

Shipston Care Limited

# Shipston Care Limited

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Shipston Care Limited is registered to provide personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 22 people. Care calls ranged from 30 minutes to one hour 30 minutes. Two people were receiving support on a 24-hour basis.

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

Staff were recruited safely, and there were enough staff to provide the care and support people needed at the times they preferred. People said they trusted the service because of their reliability and consistency.

Staff received training that provided them with the skills and knowledge to support people's needs. New staff had received an induction to the service before starting work.

The provider had developed links with health and social care professionals to ensure that healthcare support was provided to people when required. Staff understood their responsibility to report any concerns about people to their managers, including any accidents or incidents.

People were involved in how their care was delivered and ongoing reviews ensured it continued to meet their needs. Care plans were informative, but staff and managers knowledge of people was not always recorded in people's plans of care. The management team had identified this and were updating care plans at the time of our visit.

People and their relatives made decisions about their care and were supported by staff who understood and followed the principles of the Mental Capacity Act 2005. 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.

Staff were trained in infection control and there were sufficient supplies within the office of PPE and hand sanitiser. Staff were reminded of the importance of following good infection control practices.

The management team worked well together and were committed to providing a high-quality service to people. Their commitment and passion to provide people with good care outcomes was central to the delivery of its service. Feedback from people and staff was used as an opportunity for improving the service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 April 2019) and there was a breach of a regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service between 4 March 2019 and 5 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shispton Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Shipston Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of three inspectors and an expert by experience. Two inspectors visited the provider's offices and one inspector made telephone calls to staff. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care provider. The expert by experience contacted people and relatives by telephone to gather feedback on their experiences.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service 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 18 May 2021 and ended on 19 May 2021. We visited the office location on 18 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, the general manager, the operations manager and three members of care staff. We reviewed a range of records. This included four people's care records and examples of medication records, two staff recruitment files and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included feedback about their electronic care planning tool and staff's access to that information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we found some staff had not been recruited safely. At this inspection we found improvements had been made.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff files showed recruitment checks were robust, and included checks on staff through the Disclosure and Barring Service (DBS) and from previous employers.
- The provider had a consistent staff team who worked well together. Staff told us there were enough of them available to attend calls at the times people wanted and that allocated travel time between calls helped them to arrive on time. A staff member said, "Any suggestions regarding slightly altering routes or 'tweaking' support or suggestions from people are all taken on board and acted upon."
- Call planning and monitoring was effective. Staff work schedules were prepared one week in advance, and showed calls were scheduled routinely to the same staff team at the same times.
- People told us staff arrived on time and stayed long enough to do everything they needed to before they left. Comments included: "Often they stay over the given time" and, "Sometimes they stay for a bit longer." The general manager said, "Our unique selling point is 'we agree a time and we will be there'."

### Assessing risk, safety monitoring and management

- Since our last inspection improvements had been made to the management of risks.
- People told us they felt safe using the service. One person told us, "They are very focussed and know exactly what they are doing." Another said, "All the staff are excellent. I feel very safe and very comfortable and never feel they will let me down."
- Environmental and health and safety risks had been scored to determine the level of risk and any actions required to keep people and staff safe.
- People's individual risks were assessed prior to receiving their care. If people's needs were too complex or staff did not have particular skills to safely support people, those care packages were not accepted.
- People's care plans contained risk assessments and information for staff to ensure care and support was provided safely.
- During care calls, staff accessed people's care information electronically. Additional notes and reminders were linked with individual care records, so staff had the latest information about any changes in people's support needs. One staff member told us, "All the people are definitely safe, and all risk assessments and care plans are kept up to date. If anything changes with a person we support, they immediately make sure the paperwork is up to date."
- Spot checks of staff competencies to provide safe care by unannounced visits during care calls had been suspended during the COVID-19 pandemic. The general manager gathered feedback about staff practice

during regular 'keep in touch' calls with people and relatives and planned to re-introduce spot checks and competency checks as restrictions eased.

#### Using medicines safely

- At our last inspection we found not all staff supporting people with their medicines had been trained in safe medicines administration. At this inspection improvements had been made.
- The general manager and operations manager had undertaken 'train the trainer' in medicines management. This training had been cascaded to all staff who gave people their medicines.
- Information about safe medicines practice was regularly shared with staff through weekly team updates.
- Managers checked people's electronic medication records each day to ensure they had been given their medicines as prescribed.

#### Systems and processes to safeguard people from the risk of abuse

- People said they trusted staff and felt comfortable with them in their homes. One person told us, "They are caring, empathetic people. The staff have been chosen very carefully and they are very careful about who they recruit. That is why they are very good."
- Staff knew how to protect people from abusive practice. The provider had a whistle blowing policy and staff knew when and what to do to record any concerns about people's safety or poor staff practice.
- When asked, one staff member said they felt supported to raise any concerns. This staff member said, "Concerns are immediately dealt with."
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us.

#### Infection and prevention

- Staff understood the importance of minimising the risk of the spread of infection to people through good hygiene practices. One staff member told us how they were supported to keep safe through the pandemic and explained, "All personal protective equipment and training was kept up to date weekly by the management or sooner."
- There were sufficient supplies within the office of PPE and hand sanitiser and processes were in place to ensure staff had a regular supply.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording any accidents or incidents.
- The provider knew what to do to investigate any issues and to learn from them. For example, following the previous inspection, a plan was implemented to address the shortfalls identified. The action plan continued to be updated and followed as new areas for improvement were highlighted.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

- The provider assessed people's support needs before they started using the service. Assessments covered people's care needs, likes and lifestyle choices and were used to formulate support plans for staff to follow. This ensured people's individual needs could be met and protected characteristics under the Equality Act 2010 were considered. One person told us, "The manager came to see me in the care home, and we had a very good discussion about what I needed."
- The provider considered whether they had staff with the appropriate skills and knowledge to provide effective support before accepting a care package.

Staff skills, knowledge and experience

- At our last inspection we found staff did not always have an induction into their role and some training was not up to date. At this inspection we found improvements had been made.
- New staff received an induction to the service to help them carry out their role. Induction training met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services.
- The provider had linked with other health providers, to provide face to face training to aid staff's learning.
- Where training was needed in relation to a specific condition or piece of equipment, external health professionals showed staff what to do to ensure they provided safe and effective support.
- Training courses continued to be planned and oversight from the provider checked training was completed and implemented through day to day practice.
- Staff told us they had the training and support they required for their role. One staff member said, "Definitely the training and support is very good."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people made their own meals or had family that supported them with this. Where people required support with their meals, staff supported people to have enough to eat and drink.
- People's specific dietary needs were recorded in their support plans. However, we saw examples where people's food and fluid intake was not always recorded. The general manager was aware some records required more detail to demonstrate what nutritional support had been provided.
- People told us staff always ensured they had drinks available to them to maintain their hydration. One person told us, "They always bring me a hot drink and leave two bottles of water on my table before they leave."

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

- People's care plans included information about other health and social care professionals involved in their care and support.
- Staff had developed links with health and social care professionals to ensure support was provided to people when required. One person told us, "The staff brought stuff for a urine test and returned it to the clinic without me asking them. That was great."
- Records showed staff had contacted people's GPs or other health professionals where they had concerns about people's health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care assessments included information about their ability to make decisions.
- People were involved in making decisions about their care and support. People had agreed their care plans and been asked if they were satisfied with their care.
- At the time of our visit, no one had to have their liberties or freedoms restricted through the Court of Protection.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At our last inspection the provider's governance systems were not consistently effective in managing risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a designated management team with specific roles and responsibilities. The provider who was also the registered manager supported the management team to carry out their roles.
- The management team worked well together and were committed to providing a high-quality service to people within the local area.
- Staff were able to access support and information at all times. There was an 'on call' system so staff working out of office hours always had access to support and advice. Duty managers prepared a daily report to ensure information was shared with the staff team.
- There were systems in place to monitor, maintain and improve the quality and safety of service provided. The general manager had identified improvements needed to be made in respect of record keeping and was addressing these shortfalls at the time of our inspection visit. Conversations with staff had begun to re-educate them on the importance of good and clear record keeping.
- The provider understood their regulatory responsibilities. The rating from the provider's last inspection was displayed in their offices so visitors and those they supported, could see their rating. A link to the report was displayed on their website.

Planning and promoting person-centred, high-quality care and support

- The registered manager and management team were proud of their service that retained its core value of local, person centred care supporting a small number of people.
- Staff were positive about the service provided and the leadership provided by the management team. Staff comments included, "It is a really good company to work for with good support and understanding", "Brilliant place to work and the best care place I have worked" and, "I really enjoy my job...lots of support and opportunities plus the management are great."

- Feedback from relatives and people demonstrated they were happy with the service. One relative had recently written, "Your care staff are phenomenal. They go beyond the call of duty." Another relative said, "The carers are well trained and always act with care and compassion, reporting any concerns immediately. There is excellent communication with the organisation and ourselves."

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

- The provider responded to feedback they received from people who used their service, relatives and staff. Feedback was gathered through a number of routes, which included an annual quality assurance survey, review meetings with people and telephone calls.
- People spoke very positively about the communication they received from the management team. One person told us, "They are continuously checking on everything." Another said, "The manager comes over once a month and I can speak on the phone whenever I want to."
- People and, with permission, their relatives could access people's daily care notes through an electronic app so they could raise any concerns immediately.
- Staff had regular opportunities to share their thoughts, whilst receiving feedback and updates about the service and the people they supported.
- Staff were encouraged to share their views to improve service provision. For example, staff had been asked to give their opinions about the format of new care plans before they were introduced into the service.

Working in partnership with others; Continuous learning and improving care

- The management team welcomed the inspection and our feedback, especially around some areas that still needed updating.
- The provider had developed supportive links with other local health providers and agencies, for example, working with a local care provider to support staff with face to face training.
- Other health support links had been established with GP surgeries, end of life care teams, district nurse teams and local charity groups. This helped support good outcomes for people.
- Staff had sought immediate advice and guidance from health professionals where there were concerns about a person's health.
- The provider and registered manager kept up to date with good practice during the COVID-19 pandemic through attending webinars facilitated by care development associations and reading bulletins released by the government, Public Health England and CQC.