

Luton Training & Mentoring Ltd

Shivas Home-Care

Inspection report

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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

Shivas Home-Care provides personal care for people living at home in the Central Bedfordshire and Northampton areas. At the time of our inspection there were ten people receiving personal care. This unannounced inspection took place on 14 and 16 June 2016.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

The registered manager was also the owner, and as a provider they had values and a clear vision that were person centred and focussed on enabling and encouraging people to live a full and independent lifestyle. All staff and the manager demonstrated passion and commitment to providing a service for people that met their individual needs.

People had therapeutic relationships with staff. People who used the service and their relatives commented on the positive impact staff had made on people's lives and how they had been supported to achieve their goals and to become more independent. The provider helped people recognise and celebrate their achievements. People's lives had improved as a result of using the service; relatives and health professionals commented on the people's enhanced health and well-being.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

People benefited from staff that had received training that specifically met their needs. Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff protected people's privacy and dignity. All interactions between staff and people were caring and

respectful; staff were consistently patient, kind and compassionate. Staff demonstrated affection and warmth in their contact with people, which was clearly reciprocated.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Good ●

Is the service well-led?

This service was well-led.

A registered manager was in post and they were approachable and flexible to ensure people's needs were met.

The registered manager was active and visible to people using the service. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Management completed regular audits and a quality assurance system was in place to review the quality of the service.

Good ●

Shivas Home-Care

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 14 and 16 June 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as the service is small and we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited two people in their home with their permission and spoke with them and their relatives. We spoke with another person who used the service on the telephone. We also looked at care records and charts relating to four people. In total we spoke with seven members of staff, including four care staff, a supervisor, the registered manager and the provider. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff said, "I feel confident in spotting anything and I would report any concerns to the manager." Staff had access to information on how to report concerns directly to the local safeguarding authority; the provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified.

People were assessed for their potential risks such as falls. People's needs were reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had improved their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example one person told us "I feel safe in the shower as staff supervise me, they never leave me as I might fall." Their detailed care plan provided staff with instructions to supervise them in the shower to prevent falls.

There was enough staff to keep people safe and to meet their needs. People told us that staff came to provide their care on time and stayed for the allotted time. One relative showed us the rota they had been given which told them who would be visiting and at what times. Relatives confirmed that staff did not miss visits and that staff always turned up to provide care. Staff told us they were given enough travel time between visits and they were allocated a group of people in the same area to try and reduce unnecessary travel time. If staff were running late, they contacted people to apologise and confirm when they would be there, or another member of staff would be sent to provide the care required.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a safe recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

Staff did not manage people's medicines except for prescribed creams. Records of the application of people's creams were maintained. We saw assessments for the administration of medicines, where people's families administered the medicines. Staff understood the basics of managing medicines and had received training to enable them to administer people's medicines where required.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

People received care from staff that had undertaken an induction and training to ensure they understood their role and how to meet people's needs. New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. One relative told us "Any new carers have to learn, they are introduced and shadow other experienced staff, they have training in how to use the hoist." One staff member told us "The training was very useful; I have a very good understanding of what is needed. I was introduced to each person and got to know their routines before providing any care." Staff told us that during the first two weeks of their induction they had shadowed experienced staff and had been given time to read policies and the support plans of people using the service.

All staff took their BTEC Level 2 diploma in Health and Social Care which included infection control, safeguarding and moving and handling. One relative told us "there seems to be constant training going on." Staff undertook training to learn new skills, such as mentoring. One member of staff told us the mentoring skills "Gives me confidence." Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their ideas on how to improve the service. Staff told us they received regular supervision and that they felt supported. One member of staff told us "The supervision is really very useful as I can speak with someone to deal with the emotions of providing care. The feedback you get is constructive." We saw evidence that regular supervision was taking place, where training, staffing levels and people's support were discussed; ideas and actions to resolve issues were set and followed up.

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made the appropriate codes of practice had been followed. Staff that we spoke to knew where to find information relating to MCA which were regularly discussed in staff meetings. Staff gained people's consent before they entered their homes and before providing any care.

Staff did not manage people's meals as people they provided personal care to, had family to prepare their meals. However staff assessed people for their ability to prepare food for themselves and whether they required assistance with eating. Staff encouraged people to eat and drink to promote their well-being. Relatives told us that staff ensured people had drinks within reach and available to them when they finished providing care.

Staff were deployed at times that helped people to be ready to attend healthcare appointments and regular

medical care. One person told us "We asked if it would be possible for the carers to come really early so I could be ready to go at 7.30am to go to the hospital, they were really helpful, I was up and out by 7.30am, I was really pleased." Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. Staff had prepared emergency grab sheets that provided important information about people in case of a medical emergency, this included people's allergies.

Is the service caring?

Our findings

People were cared for by staff that were kind and passionate about providing good care. People spoke extremely positively about the attitudes and characteristics of the staff that supported them. One person told us "They [the care staff] are kindness, nothing is hurried, they consider you." A relative had provided feedback about the service they received; they stated "I am very pleased with the carers. One carer [name of staff] lifts our mood when times are hard." Another relative told us "it's a lovely team." Staff spoke fondly and passionately about the people they supported, in particular about the progress people had made with their recovery after illness.

Staff knew the people they supported well; they were able to tell us about people's interests; their previous life history and family dynamics. People were helped to maintain family relationships, for example staff worked with a family to plan the best times to provide care to enable the family to have respite in the day time, the relative told us this had been very effective.

People's care was person centred. People had their individual routines and preferences recorded and were carried out by staff. People told us the staff understood their needs and relatives told us "Staff provide care which is geared around [name]." One person had been taken to hospital, their relative had written to the manager and they said "We will never forget the kindness and support that you and your team have shown us over the years."

The provider arranged for all the people who used the service, their relatives and staff to attend a celebration event. People's achievements had been celebrated; one person proudly showed us their award they had been presented for resilience in recovery. Staff had also received awards for their kindness and support. Relatives told us how this event had had a very positive impact on their relative as it had made them feel respected and helped them to continue to strive for their independence.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. Staff recorded people's achievements and shared their delight in people's successes; for example staff took pride in sharing that one person was now able to put their own slippers on, as this indicated their level of independence had increased.

People's emotional needs were recognised and reflected in their detailed care plans. For example one person's care plan stated "[name] is trying to come to terms with their sudden immobilisation due to [a medical condition], however, with their family's positive and supportive nature [name] is working their way towards being as independent as they possible can." Staff were aware of people's emotional needs and worked with families to alleviate some their fears and work positively to improving their lives. One relative told us "they [the staff] have carried us through a dreadful time."

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided a great deal of positive feedback about the kindness

of staff and the progress they had made towards their independence. One relative told us "I am extremely happy with the progress my [relative] has made." We saw examples of positive feedback from relatives, such as this quote from a relative, "Shivas are so reliable, which is crucial. They have been professional and they listen to my mother and respond accordingly which is so important for her."

People were encouraged to express their views and to make choices. There was detailed information in people's care plans about what they liked to do for themselves. This included the goals they wanted to achieve, such as being able to sit in the garden in the summer.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. The assessment was carried out by the registered manager, who told us that they first visited people where they were residing to carry out the initial assessment. Staff had worked with people's existing providers of care to plan their transition to the service. Staff held meetings to discuss people's history and risk assessments to understand people's needs before they used the service. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Staff were dedicated to their role of providing support and guidance to people using the service by means of assessment and personalised goal setting with a view to them becoming more independent. One person told us how pleased they were that they were now able to mobilise and do more for themselves, their relative told us "there has been great progress, the care has been reduced from two carers four visits a day to one carer twice a day...Shivas has had a massive impact on the speedy recovery of [name]."

Care was planned and delivered in line with people's individual preferences, choices and needs. One person was anxious about infections and had specifically asked for staff not to wear jewellery and to wear two pairs of gloves. Staff had adhered to this request and the manager had arranged for longer gloves to be supplied for use in the bath. Detailed care plans provided staff with very specific instructions about people's preferences which staff followed, for example providing care at a later time on a Sunday.

People were involved in planning their care and staff signed in the care plan folder to demonstrate that they were aware of the content of people's care plans. Risk assessments and care plans were regularly updated to reflect people's changing needs, for example where mobility had improved, one person no longer used a hoist, the records showed that staff now used a handling belt around their waist to help them to stand up.

Where people experienced illness or changes in their health, the manager ensured that their care was adapted to meet their needs. One person described how they were not able to take a shower whilst they were recovering from eye surgery, they told us "carers have helped to protect my eye and help me get ready in the mornings."

Health professionals had provided feedback about the care Shivas Home-Care provided. One consultant commented on the recovery and well-being of one person, they told the family that the care staff at Shivas Home-Care "have done a great job under difficult circumstance."

People said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place, and all the complaints had been addressed promptly. The manager told us, "we use any feedback we receive as a learning opportunity; we are always striving to make a better service."

Is the service well-led?

Our findings

The registered manager demonstrated passion and commitment to providing an excellent service for people. The registered manager owned the business and as a provider they had values and a clear vision that were person centred and focussed on enabling and encouraging people to live a full and independent lifestyle. They told us "It's important that we have a positive impact on people's lives."

The registered manager demonstrated they appreciated the care staff and had fed back to them in meetings "we have an amazing team." All the staff took pride in their work and put the needs of people receiving care first. When speaking with staff it was clear that the culture of the service was person centred as they spoke enthusiastically about people's achievements and how their training gave them confidence to provide good care.

The registered manager provided clear leadership and used systems effectively to monitor the culture of the service. This included the consistent presence of the registered manager in the service, working alongside staff. Staff were given opportunities to become mentors and develop their skills. Staff told us that the management team was supportive and they always had someone to go to if there were any concerns. One member of staff told us "It's really nice to know they support me", another member of care staff told us "they are really caring."

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about supporting people to recognise and develop their own strengths and abilities, these staff meeting minutes were signed by all staff to show they took part and understood the outcome of the meetings.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out the management team. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. Actions were identified from audits and feedback; records showed that these actions had been implemented, such as training needs that had been identified and had been resolved.