

Sharing Healthcare Limited

Home

Inspection report

Sharing Healthcare Limited
11 Wheatley Close
Hornchurch
RM11 2DR

Tel: 07977538712

Date of inspection visit:
25 September 2019

Date of publication:
11 October 2019

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

About the service

Sharing Healthcare Limited is a domiciliary care agency that provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting three people.

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

Systems were in place to keep people safe from harm and risk assessments were designed to keep people and staff safe. Recruitment practices were safe, and people received consistent care in a timely manner. There were systems in place to make sure people received their medicines safely. People were protected from the risk of infection. The service analysed accidents and incidents to prevent reoccurrence and keep people safe from harm.

Staff were supported through training and supervisions to provide effective care and support. People were supported to have their nutritional needs met and the service worked well with other health and social care professionals to provide holistic care and support and keep people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us they found staff were kind and caring and staff respected equality and diversity. People and their relatives were involved in their care and support and people felt they were treated with dignity and were encouraged to be as independent as possible.

People received individualised care that met their needs. Information was provided to people in an accessible format. People told us they felt able to make a complaint and were confident that complaints would be listened to and acted on. The service was working towards ensuring staff were equipped with the skills to provide end of life care to people.

People, relatives and staff spoke positively about the service and said it was managed well. There were systems in place to manage and monitor the quality of the service provided. The management team had regular contact with people using the service and their staff. They welcomed suggestions on how they could develop the service and make improvements. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered.

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

Rating at last inspection

This service was registered with us on 08 June 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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?

The service was safe.

Details are in our effective findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our effective findings below.

Good ●

Home

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

This inspection was carried out by one inspector.

Service and service type

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

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.

What we did before the inspection

We reviewed information we had received about the service. 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 this information to plan our inspection.

During the inspection

We spoke with one person and one relative of people who used the service about their experience of the care provided. We reviewed documents including two peoples care plans, medicine records and other

relevant policies and procedures. We spoke with two members of staff including the registered manager.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. People said they felt safe when staff visited them. A relative confirmed, "[Staff] keeps an eye on [person] and makes [person] safe. [They] did everything right, raised a safeguarding when they needed to and recognised any anxiety about that."
- Staff had received safeguarding training and knew how to identify abuse and report any concerns to protect people from harm. Records confirmed safeguarding alerts had been raised in a timely manner and all relevant professionals had been notified.

Assessing risk, safety monitoring and management

- People's risks were properly assessed to ensure people were supported in a safe manner. Risk assessments were in place for people's individual support needs including skin care, moving and handling and personal care. Records confirmed these were reviewed to reflect people's changing needs. Staff were guided within the care plans about what to do when people became unwell or their needs changed. One person's care plan said, "Care staff must be observant of [person's] condition. If there is any apparent sign of [becoming unwell] then to call 999." This ensured that people's risks were assessed and well managed to keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs and staff arrived on time. One person told us, "Hardly, never [been late] and if it has been traffic, [they have] always called me." The registered manager told us, "If something goes wrong, I make sure there is a plan to jump in."
- Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process. Staff confirmed the recruitment processes were safe. One staff member told us, "We had to give two references, and my DBS. It was all done properly." This ensured that people were protected from the risks of unsuitable staff being employed by the service.

Using medicines safely

- Staff had not yet supported one person to take their medicines as they are not administered on a frequent basis. We found that systems were in place to ensure people would be supported to receive their medicines in a safe way.
- Records confirmed staff undertook medicines training and staff were aware of how to support people to take their medicines. The registered manager advised they planned to do competency assessments and

spot checks to ensure staff were managing medicines properly.

- People had a medicine profile that detailed what each medicine was for, what the possible side effects were, where their medicine was kept, who was in charge of ordering it and it looked at how their medicines affected their health conditions.
- Medicine administration record (MAR) charts were in place and contained information with the details of each medicine to be given. Staff would sign to say medicines had been administered at the appropriate times and the registered manager advised these would be audited to ensure there were no errors. We will check on this at the next scheduled inspection of the service.

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. People confirmed staff managed infection control. Staff told us they wore protective clothing when providing support. One person said, "Oh yes, [staff] is very thorough, straight away puts apron on and wears gloves."

Learning lessons when things go wrong

- The service had an accident and incident policy that required incidents to be reviewed and learned from. Records confirmed there was evidence that learning from incidents and investigations took place.
- The registered manager told us about a recent incident involving the safety of a person and said, "We learnt more to discuss with [people] about their security especially when living alone. Talking to [people] about making sure their doors are locked and secured. Looking out for people's risks." This showed appropriate action was taken to reduce the risk of reoccurrence and keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide person centred care and support and keep people safe and well in their own home. One person told us, "[The care package] was all explained to me very clearly." The registered manager confirmed, "If I feel I can't provide safe care and fit it into the rota, I won't [take on the care package]." Records confirmed this information was then put together to create a detailed care plan and guide staff on people's health and support needs and their personal preferences about the care and support they would like to receive.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. Records showed the induction was thorough and detailed. One staff member confirmed their induction was helpful, "[It] was all about learning and precautions to take to keep people safe in the field. It was all about the [people]. Reading the care plans before you provide a service."
- Records showed, and staff confirmed they received training to enable them to provide effective care and support to people. One staff member said, "We did a lot of training, fire safety, nutrition, safeguarding, manual handling, learning disability and data protection." We also saw that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The service had a policy in for staff to receive quarterly supervisions and spot checks to ensure they are providing effective care to people and feel supported in their role.

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

- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans advised staff if people required support with meals and discussed allergies and preferences about how they liked their meals and drinks to be served. The registered manager assured us, "We would put plans in place if specific needs came up for example diabetes. We would offer training to enhance staff knowledge in that sense."

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

- Staff worked with other agencies to the benefit of people using the service. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. The registered manager gave examples of referrals and outcomes that had been made to other health

and social care professionals that have had a positive impact on people's wellbeing.

- One person spoke about a time they were unwell, and how the service provided good care and support, "They helped me through such a critical time." A relative confirmed, "I trust things are going well because I don't hear many things. I am here for emergencies."

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.

- Before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. One person told us, "Oh yes, [they get] consent. When I was in the shower, [staff] would always ask before [they] came in."
- Consent forms were in place for people to receive personal care. These had been signed by the person receiving care. Records confirmed staff had completed training around the MCA.
- The registered manager told us they would do additional research and seek best practice guidance should they start providing care and support to someone who does not have the capacity to consent. They understood they would need to get consent from a relevant person with legal authority to consent to care on the person's behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. People told us staff were kind and caring. One person said, "We had a talk every day, which was very important to me. [Staff] is very caring." A relative confirmed, "[Registered manager] is very upfront and warm and friendly, [person] feels quite at ease with [them] and can find it difficult to make new relationships so this is a good thing."
- The service had an equality and diversity policy in place that said, "Individual preferences, interests and aspirations and community involvement should be understood by staff and will form part of the [person's] Person Centred Care Plan. Our service believes in inclusion for all staff and [people]." This meant staff were working in an environment that protected people from potential discrimination.

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

- People were consulted and involved in their care and support. One person confirmed, "Yes, the folder is here all the time and we look at it." A relative told us, "[Staff] has called me a few times if has any concerns. I've seen the folder in the home I have had a look through."
- We saw that people had signed their care plans. This meant people had the opportunity to contribute and have their say about the support they would receive.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to be as independent as possible. One person told us, "[Staff] helps me to help myself and to get better. All the time acknowledging what I was managing to achieve and noting my progress. [They] didn't do the job for me, [they] aided me." A relative confirmed, "[Staff] supports [person] to get up and be motivated for the day."
- The service worked in a manner that ensured people's privacy and dignity was respected. One person said, "[Staff] would tidy me up. [They] place the jumper around me, around the back of me to cover me up. [They] treated me with a lot of dignity."
- The service had policies and procedures on confidentiality. Staff knew how to protect people's confidential information and told us they would not share the information with people that were not authorised.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's care plans recorded their needs and preferences. They were personalised to enable staff to provide person-centred care to people and included which gender of staff people would prefer. One person's care plan said, "I like listening to classical music, opera and playing bridge."
- People were happy with the way staff supported them and felt their care was person-centred. One person told us, "[Staff] takes an interest in my own interests." The registered manager told us, "Personally knowing a person and seeing the changes is rewarding. We are learning all the time, getting to know people and understanding and developing the relationship."
- We saw evidence that care plans were regularly reviewed to identify if the care and support being delivered continued to meet people's needs.

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.

- The service was able to provide information to people about their care in an accessible format. We saw support care plans had information about people's communication needs.
- We spoke to the registered manager about making other important documents available for people in an accessible format including information about safeguarding and complaints. The registered manager told us they would develop this following the inspection, when they started to support a person with a specific need.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. People and their relatives felt comfortable raising concerns with the management team. People did not feel they had any complaints but felt comfortable to make one if any concerns arose. One person said, "I couldn't fault it at all. I would be able to complain, if there is anything I'd rather they didn't do, I could let them know." A relative confirmed, "[Person] doesn't grumble."

End of life care and support

- The service was not providing any care and support to people at the end of their life.
- People's care plans looked at end of life wishes; we saw that one person did not wish to discuss this and it

had been documented. We also saw evidence of a DNACPR in place. A DNACPR form advises that people do not want medical professionals to attempt cardio-pulmonary resuscitation (DNACPR). This can ensure that a person's death is dignified and peaceful.

- The registered manager confirmed they would be implementing end of life training following the inspection. They also said they would discuss people's protected characteristics and wishes in line with end of life care should they start supporting someone with this need and would document their needs and preferences in their care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The management team created a positive working culture to ensure people received high quality care and support. People, relatives and staff spoke positively about the registered manager. One person told us, "I found [the registered manager] to be such a kind, understanding and thoughtful person." A relative confirmed, "[Registered manager] is very reliable, goes above and beyond to support [person]. I have met on a few occasions, always nice and friendly." One staff member said they are, "Great."
- The registered manager told us, "I want to provide a good service, that is what people need."

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

- The registered manager was aware of their legal responsibilities. For example, they were knowledgeable about what issues they had to notify CQC about and records showed they had done so as appropriate.
- Records confirmed that the management team were open and honest with people and learnt from accidents and incidents to ensure the service runs well.
- There were clear quality assurance systems in place and others that were ready to be implemented when appropriate, including spot checks, MAR audits and supervisions and appraisals. These would enable the registered manager to have oversight of the running of the service and ensure it is of high quality.

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

- The service engaged well with people, relatives and staff to gather feedback and suggestions and therefore make improvements to the service. The registered manager told us they wanted to support their staff to develop, "If they want to [learn anything specific], I can assign it to them. It could be a passion of theirs and I will facilitate it." This showed that the registered manager recognised the importance of staff having opportunities to discuss the running of the service and their own development, which in turn would allow them to provide more effective and safe care and support to people.
- Records confirmed the service sought the views of people and their relatives to assess and improve the running of the service. We found that feedback gathered from people and their relatives was positive. One person had said, "My carers are warm, friendly and puts me at ease." A relative told us, "It is nice to have someone to work alongside [person] for me."

Continuous learning and improving care. Working in partnership with others

- The registered manager attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices.
- The management team worked closely with other health and social care professionals to ensure people received the care and support they needed and to discuss ongoing needs. The registered manager said, "I liaise with my NVCQ assessor and old manager for advice and knowledge. I bounce ideas with them. It helps a lot."