthly reports on key areas.

At this inspection enough improvement had been made to ensure staff were recruited safely and that people received safe care and the provider was no longer in breach of these regulations (Regulation 12 Safe Care and Treatment and Regulation 19 Fit and Proper Persons Employed). However, insufficient improvement had been made in ensuring staff were inducted and supervised appropriately and in the monitoring of the service and the provider remains in breach of these regulations (Regulation 18 Staffing and Regulation 17 Good Governance.)

This service has been in Special Measures since 9 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of the report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 81 Wood Lane on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continued breach relating to the governance and oversight at the service (Regulation 17 Good Governance) and ensuring staff are appropriately inducted and supervised (Regulation 18 Staffing). We will continue to monitor the improvement within the service through existing conditions we have placed on the providers registration. This includes sending us monthly reports of action the provider has taken to make improvements within the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

81 Wood Lane

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

The inspection was carried out by one inspector.

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 24 hours' notice of the inspection. This was because the service is small 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 5 July 2022 and ended on 14 July 2022. We visited the location's office on 5 July 2022.

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. 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 all this information to plan our inspection.

During the inspection

We spoke with four members of staff including the registered manager, director and two staff members. We spoke with two people who used the service. We reviewed two people's care plans and medication records. We reviewed two staff recruitment files and training information. A variety of records relating to the management of the service, including how the provider monitored the quality of the service were reviewed. We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At the last inspection we identified a Breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans and risk assessments were either not in place or did not contain sufficient detail, prescribed creams were not recorded on medication records, no guidance was available about 'as required' medicines and staff had not received infection prevention and control training nor had they been assessed as following safe IPC practice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Following our last inspection, the provider had made some improvements to the care plans and risk assessments in place for people including information about people's individual healthcare needs. Whilst we found some improvements in the care plans and risk assessments, we noted that the risk of bed rails to one person had not been fully considered. In addition, risk assessments around healthcare conditions such as diabetes needed to become more focussed on the individual person's needs rather than generic information around the risks of acquiring diabetes. Following the inspection, the provider informed us the care plans and risk assessments had been updated to include the missing information.
- Staff had worked consistently with people and knew their health and care needs well.
- The provider had introduced medicine administration records (MAR) to record regular prescribed creams and other daily medicines. MAR sheets provide a record of the medicines a person has received from the staff team. We saw these had been completed accurately.
- Though there had been improvements to medicines management and people received medicines safely, the provider had not completed protocols and guidance for 'as required' prescribed creams as they had not recognised this as an 'as required' medicine. In addition, they had not included one regular prescribed cream on the MAR chart. Though there was a recording issue on the charts, staff were able to tell us when and where to apply these creams and were knowledgeable about people's medicines requirements.
- Following the inspection, the provider informed us that the 'as required' protocols had now been put in place.
- People we spoke with confirmed that staff wore appropriate personal protective equipment (PPE) during care calls.
- Staff had received infection control training and were aware of the correct PPE to use.

- The provider had introduced audits around infection control which included observing staff practice. These could be improved further by ensuring the name of the staff member who was being observed was recorded.

Staffing and recruitment

At the last inspection we identified a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were either not in place or robust enough to demonstrate safe recruitment.

At this inspection sufficient improvement had been made and the provider was no longer in breach of this regulation.

- At the last inspection the provider had not ensured systems were in place to support safe recruitment of staff.
- At this inspection the provider had improved their systems to ensure staff were safely recruited. A full employment history was gathered, and checks carried out on staff members previous employment to check their suitability for the role. The recruitment process also included obtaining a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to support people. People told us that staff always attended the call on time and one person told us, "[Name of staff member] has never let me down on calls."

Systems and processes to safeguard people from the risk of abuse

- People informed us they felt safe receiving care from staff. People were supported by a consistent staff team who had got to know them well.
- Staff had received safeguarding training and were able to inform us of the appropriate action to take should they become aware of safeguarding concerns. One staff member told us, "We have to report what we see."

Learning lessons when things go wrong

- The provider informed us there had not been any incidents, accidents or complaints made about the service since our last inspection.
- The provider had systems in place to review any incidents should they occur in the future.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we identified a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure staff had received a robust induction programme, up to date training or assessments of their competencies. They had also failed to ensure staff were supported through completing regular supportive supervisions and appraisal.

At this inspection the provider had not made sufficient improvement and they remained in breach of Regulation 18.

- The provider had failed to introduce a formal induction process for staff. Whilst staff were able to tell us that they shadowed other staff members in order to learn about the people they were supporting, the induction process had not been formalised.
- Following training there was no formal competency sign off and whilst some areas of care had a competency assessment, others did not.
- Though staff informed us they received supervision and felt supported in their role, there was no record of staff supervisions that had taken place. The provider informed us that due to the registered manager completing care calls with the staff team, informal supervision took place but that this was not recorded.
- The provider had improved the training offered to staff following our last inspection and staff had completed training around a number of people's specific needs. However, whilst staff could inform us about how they supported good catheter care, and there was guidance documentation in place, staff had not received training in this area.
- Staff had not received training around the Mental Capacity Act 2005. Whilst the people the service were supporting were deemed to have capacity to direct their own care, it was important for staff to receive training in this area should a person's capacity fluctuate or change due to changes in healthcare needs in the future.

The provider had not established a formalised structure that ensured staff were inducted robustly and received regular supervision. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People informed us they felt staff had the necessary skills to support them safely.

- Following the inspection, the provider informed us staff had received catheter care training.

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

- There had not been any new admissions to the service since our last inspection. However, the provider could inform us of the assessment process they would follow should they start to provide care to more people. This assessment process included determining whether the provider had the skills to support the person safely.
- Whilst we found some instances where people's care records were not always complete, we also noted examples of when people's healthcare needs had changed, the provider had ensured care plans and risk assessments were reviewed and updated. This enabled staff to have up to date information about the person's current healthcare needs.
- The provider had adhered to current guidance around care practices such as infection prevention and control.

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

- The registered manager informed us of how they worked alongside other healthcare professionals on a regular basis to support continuity of care for people.
- We were informed of examples whereby the registered manager had requested additional support from healthcare professionals such as district nursing teams or doctors for people when they needed 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 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

- People informed us that they were asked for their consent before care was provided.
- Staff were able to inform us how they ensured they sought consent from people and offered choices during their care. One staff member told us about the support they gave to a service user and said, "I will always ask for consent and I will communicate everything with them."

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed 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.

At our last inspection we identified that systems were either not in place or were not robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we noted some improvement. However, the provider had not made sufficient improvement and they remained in breach of Regulation 17.

- Systems had not been established to ensure a recorded and planned induction took place or that staff had on-going and recorded supervision.
- Systems had not been introduced that recorded and monitored staff competencies in all areas of their practice.
- Audits had failed to identify that 'as required' (PRN) medicine protocols were not in place for the use of prescribed creams.
- Audits had failed to identify one service user did not have care plans and risk assessments around bed rails and another service user did not have a falls risk assessment in place.
- Audits had not identified that some review dates for documents had passed.
- The provider had failed to identify they had not consistently followed all aspects of their own policies.

We found no evidence that people had been harmed, however the systems to monitor the quality and safety of the service had failed to identify these areas of concern. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our last inspection, the provider had introduced audits around various aspects of service provision. These could be further improved by evidencing conversations or observations of staff to support the judgement of compliance in an area.
- There had been improvements in recordings within care plans and risk assessments.

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

- People spoke positively about the care they received. One person told us, "It's going very well. The staff are

smashing you know." Another person told us, "I'm very pleased with the service. The [name of registered manager] is very, very good."

- People received support from a consistent staff team. This had enabled people to receive care from staff they had got to know and ensured continuity of care.
- Staff knew the people they were supporting well. They shared of the enjoyment they had in supporting people with their care. One staff member told us, "I like my job especially as I support people who are not able to support themselves." This staff member additionally told us, "I don't think of them as service users I think of them as people." Another staff member told us, "The best thing is I'm smiling and talking with people gently. We are always laughing together with [name of service user]."

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 provider and director were open and honest throughout the inspection. They demonstrated a willingness and desire to improve the service.

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

- The provider had introduced surveys to enable people and their relatives to feedback about the care they were receiving. All of the surveys returned contained positive feedback about the care people were receiving.
- Staff informed us of the support they received from the registered manager. The staff members felt able to suggest areas for improvement within the service, should they have any.
- Whilst people couldn't think of any improvements that needed to be made in the service, they felt able to raise any should they think of one.

Working in partnership with others

- The provider worked alongside other healthcare professionals such as district nurses and doctors to ensure people received the care they needed.