

SheffCare Limited

Sheffcare Home Care Services

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 

Overall summary

Sheffcare Home Care Services is registered to provide personal care. Support is provided to younger adults and older people living in their own homes throughout the city of Sheffield. Support can range from practical support with household tasks to befriending, help with personal care and sitting services that may include

overnight support. The agency office is based in the Netherthorpe area of Sheffield, close to transport links. The service is available 365 days each year, 24 hours a day.

At the time of this inspection Sheffcare Home Care Services was supporting ten people whose support included the provision of the regulated activity 'personal care'.

Summary of findings

There was a registered manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Sheffcare Home Care Services took place on 7 April 2014. The service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 17 and 18 November 2015 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

People supported by the service and their relatives or representatives told us they felt (their relative was) safe with their care workers and staff were respectful. People told us the support provided met their needs and the care workers were kind, caring and polite. People spoken with said they had some regular care workers that they knew well. They usually knew which care worker would be visiting to support them and care workers generally arrived when they should.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

The support provided was person centred and each person had a support plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed to ensure they remained up to date.

People supported and their relatives or representatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

Summary of findings

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.

Safe procedures for the administration of medicines were in place and records of administration were maintained.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and relatives told us they were confident their loved one was safe.

Good



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



Is the service responsive?

The service was responsive.

People's support plans contained accurate information and had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the manager and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

Staff said the registered manager was approachable and communication was good within the service. Staff meetings were held to share information.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Good



Sheffcare Home Care Services

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 checked whether the registered provider was 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 17 and 18 November 2015 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and Sheffield clinical commissioning Group (CCG). Information received was reviewed and used to assist with our inspection.

As part of this inspection we spoke in person or over the telephone with people supported by Sheffcare Home Care Services, to obtain their views of the support provided. Whilst ten people were supported with personal care, only eight people were available to speak with as two people were in hospital at the time of this inspection. We visited two people in their own homes and spoke with them or their representatives. We also telephoned six people and were able to speak with four people's relatives about the care their relative received.

We visited the office and spoke with the registered manager, the care coordinator and the administrator. In addition, four care workers visited the office base so we could speak with them.

We spent time looking at records, which included five people's care records, three staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Every person and their relatives spoken with told us they felt safe with care workers from Sheffcare Home Care Services. Comments included, “There is nothing to make me feel unsafe, I know I am very safe with all the staff that visit,” “They are all right, see to it I’m all right. I am safe with them” and “I know [name of relative] is safe. I trust them all.”

We asked people about the support they got with their medicines. Most people spoken with managed their own, or their family members medicines but one person told us, “I take my own tablets, they [care workers] just remind me so I feel safe with that, it works well. They sign a sheet to show they have reminded me.”

People said that staff wore protective clothing for infection control, and commented, “They always use their aprons and gloves” and “The carers wear ID badges and they know how to get in. They always let me know who it is coming in. They wear gloves to keep clean.”

We saw that questionnaires had been sent to people supported and their representatives in July 2015. We looked at the completed questionnaires to check what comments people had made. When asked how well carers did in keeping them comfortable and safe, four of the five respondents said ‘excellent’ and one respondent said ‘very good.’

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew these policies were available to them.

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the support plans checked contained clear detail regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. The support plans seen also contained details of the person’s medicines so that staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training matrix which showed that all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of three care workers. They all contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at five people’s support plans and saw that each plan contained detailed risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

The service had a policy and procedure on safeguarding people’s finances. The registered manager told us that they did not handle the finances of any person supported with personal care. We saw that financial transaction records were available to staff so that full and accurate records

Is the service safe?

could be maintained if care workers ever handled a person's money. The registered manager confirmed that when used, completed transaction sheets would be returned to the office for checking.

All of the staff spoken with said that they were given enough time to travel to people and spend the agreed

amount of time supporting people. People and their relatives or representatives told us that staff never rushed a support visit. This showed that sufficient staff were provided to meet people's needs in a safe manner and staff were deployed safely and appropriately.

Is the service effective?

Our findings

People supported by the service and their relatives or representatives spoken with told us the service delivered care in a way that met their relatives individual needs and ensured their health and safety. They told us that the service was reliable and, in the main, they knew the care workers that would be visiting. People said they had never had a missed visit.

Comments included, "They are always reliable, and I know they will come. Once I had a call to say they would be late, it was in bad weather but they still made it," "I have never had a missed visit and they [care workers] always stay as long as they should, we have a chat," "It's not always consistent because there is a lot of staff changes in this type of work. I get an itinerary of who is coming each week. By and large they are on time and always stay the full time. I know some staff very well," "They have always been on time, sometimes they are a bit early and if they think it's too early they wait in their car. I think that's good," "They do a lot of travel but are generally on time," "They've never missed. No one fails and I always get my three visits a day. They [care workers] have to travel across to the other end of Sheffield and back, sometimes they're a bit rushed but never miss, reliable" and "Sometimes they stay longer than they should, they are very good."

People and their relatives or representatives told us care workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "They [care workers] know what help I need, they give me the support I need in the way I want it," "They know what needs doing and always ask me if there is anything else I need. I appreciate that" and "They are smashing, just what's needed."

People told us they had access to health professionals and visits from care workers did not hinder or restrict these.

We asked people supported and their representatives if they found it easy communicating with the office staff. They told us that they had been provided with telephone numbers and could always speak to someone at the office if they needed to.

In the completed questionnaires, when asked how well Sheffcare did in providing up to date information and keeping them informed of changes, one respondent said, 'excellent', two respondents said 'very good', one said

'good' and another said 'poor'. We looked at the action plan and saw a newsletter had been introduced and plans to discuss updates in people's reviews had been made to address this.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said that the training provided by the registered provider was good. The majority of training was completed online. Training records showed induction training was provided that covered mandatory subjects which included health and safety, medication and safeguarding, but also included subjects such as customer service and disability awareness. The registered manager informed us that the staff induction and training was in line with the new Care Certificate award that staff were in the process of achieving. Staff told us new staff shadowed a more experienced member of staff before working on their own. Staff said the induction training was also good. Staff spoken with said they were up to date with all aspects of training. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers' at any time. Staff were knowledgeable about their responsibilities and role.

We saw that each staff member was provided with an induction and training file that contained information and guidance on specific subjects such as dementia, end of life care, dignity and specific medicines so that staff had access to relevant information to update their knowledge.

There was a policy on consent to care and treatment in place to ensure clear procedures were in place to ensure people's agreement was obtained. We spoke with the registered manager about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained that assessments were

Is the service effective?

always undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan and they [or their relative] signed them to evidence their agreement.

We looked at five people's support plans. They all contained a statement indicating if the person supported was able to sign. Support plans were signed by the person supported, or their representative where it had been identified they were unable to sign. They each contained a signed consent form to show their agreement to the support provided. The files also contained signed consent forms relating to medicines where relevant. This showed that people had been consulted and agreed to the support provided.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This does not apply when people are supported in their own homes.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service had written information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that staff were provided with important information to uphold people's rights.

We spoke with four care workers during our inspection. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Staff spoken with confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding.

Is the service caring?

Our findings

People supported by the service and their relatives or representatives spoken with told us the care workers were caring and understood their preferences and needs. Everyone asked said the care workers were kind. Comments included, “The lasses [care workers] are smashing. They always come and see to it, see I get what I need. They always ask if there is anything else I need before they go,” “We are very happy with the carers [care workers], they are very good. We have a nice set [of care workers].”

People supported by the service and their relatives or representatives spoken with told us the care workers were always respectful. Comments included, “They [care workers] are always polite and very respectful,” “Every company has its problems but overall I have found them caring, responsible and respectful. Staff are always polite” and “The staff [care workers] are good, they respect my privacy as well as [name of relative].”

People supported by the service and their relatives or representatives spoken with told us that care workers involved them and always asked their opinion. They said that staff always asked what support the person supported wanted and if there was anything else they needed. One person said, “They have time for a chat, it makes a difference. They always ask how I am and I think it matters to them.”

One relative told us, “The staff are caring and polite. Although they are young they dealt with [name of relative] end of life so well. They were very respectful.”

In the completed questionnaires, when asked if their dignity, privacy, choices and rights were respected, all five respondents said, ‘yes’.

We spoke with four care workers about people’s preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their

involvement with people in relation to the physical tasks they undertook and the support that was needed. Staff also described good relationships with the people they supported regularly. They were aware of people’s history, interests and what was important to them. Staff we spoke with could describe how they promoted dignity and respect. People told us care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people’s rights. Every staff member spoken with said they would be happy for a family member to receive support from Sheffcare Home Care Services.

The support plans seen contained information about the person’s preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. All of the relatives and representatives spoken with said that they had been involved in writing the support plan. They explained that the registered manager had visited them to discuss this. Some people told us the registered manager had visited them for a review meeting to check the support plan was still up to date. People said that if any changes were required they only had to tell the care worker or the registered manager and they would update the plan. This showed people had been involved in discussions about their support and important information was available so staff could act on this.

People told us that they had some regular care workers that knew them well, and other care workers that they saw less frequently but were part of a group of care workers that visited them.

Staff spoken with said that they had a regular schedule, which meant they could get to know the people they supported, their preferences and needs so that these could be met.

Is the service responsive?

Our findings

People spoken with said the support provided by Sheffcare Home Care Services was reliable and they had been involved in planning their care so that the support provided matched their needs. People said the registered manager from the service had visited them to assess their needs and write a support plan. Relatives and representatives told us they had been involved in writing the support plan with them so that their opinions were considered.

People commented, “We met with [the registered manager] before they [care workers] started to visit. We were asked what help we wanted, what we needed,” “My daughter saw to all that, they did the paperwork. I get the help I need,” “I’ve got a book where everything is written down, what time they [care workers] come and everything. Someone from the office came here to do it with me” and “We met with the manager and talked about it all, we felt very involved.”

In the completed questionnaires, when asked how well Sheffcare did in responding to their concerns and questions, two respondents said, ‘excellent’ and three said ‘very good. When asked how well Sheffcare did in responding to any complaints, three respondents said, ‘excellent’ and one said ‘very good.’

People told us that their support was provided in the way they wanted and staff knew what support was needed. However, during our inspection one relative spoken with shared a concern regarding a specific aspect of the support provided to their relative. With their permission we shared this with the registered manager. The registered manager contacted the relative on the same day and arranged for appropriate action to be taken to resolve the concern. The registered manager also involved a healthcare professional to ensure a relevant and appropriate response was provided. The registered manager confirmed that a meeting had been arranged at the person’s home for the week following this inspection, with all relevant staff to make sure they had up to date knowledge. The registered manager confirmed the relative was happy with the actions taken. This example showed a responsive approach to meeting people’s needs.

People told us that they had no worries or concerns, but knew who to contact if they had. People said that staff at the office would listen to them. Comments included, “I’ve

got the numbers in my book and know I can ring if I need to,” “I had to ring [the registered manager] once about a concern, but she sorted it out for me” and “I wouldn’t hesitate to ring the office if I was worried about anything. I’ve never had to but I’m sure they would listen.”

We looked at five people’s support plans. They all contained a range of information that covered all aspects of the support people needed. They included information on the person’s interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people’s needs were met. Risk assessments had been written so that any potential risks, and the actions needed to reduce risk, had been identified. The plans and risk assessments had been regularly reviewed to make sure they were up to date. The support plans had been signed by the person receiving support or their relative and representative to evidence that they had been involved and agreed to the plan.

We spoke with four support workers and the care coordinator who also undertook some home visits. Staff spoken with said people’s support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people’s individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people’s plans contained accurate and up to date information that reflected the person. Staff told us that they were usually introduced to people and visited them in their homes with the registered manager or when shadowing more experienced staff. They also said that they never supported a person without an agreed plan in place. They said that they had access to people’s support plans and copies were kept in each person’s home and the office so that important information was always available. Staff kept records of each visit to show what support had been given. We looked at these records for five people supported by the service. They contained clear and sufficient detail to give a full picture of the visit and the supported person’s wellbeing so that this could be monitored. We saw that the length of visits recorded matched the visit times set out in the persons support plan.

We found the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

Is the service responsive?

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. A 'Tell us how it really is' leaflet was provided to each person supported and we saw copies of these in the files kept at people's homes. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The

procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. We looked at the record of complaints which showed that full and relevant detail was recorded.

Is the service well-led?

Our findings

The manager was registered with CQC.

There was a clear staffing structure including a registered manager who had been in post since the service commenced.

People supported, their relatives or representatives had met the registered manager. People told us they had found the registered manager approachable and supportive. Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability. There was evidence of an open and inclusive culture. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I love my job. We get quality time with people and give quality care." All staff spoken with said they felt valued by their managers'.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We found the area care manager from the company had undertaken monthly quality assurance visits to check and audit procedures within the service. In addition to routine audits, each quality assurance visit had a different focus, such as health and safety, dignity and care planning. We saw the record of these visits for the three months prior to our inspection. They had been fully completed and showed that all aspects of the running of the service had been considered, for example, staffing and support planning.

We saw that checks and audits had also been made by the registered manager and administrator. These included support plan, medicines records, daily records of visits to people's homes, supervisions, health and safety, infection control and continuity of care.

We saw that where gaps had been found, an action plan had been undertaken to remedy and respond. For example, one audit of daily records seen identified that one staff had not signed the record and a note was made to confirm the person had been reminded.

We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

We found a computerised 'Iconnect' system was in place to log the times and duration of all visits. The system showed planned versus actual reports to that the manager could audit these. We saw a record of one persons planned versus actual report which showed that staff were staying for the full length of time. The manager told us she regularly checked the planned versus actual log.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

We saw records of spot checks that the registered manager and care coordinator undertook. These unannounced visits were used to observe care workers providing support, and to ask the opinion of people being supported. All of the staff spoken with said that regular spot checks took place.

As part of the services quality assurance procedures, the questionnaires reported on throughout this report had been sent to obtain people's opinion and identify areas for improvement. We looked at the results from these and saw five completed questionnaires had been returned from the 12 sent out in July 2015. We saw that positive comments had been made. These included, "[The carers] have been excellent," "All of the staff have been good ambassadors for your organisation" and "We would not hesitate to recommend Sheffcare." The registered manager confirmed that all questionnaires were audited and a report undertaken to make sure the results of the surveys were available to people. We saw the report from the most recent survey which described the actions taken to address any concerns reported. The registered manager told us that where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis.

The audit of questionnaires showed that in July 2015, eight were sent to professionals who had contact with the service, such as continuing health care, district nurses and GP's. As yet no completed questionnaires had been returned.

Is the service well-led?

We saw that staff questionnaires had been undertaken in December 2014 and a report and action plan had been undertaken. We found that further surveys for staff had been produced and the registered manager told us that these were ready to send to staff.

Staff told us communication was good. Staff spoken with said staff meetings took place and they felt able to contribute to these.

The service had policies and procedures in place which covered all aspects of the service. We sampled the policies held in the policy and procedure file stored in the office and found these had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.