

Shining Care Limited

# Shining Care Ltd

## Inspection report

The Old Co Op  
38-42 Chelsea Road  
Bristol  
Avon  
BS5 6AF

Tel: 01173251275  
Website: [www.shiningcare.co.uk](http://www.shiningcare.co.uk)

Date of inspection visit:  
04 October 2023

Date of publication:  
08 November 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Shining Care is a domiciliary care agency providing support and personal care to people in their own homes. The service provides support to adults who have a range of physical, cognitive, or mental health needs. At the time of the inspection, the provider told us 50 people were receiving support with personal care from the service.

Not everyone who used the service received personal care. Care Quality Commission (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 not always protected from the risk of abuse. Systems and processes had failed to ensure incidents of alleged abuse or harm were identified, reported, or investigated thoroughly and in a timely way.

Governance and accountability arrangements were not always clear and quality assurance systems were not effective enough to assess risk and performance and improve the quality of the service. Some audits were in place, but these were not comprehensive enough to identify and manage risks and improvements.

We received reports of a high number of missed or late visits. The people we spoke with told us staff usually arrived on time and as expected. We saw data which suggested staff were arriving for visits later than scheduled, however it also appeared the electronic recording system was not being consistently used by staff or checked by managers.

Systems to identify and address safety concerns were in place, but these were not used consistently enough to manage and reduce safety concerns, incidents and near misses.

Medicines records consistently needed to follow best practice guidance. We made a recommendation to the provider about the management of medicines.

Professionals found communication with the provider was not effective. We made a recommendation about communication to the provider. Relatives told us they were happy with the communication from staff at all levels.

People who used the service gave positive feedback in the surveys we saw. The people we spoke with were positive about the staff who supported them and the service overall.

The management team was well established and committed to providing a quality service. Staff were positive about working for the organisation and felt supported and valued in their roles.

Risk assessments were in place, up to date and regularly reviewed. 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.

We were assured that people were protected by the prevention and control of infection. Staff had access to personal protective equipment (PPE) as required, such as face masks, disposable gloves, and aprons.

The management team were keen to work with the wider community and other stakeholders to ensure people they supported were well represented and heard.

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

The last rating for this service was good (published 10 June 2021).

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, staff knowledge and skills, management oversight and standards of the service provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of the full report. You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement and Recommendations

We have identified breaches in relation to safeguarding people from the risk of abuse and ensuring management and governance arrangements are robust.

We have made recommendations relating to the safe management of medicines and effective communication with all groups.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Shining Care Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector and a regulatory co-ordinator.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 October 2023 and ended on 12 October 2023. We visited the location's office on 4 October 2023.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with

CQC. This included CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We received feedback from 8 professionals who worked with the service. We spoke with 10 members of staff. This included the registered manager, nominated individual, safeguarding lead and administration staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Everyone's comments have been incorporated into this report.

We looked at a range of records about people's care and the running of the service. This included 5 people's care records and a selection of medication records. We looked at 4 staff files in relation to recruitment and staff support. We read documents relating to the management of the service including audits, policies and procedures and training information.

We considered all of this information to help us to make a judgement about the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse.
- We were informed about incidents or near misses where the provider had not protected people from avoidable harm or abuse. This included not acting swiftly to keep people safe, failing to make referrals to the local authority safeguarding team, not carrying out thorough investigations and not taking necessary action against staff. This meant people could be harmed or put at continued risk of potential abuse.
- The provider's systems and processes failed to ensure incidents of alleged abuse were reported and investigated thoroughly and in a timely manner.
- Not all staff had access to the electronic recording system. This meant they were unable to access relevant information, share concerns or investigate incidents as necessary.
- Staff received safeguarding training. They told us they understood the principles of safeguarding and were confident in raising concerns when necessary. Professionals felt staff may not always recognise when abuse or neglect had occurred.
- One professional noted, "Although staff receive induction and training, I do think practice will improve if there is more frequent refresher training and knowledge checks, to ensure staff actually understand the content of the training sessions and are able to translate this into the day-to-day care delivery."
- Safeguarding policies and procedures were in place, but these were not always fully embedded or consistently followed.

Systems, processes and practice did not always safeguard people from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns above, the people we spoke with told us they felt safe when Shining Care staff were supporting them. One person said, "I have one usual carer. I feel safe with her."

Using medicines safely

- Staff only prompted people to take medicines, and they had completed training to ensure sure they had the necessary skills and knowledge for this task.
- Medicines administration records (MAR) were in place, but these were not always clear or sufficiently detailed. For example, one MAR did not have dates to indicate when the medication had been taken and staff had ticked rather than signed the record. This does not reflect best practice guidance.
- MARs were signed to indicate they had been checked by a manager, but the details of what was checked were not clear, and areas for improvement had not been highlighted. Please refer to the well-led section of this report for further details.

We recommend the provider seeks guidance from a reputable source to ensure their management of medicines reflects best practice. We received assurance after the inspection that changes had been made to medicines management and recording.

#### Staffing and recruitment

- The registered manager and staff told us there were enough staff to meet people's needs.
- People we spoke with told us they usually received support from regular staff who knew them well.
- People and their relatives said the regular staff were skilled in supporting them and knew them well. Comments included, "[Name] knows me well, they do a good job" and "We're so pleased we've got [staff name], they know [person] well. We all look forward to them coming in."
- Local authority colleagues had received a number of concerns about late or missed visits. The people we spoke with had not usually found this to be an issue. This is explored in more detail in the well-led key question, below.
- Two of the staff files we checked did not have previous employment references in place. The registered manager told us these had been lost several years ago when the provider used a different online system for storing such documents. This was shared with CQC at the time. Improvements had been made to data security and storage to prevent this happening again.
- Documentation such as Disclosure and Barring checks (DBS), references and other checks were in place for staff who had joined the organisation more recently. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were given induction training when they joined the service. Staff were all positive about the induction and training they had received.

#### Assessing risk, safety monitoring and management

- Before people received a service, a member of the management team met with them to discuss their needs and any risks.
- We saw examples of risk assessments which helped keep the person, staff and others safe. These were up to date and regularly reviewed.
- Staff told us they were aware of risk assessments and care plans and knew how to find these. This helped ensure staff were providing safe support which was in line with the person's needs.
- Staff told us they were confident they provided care that was safe and met people's needs. One staff member said, "I know people well and I know what to do. With a new person I would always check the care plan, ask the client and listen to them."
- Although systems were in place to identify, manage and reduce risks to people, professionals raised concerns that, at times, there seemed to be a lack of understanding by some staff. This was being monitored and professionals continued to support the provider.

#### Learning lessons when things go wrong

- Concerns were raised before the inspection that incidents and risks were not reliably identified or addressed quickly enough. This meant people may be exposed to unnecessary risks or not always receive safe care.
- We found systems were in place, but these were not used consistently enough to manage and reduce safety concerns, incidents and near misses. We have described this in more detail in the well-led section of this report.
- Staff told us they knew how to raise and record concerns and incidents and said they would always do this. Although we saw incident forms had been completed, evidence of management oversight was not always recorded on these.



### Preventing and controlling infection

- The provider had managed risks during the recent pandemic. We were assured that people were protected by the prevention and control of infection.
- Staff were trained in preventing infection and using PPE effectively to reduce the risk of infection.
- Staff had access to PPE as required, such as face masks, disposable gloves, and aprons.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not always well-led. The governance and accountability arrangements were not always clear. One professional told us, "It appears Shining Care does not have a system in place to identify who is responsible for managing a particular circumstance, leaving professionals with doubts about competence."
- We did not find robust quality assurance systems in place to assess risk and performance and improve the quality of the service provided. Some areas were audited, such as supervision and spot checks, but other areas were inconsistent or not completed. For example, visit times were not monitored, medicines audits were not detailed, and care records were not checked. This meant risks were not always identified or managed, and people may not always receive appropriate support.
- We saw a comprehensive plan of audits to be carried out, but these were not all being completed.
- The provider had an electronic system which monitored visit times, but this was not being consistently used by staff or checked by managers. Some staff logged their work on paper records, and others used the electronic recording system. This meant it was not possible to monitor visits equally. We saw several late visits displayed on the electronic recording system. We were informed this may have been because staff failed to log in when they arrived at a person's house. We did not receive assurance that these incidents were followed up or any action taken. The local authority knew of 5 visits which were missed during August and September 2023. The provider's systems had not identified or rectified this. Consistently using the electronic system to its full potential would give the provider better oversight, which would result in improved safety and quality of service for people.
- The provider failed to ensure they followed their own policies and procedures which were in place to keep people safe and ensure regulatory compliance. For example, supervision and spot checks had only recently been put in place for staff, medicines records did not follow best practice guidance and detailed investigations were not carried out when there were safeguarding incidents or near misses.

Systems were not consistently monitored to demonstrate there was effective monitoring and oversight of the service by the provider. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a well-established senior management team, and external consultants supported the team to develop and improve the service.
- The management team were visible and known by people and staff. A person told us they had regular contact with the management team. One relative said, "The managers very often call in to pick up the

sheets. They check everything is ok. They're very pleasant." A staff member added, "If I have any problems, I just have to call the office and explain. They always help me, any time."

- The staff we spoke with understood the provider's vision and values and were motivated to apply these in their work. A member of staff told us "We're here to help people. I'm happy when I can help the people I work with. It's satisfying for me."

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

- We received numerous concerns about communication with the provider. Professionals told us communication with the service was inconsistent, inaccurate, lacking in detail and slow. One professional noted, "There have been constant complaints about the lack of interaction / communication between the carers and the people they support." Another told us, "Some communication has proved to be untruthful to pacify me."
- Relatives told us they were happy with the communication from staff at all levels. One person had a less positive experience. They said, "You can't get hold of a manager. When you leave a message, they don't phone back."

We recommend the provider reviews their systems and explores ways of ensuring clear and consistent communication with all stakeholders.

- Surveys had been completed by some people who used the service, however there was no evidence of analysis or review of any themes which emerged. The feedback we saw from people who had completed a survey was positive.
- Regular staff meetings were in place, and these were repeated to enable all staff to attend. Staff told us they had regular communication with managers and felt able to share their views or raise concerns. One staff member said, "I can always approach the managers. They're always available."
- The service showed us compliments they had received. One person had sent a message which said the service had been, "Consistent, reliable and professional" and noted one staff member, "has shown real care and empathy and great patience."

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

- As already noted, we received mixed feedback about the provider's communication and transparency. Professionals found this to be insufficient, although relatives were positive about the communication they had with the provider.
- As highlighted in the safe key question, incidents and safeguarding concerns had not always been reported and investigated fully. These did not always fall within our remit as people involved were not receiving the regulated activity or personal care, but the principle of being open and transparent when things go wrong should be followed.

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

- The provider was keen to provide a good quality service to people who used the service.
- The people and relatives we spoke with were positive about the service overall. Comments included, "They take great care. I think they're wonderful", "They're absolutely brilliant" and "They're alright." One person told us they were "Not impressed" with the service, although they were positive about the staff member they usually received support from.
- Staff we spoke with were happy working for the organisation. They told us they felt supported and valued. Comments from staff included, "I've worked here a long time. I enjoy the job. They support me" and "This is

a very good organisation. They support me well. I love the job."

- Formal support for staff had improved recently, and staff now received supervision and spot checks were carried out more regularly. The management team told us they were clearer about giving feedback to staff and managing performance when improvements were needed. Professionals were keen to see the effect of these improvements in practice.
- Managers promoted equality and diversity within the team and staff felt they were treated with respect. They told us the service provided opportunities for development and career progression.
- The service had developed a set of person-centred values which focused on respect, rights, independence, choice and safety.

Continuous learning and improving care; Working in partnership with others

- We received a lot of feedback from professionals who had worked with Shining Care. They felt the provider wanted to give people a good service and support them in the community, however the shortfalls already described meant a safe and effective service was not always provided.
- As already highlighted, the provider had not always been proactive in identifying potential concerns and taking appropriate actions to mitigate risks.
- Investigations lacked the thoroughness needed and learning was applied inconsistently. The registered manager and nominated individual told us they were motivated to make necessary changes and improvements. Time was needed for these to be delivered, embedded and sustained.
- The management team were keen to work with other stakeholders to ensure people they supported were well represented and heard. One professional noted, "The management team is very keen to support the local community and promote Shining Care as a provider for the local community. They pride themselves on having a community presence and getting involved in community initiatives."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Incidents of alleged abuse were not always identified, reported and investigated in a timely manner.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems and processes did not enable them to effectively assess, monitor and improve the quality and safety of the service.</p>