

Care at Home (Shropshire) Limited

# Care at Home (Shropshire) 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 12 November 2015 and was announced.

Care at Home (Shropshire) Limited is a care service registered to provide personal care and support for people in their own homes in Ludlow and the surrounding areas. At the time of our inspection they were providing care and support for 34 people.

There is a registered manager in post. 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.

# Summary of findings

People were protected from harm and abuse because they were supported by staff who knew how to recognise and respond appropriately to risks of harm or potential abuse. Staff did not start work until appropriate checks had been made to make sure they were suitable to support people in their homes.

People were involved in the planning of their care and in the reviews. The provider encouraged people to raise any issues and people were confident that action would be taken by the management team to resolve any issues.

People were encouraged to maintain their independence and staff supported this. Staff provided care which was kind, compassionate and promoted people's privacy and

dignity. Staff had developed positive working relationships with the people they supported. People were encouraged to make their own choices and decisions and felt listened to and respected.

Staff received induction and ongoing training in order for them to provide care. Staff were supported by the management team and received regular feedback on their performance.

People knew how to make a complaint if they needed, The provider completed regular quality checks to ensure standards of care were maintained. People's views were sought on a regular basis and any areas for improvement were identified and acted upon. People were aware of who the management team were and felt they were approachable and listened to them. People's views were sought about the quality of the service.

# 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.

People felt safe and staff treated them well. Staff were aware of how to protect people from danger and harm and knew the processes they should follow to make sure people were kept safe. People were supported to take their medicine and we found systems were in place to make sure these were managed safely by staff.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's specific needs and sought their consent to care and support. The management team made appropriate referrals to other agencies when there were any changes in people's needs or risks.

Good



### Is the service caring?

The service was caring.

People's privacy and dignity was promoted by the staff. People were supported with kindness, compassion and respect. People and their relatives were consulted about their assessments and involved in developing their care plans. People were actively encouraged to express their views about their care and support.

Good



### Is the service responsive?

The service was responsive.

People received care that met their individual needs and which was responsive to any change. People receiving care and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

The management team was approachable and people felt the care provided was well managed. People who received care and their relatives were regularly asked for their views. The provider recognised the importance of regularly monitoring the quality of the service provided to people. Staff received support and regular feedback from managers.

Good



# Care at Home (Shropshire) Limited

## 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 12 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience, who had experience of older people's care and health services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our planning for the inspection we asked the local authority and Healthwatch to share any information they had about the care provided by Care at Home (Shropshire) Limited.

We spoke with six people receiving services, the registered manager, care manager, five care staff, and 11 relatives.

We looked at the risk assessments and specific care plan records for two people and looked at records relevant to the quality monitoring of the service, staff training, safeguarding, incident and accident records.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe. One person said, “They undertake my needs safely”. Another told us, “It’s so reassuring that the [staff] support me gently and securely”. One relative said, “My [relative] is 100% safe in their hands”. The registered manager and care staff told us that they had received training in safeguarding. They showed us they had a good understanding of the different types of risk and abuse and what action they would take if they had a concern. We saw records which confirmed staff participation in safeguarding training. Staff had access to information on how to raise a concern within and outside of the organisation.

Risks to people’s safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people’s care and understood how to keep people safe whilst ensuring they were not restricting them. We saw one staff member raise a concern regarding the safety of someone they were supporting. The management team took immediate action to protect the individual whilst seeking assistance from the local authority. A staff member told us, “People have the right to take acceptable risks, it’s what we all do. Sometimes we just need to pass on concerns in case the person doesn’t fully understand the consequences”. The registered manager showed us records of incidents and accidents and the action they had taken to prevent reoccurrence.

One person said, “They have never cancelled and tend to arrive on time. They are not clock watchers”. Another told us, “The staff always turn up when they say they will”. The

registered manager said the time and amount of staff who provided support to each person was set by the local authority who paid for the care provided. The care manager assessed the person’s personal needs. They then negotiated with the local authority any changes to the care provided to ensure sufficient staff are available. Some people funded their own care and the registered manager said as with the local authority agreements they assess the person’s needs and agree the care required.

Safe recruitment and selection processes were in place. The registered manager described the appropriate checks that would be undertaken before staff would start working with them. These included satisfactory Disclosure and Barring Service (DBS) checks and written references to ensure staff were safe to work with people in their own homes. Staff we spoke with confirmed that appropriate checks and references had been gathered before they started their employment.

People told us that they were prompted to take their own medication. One person said, “They [staff] check that I take my tablets. I am a bit forgetful, so that helps”. The registered manager told us, “We prompt people to take their medication as this helps them to maintain their independence in their own home”. We saw risk assessments, care plans and staff training records for medication and what to do if there were any concerns. Staff told us how they prompted people to take their medication and if they had concerns that someone was not taking their medication they would talk to them and let the registered or care manager know.

# Is the service effective?

## Our findings

People told us that they were involved in their assessment and care planning. One person said, “They [staff] came out to see me and I explained what I needed and they listened and made me feel that I had control over my care”. A relative said, “I met with [staff] prior to my [relative’s] care beginning with them. They were keen to encourage mum’s independence and listened intently to everything we had to say”.

People told us that they were happy with the care and support that they received. A relative said, “My [relative] has a great deal of support. They need help with every aspect of care. Although inevitably there are different individuals coming in, everyone knows exactly how to support [relative]. One person told us, “The staff are well trained and know exactly what they are doing. Even if someone different comes, they seem to understand what I need”. Staff were knowledgeable about the people they supported and confirmed that they had access to care documentation to enable them to support people effectively.

Staff told us that as part of their induction to employment they shadowed a more experienced staff member. As part of this induction they met the people that they will be supporting and others who received support from the provider. One person said, “A new carer is bedded in properly. [Care manager] brings that person round to show him or her where things are. This service is great it offers a really good service”. The registered manager said that it was important for people to meet those supporting them to build a rapport which creates an effective working relationship. Staff told us they were well supported by the management team. They felt they could approach the registered manager or care manager at any time they wanted and were able to discuss anything that they needed. Staff felt that they had access to a good range of training and were competent in the tasks that they performed. This meant that people received care from appropriately trained and supported staff.

One staff member told us they always checked that people had enough to eat and drink when they visited. One person said, “The carer always makes sure there is enough water left for me until the next visit”. A relative told us, “They make [relatives] meals and refreshments for in-between visits”. Staff ensured that people had access to food and drink during the times that they were not visiting.

Staff were proactive in seeking assistance when people’s needs changed. Staff told us that as they consistently saw the same person they were able to notice subtle changes including any weight loss or gain. Staff told us that they reported any issues to the registered manager after first talking to the person. Staff understood people’s needs and preferences and were adaptable to changes. One person said, “I wasn’t too well one day so the carer rang the surgery for me and a visit was organised”. One relative told us, “Staff made phone calls to the GP just to check things through so my [relative] was clear about the advice they had been given as they were a little uncertain”.

People were asked for consent before care and support was given. One person said, “They ask for my consent before they do anything for me”. Another confirmed staff members, “Always ask my permission before doing anything to support my personal needs”. People’s ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff.

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. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act.

# Is the service caring?

## Our findings

One person said, “All my carers are lovely and kind. They are a bit of a lifeline, my link with the world. They have such patience as well, they don’t seem to rush off to the next appointment”. Another told us, “I can describe the care I receive in one word, brilliant. I can’t speak highly enough about my carers who treat me in a way that makes me feel that I matter”. Staff that we spoke with talked about people they supported with kindness, compassion and respect. A staff member said, “Just by being in someone’s house you have to realise that you are intrusive. You have to respect the person, what they want and how you can assist them to achieve it”. One person said, “We will have a conversation about the day and what we will be up to. It breaks down any feeling of isolation and is such uplift for us”.

People and their relatives were encouraged to express their views about the care delivered and were actively involved in decisions about their support. Initial assessments of care, regular reviews and quality surveys encouraged people to express their opinions and suggestions. A relative said, “When discussing support for [relative] we have had occasions when we have set up ‘Skype’ so I can take part in the discussions”. One person told us, “I was provided with

information by [care manager] about advocacy services and how I can contact them. I have not needed to use them but it is reassuring that they [staff] will always support me should I need”.

Staff promoted people’s privacy and dignity. One relative said, “The way they support my [relative] makes me feel humble at times. They respect their privacy and dignity 100%”. One person told us, “My privacy and dignity was totally maintained by these lovely people. Another relative told us, “They treat my parents with great respect”. Staff told us that privacy and dignity formed part of their induction training. The training records we saw confirmed this. A staff member said, “Dignity is at the heart of what we do, you talk to someone, offer them choice, listen to them and allow them to do as much as they can and only assist when requested”.

The registered manager told us that they tried to keep consistency in the staff members which supported each person. This was to enable them to build a relationship with them where the person could trust the staff member who would also know the person’s individual likes and dislikes. One person said, “I have never been supported by someone I do not know and who does not know me and what I like”.

# Is the service responsive?

## Our findings

People told us that they were involved in the planning of their care and in any reviews. One person said, “They all listen to what I need, which is what makes everything work so well”. Regular reviews of care took place which included people and included personal history, needs and preferences. One person said, “I don’t need to review the care at specific times, as there is regular contact where information is passed. [Care manager] initially came out and the contact since means there is easy access both ways and I can talk to [care manager] about any issue.

Changes in people’s needs were identified and acted on promptly. One relative told us, “I was worried last week that there seemed to be an issue with [relative] I was concerned about them. They [care manager] came over and made a risk assessment and the support was modified to meet change in need”. One person said, “The care I receive is first rate. If I need a different kind of support on a particular day,

they will alter the schedule”. People were encouraged to be fully involved in the care provided and were confident that the provider would respond appropriately to their needs and preferences.

People told us that they knew how to raise a concern or make a complaint and were confident they were listened to and responded to appropriately. One person told us, “I know that if I have any concerns at all, [care manager] is the other end of a phone and they will sort it for me”. One relative said, “They listen to what we have to say and act upon it”. We saw records where a concern was raised. The registered manager took immediate steps to rectify the concern and told the person the outcome. The care manager made appropriate changes to how care was delivered and records indicated the person was happy with this arrangement. One person told us, “The provider responds quickly if things aren’t quite right”. Another said, “The provider listens to and acts on any issues”. We saw records of team meetings where any concerns or comments were discussed as part of a team as an opportunity for learning and improvement.



# Is the service well-led?

## Our findings

People told us that they felt involved in how services were provided and they were regularly asked to comment on the care they received. One person said, “It feels a very personal service to be honest. [Care manager] turns up once a year to check all is running OK”. Another said, “[Care manager] is the one who deals with any issues and they have been round to ask me what I think of things and if there is any change in my needs. I can talk to them and they listen. I am extremely satisfied with the care”. A relative told us, “This is a well-run company that places us at the heart of what it does”. Staff told us the importance of recognising people as individuals and this was promoted by the registered manager and care manager and evidenced in the care plans for each person that received a service.

The registered manager told us that questionnaires designed to gain feedback on the quality of the service were routinely given out to people and their relatives. The results of these questionnaires were then used to make changes to the provision of services and discussed at team meetings. This enabled the person to have a say in the service that they received and also to develop the service provided to others as the provider adapted practice where needed. We saw records of quality checks and changes made as a result. People we spoke with felt that their feedback was listened to and valued by the provider.

Staff said they were supported in their jobs by the management team and that they received regular one-on-one support sessions. Regular training was provided to enable staff to develop their skills in providing care. One staff member said, “Since starting I have been

provided with all the basic training I need to do my role but I have since requested further training in an area that I feel would benefit people and this has been supported”. We saw records of staff meetings which provided a forum for staff to openly discuss their practice, share information and ideas about the development of the service. Staff knew what was expected of them and they were motivated in their work. Staff members had a clear understanding of the provider’s whistleblowing procedures and felt able to raise concerns of bad practice should they need to. Staff said they believed they would be supported by the management team if they had to raise a concern.

The provider had a registered manager and care manager in place. The registered manager and care manager had a clear understanding of their role, responsibilities and organisation values. There was provision in place for staff to seek advice and support outside of office hours. Staff told us that they felt part of a team and that managers listened to and valued their comments and opinions. We saw one staff member approach the care manager with a concern. This was acted on immediately and the staff member received feedback immediately. The staff member told us that they could always seek advice and guidance at any time including weekends. The management team had appropriate systems in place to record and respond to incidents and accidents including identified learning points. The registered manager was aware of their responsibilities and had appropriately submitted notifications to us. We saw revised risk assessments following incidents and staff members were able to inform us of these changes. The management team had good communication system in place to pass on any changes to staff ensuring consistent delivery of care.