

Luton Training & Mentoring Ltd

Shivas Home-Care

Inspection report

Suite 28-29, 2nd Floor, Moulton Park Business Centre
Redhouse Road, Moulton Park Industrial Estate
Northampton
Northamptonshire
NN3 6AQ

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Tel: 01582848488

Website: www.shivashomecare.com

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Shivas Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. The agency supports eighteen people. Not everyone using Shivas Home care received personal care. At the time of our inspection, nine people were receiving personal care.

People's experience of using this service:

People using this service were well supported by caring staff. People consistently told us how they were treated with respect and kindness. We received positive feedback on how staff were supportive and went the extra mile for people. One person told us, "Staff are absolutely and utterly outstanding, they go the extra mile." Another person told us, "Staff are there to help you, I couldn't exist without them."

People were placed at the centre of their support and were consulted about their care and support. Respect for privacy and dignity was at the heart of the service's culture and values. People and staff felt respected and listened to."

People received personalised care and support specific to their needs and preferences. Every person was respected as an individual, with their own social and cultural diversity, values and beliefs. People had their human rights upheld. People whose first language was not English had staff that could communicate and translate to them in their native language.

Staff were proud of the service. One staff member said, "The registered manager is the best boss I have ever worked for, they are always there for staff or service users." Another staff member said, "The management don't cut corners, only the best for Shivas care." There were high levels of satisfaction across all staff.

This service met characteristics of Good in all areas; More information in 'Detailed Findings' below.

Rating at last inspection:

Shivas Home care was rated as Good. The report was published on 8th July 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 safe

Details are in our Safe findings below.

Good ●

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 responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Shivas Home-Care

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type

Shivas Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. The agency supports eighteen people. Not everyone using Shivas Home care received the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, nine people were receiving personal care.

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. The registered manager was also the registered provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service

including notifications they had made to us about important events. We also reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about, such as abuse and other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke to three people using the service, three support workers, the registered manager / provider, three relatives and sought feedback from professionals who worked with the service.

We reviewed a range of records. This included three people's care records, two staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff told us that they had a full comprehensive induction programme, which included shadow shifts.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- Staff supervision meetings were regular and used to check the staffs understanding of the types of abuse, and their responsibility to report abuse.
- The provider had effective safeguarding and whistleblowing systems in place and staff continued to receive training based upon these. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management.

- People told us they felt safe.
- Risk assessments were detailed with category, risk level and actions to reduce the risk.
- Risks to people were regularly assessed and safely managed.
- People's needs and abilities had been assessed prior to services starting, risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified.

Staffing levels.

- At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs. Call times were monitored using an electronic timekeeping system.
- People told us staff arrived on time. One person said, "Staff turn up on time and do what they need to, they help us." Another person said, "They [staff] are there to help you, I couldn't exist without them."

Using medicines safely.

- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.
- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed.

Preventing and controlling infection.

- All staff had completed infection control training. Unannounced spot check visits were completed by the provider to ensure staff followed the infection control procedures and used personal protective equipment

when carrying out personal care, food preparation and handling.

- The provider encouraged staff to have the winter flu jab to prevent the spread of influenza.

Learning lessons when things go wrong.

- Records confirmed that when something had gone wrong the registered manager responded appropriately and used such incidents as a learning opportunity.
- The registered manager completed audits of incidents and accidents to ensure continued learning.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience.

- A relative told us, "Staff are very good at what they do."
- Records confirmed all staff had regular one to one supervision meetings to review their performance, identify any further training and support needs and to check staffs understanding of their roles and responsibilities.
- The staff training records confirmed they received induction training and on-going training appropriate to their roles and responsibilities to keep up to date with best practice guidelines.
- Records of staff team meetings, evidenced that areas identified for improvement were highlighted with staff. We saw evidence of staff meetings to discuss better recording of daily notes, the importance of wearing ID badges and to discuss feedback from internal audits.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain good health and were referred to appropriate health professionals when required.
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Feedback from an occupational therapist stated, 'I am very impressed with the staff approach and responsiveness towards [Person's name] it was obvious they respected their needs and wishes.'
- One relative told us "The staff worked very closely with the district nurse and research team to ensure [Person's name] got the correct care and equipment."

Staff providing consistent, effective, timely care

- People told us that staff were always on time and that they always provide good quality care that met their needs.
- Staff communicated effectively with other staff. Staff told us the methods they used to communicate included daily notes, team meetings and via a online group chat.
- Care plans were regularly updated and audited to ensure that changes in need were documented.

- This meant that staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs are met.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw evidence of Mental capacity assessment being carried out and when a person had capacity that they had the right to make unwise decisions.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People and relatives told us they felt supported. One relative said, "When I was ill with the flu the staff completed the shopping for both me and [person's name] this was not part of our support, they just did it."
- A relative told us, "We are always asked in advance before staff shadowing shifts come." Another relative said "Staff understand our routines and we have good continuity."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- The staff acknowledged special events in people's lives, such as, birthdays and wedding anniversaries, and each person was given a small gift at Christmas.

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

- People told us they are involved in their support planning.
- We saw evidence in care plans that people had been asked likes/dislikes, preferences and routines.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and wishes.
- We saw staff were polite, courteous and engaged and were openly pleased to be at work.
- People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence.

- One relative told us, "We meet the staff during the day so they get to know [Person's name] before completing a night shift."
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them. One relative told us, "[Person's name] used to need support four times a day, but because of the hard work of the staff they now only need two visits a day."
- People's right to privacy and confidentiality was respected. One person said, "All the carers are wonderful, they are respectful and make you feel okay about personal care happening."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

How people's needs are met, Personalised care.

- People received personalised care and support specific to their needs and preferences. One staff told us, "I know the triggers and signs when [Person's name] gets distressed, the care plans tell all staff how to best support [Person's name]."
- We saw evidence within care plans and through observations that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- One person had a change in need and the registered manager arranged night cover immediately, a relative told us, "They are absolutely and utterly outstanding, they go the extra mile."
- The registered manager explained that all people were matched with staff, they considered personalities, likes and dislikes as well as skills and experience.
- People were supported to take part in social activities. One relative told us, "Staff support [name of person] to attend a day centre, they arrange transport and make sure they are ok." Another person told us, "We are going to attend the Christmas lunch, everyone goes and we all have a chat and fun, [registered manager is wonderful for organising it for us]."
- The registered manager completed social progress reports which evidenced any community participation, life skills and new activities completed. This supported staff and relatives to identify if there was a decline or reluctance to participate and what activities were enjoyed.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care. One relative said, "I'm not worried about anything but if things are not going well or I am unhappy about something, I would say, and I know they would sort it out."
- People and relatives knew how to raise any complaints should they need to. They told us they believed they would be listened to, and any issue would be acted upon in an open and honest way by management.
- No complaints had been received at the time of inspection. People and relatives said that they felt able to speak to the manager or staff at any time. Staff were aware of resolving concerns at a lower level if possible. One relative told us, "I've never needed to complain, but I would tell [Registered manager] and they would deal with it."
- The registered manager told us they would use any complaints received as an opportunity to improve the service.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management.

- The culture of the service was kind and caring with a focus on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- One staff member said, "The culture is learning from the top to the bottom and the bottom to the top, we all feel like family. We support each other and make sure all the care is outstanding." Another staff member told us, "[Registered manager] expects 100% commitment from all staff and we give that, we strive for perfection."
- All staff we spoke to, stated they enjoyed their job and thought the provider was brilliant.

Provider plans and promotes person-centred, high-quality care and good outcomes for people.

- Staff spoke positively about the registered manager. A staff member said, "[Registered manager] is the best boss I have ever worked for, they are always there for staff and service users." Another staff member said, "They [management] don't cut corners, only the best for Shivas Care."
- A relative said, "Staff are amazing, communication is excellent, and the records are second to none, the organisation is very well run."
- Staff told us that there was an open transparent system for when things go wrong. One staff member said, "As long as you are honest, [registered manager] will offer any support and training needed."
- Staff training records and individual copies of staff training certificates evidenced there is a high priority on providing staff training.
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, social progress reports, daily notes and consent. The provider also completed unannounced spot checks, to ensure staff were completing person centred care.

Engaging and involving people using the service, the public and staff

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person centred care.
- The provider held award ceremonies with staff in praise of their commitment to promoting the values of the service.
- Staff told us they felt listened to by the registered manager. Records showed the provider shared information from commissioners with staff to ensure staff were involved.
- People told us that they were involved in all aspects of their care planning.

Continuous learning and improving care.

- Regular team meetings took place to give staff the opportunity to discuss the service, policies and procedure and to update on any changes in people's needs or support.
- The registered manager demonstrated an open and positive approach to learning and development. Feedback from a local authority stated, "The manager is approachable and engages in provider forums."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well run. One person said, "It's very well managed, [registered manager] is great and knows what is needed." A staff member told us, "It is an amazing company to work for, there is always someone available to talk to if there is a problem or question."
- Staff were clear in their roles and understood what the provider expected from them as these expectations were outlined at induction, explained in their employee handbook and through the supervision and management they received at the service. This meant people received good treatment from staff who knew what they were doing.
- The registered manager understood their role and shared information with us about all aspects of the service including quality performance, risks and regulatory requirements. We saw evidence the manager was clear about their role and in being so, provided people with a better service.

Working in partnership with others

- The registered manager confirmed they attended local care management forums, to network and share ideas with other care providers.
- The service had links with external services that enabled people to engage in the wider community.