

Shine Care Limited

Shine Oncare Limited Head Office

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

Shine Oncare is a domiciliary care agency providing personal care support to eight people at the time of the inspection. 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.

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

People were safe as staff were knowledgeable and aware of people's individual needs. All staff could identify signs of possible abuse and neglect and knew how to report such concerns. Risk was managed on an individualised basis and assessments provided staff with clear guidance.

Staff were carefully chosen by the registered manager based on their skills and experience and provided consistent care teams for people. However, the recruitment checks needed to be more thorough and the registered manager agreed to implement this. Staff were supported through regular supervision and training and had experienced mentors.

Medication was administered safely and staff had their competency checked. Infection control practice was effective and staff displayed a good understanding of all measures needed to reduce the likelihood of harm.

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. The service was person-centred and all support was based on detailed, multi-disciplinary assessments.

Care documentation was informative and assisted staff to care for people safely and to ensure people developed their skills and independence as much as possible. There was good evidence of working with other groups to ensure people had the widest opportunities.

Staff felt supported and the registered manager was very knowledgeable. The provider offered regular support through recognising achievements. The service had developed by considering each person's merits and this vision continued with staff. There was strong culture of listening and adapting the service based on people's needs and wishes. Staff felt able to share their ideas and these were implemented wherever possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – Good (report published 8 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 two inspectors. One inspector visited the head office in Wakefield to review documentation and meet the registered manager, and the other inspector visited two people receiving support from the service in Newcastle.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and respite accommodation.

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 48 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 24 June 2019 and ended on 11 July 2019. We visited the office location on 24 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed two people who used the service. We spoke with six members of staff including the provider, registered manager, training manager and three support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to recognise potential signs of abuse and neglect and knew how to report such concerns.
- There had only been one incident of harm which had been managed effectively. Staff told us they had never witnessed any poor practice from colleagues.

Assessing risk, safety monitoring and management

- People's specific behavioural needs were documented in robust risk assessments and staff had guidance on what action to take if these behaviours occurred. These risk assessments focused on least restrictive intervention at all times.
- Staff understood the importance of offering people regular reassurance to reduce the risk of agitation. One person liked to have their hand stroked, in a quiet room. One staff member described in detail how aware they were to one person's movements.
- Accidents were reported properly and reviewed if needed. Staff had all received training on the prevention and management of physical aggression to ensure people's safety such as when crossing the road, but restraint was never used.
- Staff completed daily health and safety walkarounds to visibly check for environmental obstacles. They also shared key information and were willing to learn from one another.

Staffing and recruitment

- Staff were recruited through the direct approach of the registered manager. They were hand-picked based on their skills, experience and attitude. One staff member said, "[Name of registered manager] is absolutely brilliant at spotting where people will work well and add their personalities."
- Staff were employed to work with specific people rather than to be generic support workers. This meant they were assessed as to how well they would interact and promote the wellbeing of the person based on their own skills. Staff teams were consistent meaning people were supported by the same staff working a shift pattern. Agency staff were not used.
- Staff were recruited to bank positions first to check their suitability before being offered permanent contracts. This allowed observation and colleague feedback regarding suitability. New staff told us they felt very supported.
- References and pre-employment checks were made, however, not all were detailed enough. We spoke with the registered manager about ensuring gaps in employment were thoroughly explored in each instance.

Using medicines safely

- Medicines were administered safely. Staff explained the process they followed which was safe and records were completed properly. Medicine audits were conducted as part of spot checks to people's homes to ensure correct practice was being followed. Competency assessments were completed to ensure staff were proficient.
- We found medicines were stored in an unlocked cupboard in one person's kitchen and although access was limited through a safety gate and there had been no incidents, we could find no evidence of an appropriate risk assessment to minimise the risk of harm and evidence this was deemed safe. We spoke with the registered manager to ensure this situation was reviewed promptly.

Preventing and controlling infection

- Staff had access to, and used, personal protective equipment in line with best practice.

Learning lessons when things go wrong

- The registered manager was very reflective in their personal management style and every incident which came to their attention was reviewed and questioned to see if the situation could have been handled differently. Equally praise was given freely where staff had minimised impact for a person.

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 good. At this inspection this key question has remained the same. 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

- As people had complex needs the service spent some time working alongside their previous support services, whether in hospital or the community. This ensured relationships developed and the person began to trust their key workers.
- Part of this time was spent with people developing better coping mechanisms to reduce the incidence of behaviours. Multi-disciplinary assessment meetings took place to ensure all key people were included in shaping the support package required and focused on the person's individual needs.
- The registered manager had sound knowledge of best practice in supporting adults with complex behaviour and autism.

Staff support: induction, training, skills and experience

- Staff received a six month induction which included all core training, shadowing shifts and through this period were supported by a mentor. Supervision was offered to staff after their initial four weeks, then conducted every eight weeks. Annual appraisals were also conducted to praise progress and determine developmental needs.
- Staff accessed online training in a range of topics and were encouraged to develop their skills further by taking higher level National Vocational Qualifications. The registered manager was keen for staff to progress and was a strong advocate of self improvement. They were in the process of developing portfolios of learning for each staff member.
- All staff had access to psychological support to ensure their own mental wellbeing.

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

- Staff were aware of people's specific needs and monitored them closely where there were choking risks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported one person who was living in a respite service. They worked alongside the respite service's staff to support the person and we observed positive interactions. We saw an email which stated, "Your staff are second to none and we thoroughly enjoy working with you all."
- Staff communicated well with each other through completing a detailed communication book and spoke highly of their colleagues who they described as very supportive.

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

- People were supported to attend health and other appointments as necessary. Wherever possible health professionals came to people's own homes to minimise the stressful situation.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had necessary mental capacity assessments in place and staff were aware of the significance of these.
- The service was monitoring the DoLS authorisations properly, minimising the use of restriction at every opportunity. Staff were aware of people's decision-making abilities and the relevance of the DoLS.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were calm and patient in their approach. They clearly knew people well, telling us of their likes and dislikes including musical preferences. One staff member had downloaded a musical application to enable the person to listen to their favourite music on their telephone.
- One person responded better with female care staff and this was met by the service.
- Staff were able to explain how one person communicated through specific words and phrases, and also their body language.
- People's spiritual needs were considered where staff were aware. One person had a prayer read to them every evening before going to bed which helped shape their routine.

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

- We observed staff responding to people's wishes. One person was keen not to enter certain rooms and so staff supported them to access other areas.
- Reviews of care were conducted with family and other relevant people as this ensured all those important to the person and the person themselves were included in discussions.

Respecting and promoting people's privacy, dignity and independence

- Staff discussed how they ensured people's privacy was respected such as planning ahead for trips to ensure access to suitable toilet facilities. Staff also made certain people had a change of clothes when going out.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was person-centred. The registered manager said of one person, "They taught us how to support them." This was referring to an individual who had been in long stay hospitals for much of their life. They explained they had developed their support package around how the person presented and expressed their needs, and this had evolved over time.
- People were supported to go out as often as possible. One person enjoyed walks after lunch with their support staff. Another person was observed listening to music and spinning in their garden. People also undertook art and craft activities and we saw a beautiful tree made out of handprinted leaves.
- Staff had found out one person used to enjoy swimming, so they arranged for this person to go regularly. They visited a local centre where this person enjoyed the sensory room and climbing frames as well. This person also visited a sensory garden and seaside as often as possible.
- Care documentation was personalised and was reviewed regularly. Specific words people used were noted to support staff in understanding the person's needs. Handovers were verbal with key information recorded in a communication book for each staff team. Notes were detailed and appropriate.
- Staff accessed an electronic application which they completed regularly to ensure people's needs were met according to their support plan. Records were reviewed at least monthly by the registered manager to ensure care was being delivered as specified in the person's support plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to explain how people communicated. One person needed slightly louder volume to ensure they heard properly due to being hearing impaired. Staff discussed how they had to ensure sufficient time had elapsed for the information to be processed and were aware of the person's body language as this often indicated how they were feeling.
- Other staff members described symbols or words people used to indicate their views. One person was communicated with via text message as this enabled them to respond when they felt able to. Another person appreciated changes in pitch and tone of voice.
- The consistency of staff teams assisted with this and promoted effective communication as one staff member said, "When you work with someone a lot, you get to pick up on the little signs."
- One person was assisted to distinguish between day and night through the use of large pictures of the sun and moon displayed on their bedroom door depending on the time of day. Photographs were also used to

support people in remembering task sequences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain regular contact with their families and staff knew relatives well. One staff member explained how they were discussing how to engage the person with more social activities alongside their family members.
- When a person started with the service a care map was drawn to show all important people and places for that individual. The service then considered how it could continue to support and develop these connections.

Improving care quality in response to complaints or concerns

- The service had not received any complaints but the opportunity was available for anyone who any concerns to raise them.
- The service had received a poignant compliment, "It's all about the hairclips and the earrings" which referenced the smallest of details mattered to staff to ensure the person was well cared for and the focus of their support.

End of life care and support

- No one had an advanced decision in place but people were supported to discuss their end of life preferences with their circle of support.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We looked at the intervention the service had had for one person and saw their support had reduced from three staff members to one as their complex behaviours had become more manageable.
- The registered manager shared one person's outcomes which included a reduction in the use of medication, a 96% reduction in self injurious behaviour since the service began supporting them over eight years ago, and an ability to converse rather than just use a few words.

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

- The provider was committed to the service and very supportive of all the staff. They had arranged a barbeque in the Newcastle area during the week of the inspection for all people using the service, their family and staff. They had also invited landlords of the properties where some people lived as the relationships were so positive.
- We saw evidence of compliments shared by the provider to staff about their performance and work ethic.

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

- One staff member told us, "I've got a lot of respect for the registered manager. They're always at the end of the phone." Other staff members confirmed how supported they felt.
- The application used by staff flagged up missed calls or medication which meant errors were minimal. The registered manager oversaw all alerts and could access records at any time to ensure the service was responding as it should.
- Quality assurance measures were specific to each person and conducted around the needs of the individual ensuring all key support tasks had been completed and their environment was safe.

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

- One staff member had an assistance dog which they brought to work after appropriate risk assessments had been completed, and this was well received by the person they were supporting as it provided a further sensory experience.
- Staff spoke positively of their roles and how much they enjoyed the opportunities people they supported had to live a quality life.

Continuous learning and improving care

- Since the last inspection the service had evolved into two distinct aspects, complex care and care at home. Staff were being encouraged to develop their understanding of all elements of care provision with a view to being independent managers.
- The service used staff's particular skills to develop forms of support. One staff member was a cartoon illustrator and used their artistic skills to draw strips and pictures to enable people to make decisions. Another staff member told us how they had noted the person they supported enjoyed a massage chair experience so one was bought for them.
- The registered manager had an aspiration to open a café where people could work and have meaningful employment while also supporting an animal rescue centre.

Working in partnership with others

- The service promoted community integration and we saw where neighbours made the person cakes and the service looked after their house if they were away. Another person down the street was checked on by staff as they were also vulnerable. Everyone in the person's locality knew them and greeted them.