

North Shropshire Homecare Limited

# North Shropshire Homecare Limited

## Inspection report

Bradbury Care Centre  
Claypit Street  
Whitchurch  
Shropshire  
SY13 1NT

Tel: 01948662008

Date of inspection visit:  
17 December 2018

Date of publication:  
31 January 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

The inspection took place on 17 December 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

This service is a domiciliary care agency based in Whitchurch, Shropshire. It provides personal care and support to people living in their own homes throughout Whitchurch and surrounding areas. It provides a service to older adults with a range of health and social care needs including people living with dementia. At the time of our inspection there were 25 people receiving a personal care service.

At our last inspection of the service 4 September 2017 we found that some improvements to medicines management, recruitment and service monitoring were necessary. The service had been rated as requires improvement. At this inspection the provider demonstrated to us that improvements had been made in these areas and the service will be rated as good.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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.

People were safeguarded from the risk of abuse as staff were confident to recognise and report any signs of abuse. Risks were assessed and managed to keep people safe.

There were sufficient numbers of staff to meet people's needs in a safe way and the timings of calls were being reviewed to continually improve the service.

Staff received regular supervision checks to ensure they completed care visits as agreed. The provider followed safe recruitment procedures to ensure that appropriate staff were employed. Staff felt well supported and trained to carry out their role effectively and meet people's individual needs. New staff received induction training and were accompanied and supported by the management and senior staff to enhance their induction and extend if necessary.

People's medicines were now being safely managed and administered. Improved recording systems and additional training for staff meant that staff were now clear as to their roles and remit. Risks to people were assessed and safely managed.

There were effective systems in place to reduce the risk of the spread of infection.

The provider followed the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their care and support. People's decisions and choices were listened to and respected.

People's health and well-being was monitored and supported. People required only minimal support with eating and drinking however staff knew people's likes and dislikes and promoted healthy eating to ensure good health

Staff interacted with people in a kind and respectful manner and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. Staff had a good knowledge of people's needs. We received positive feedback regarding staff and how people's needs were met.

Overall care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Care was reviewed regularly and some people could recall having a care review that they had been involved in. The registered manager was reviewing people's involvement.

There were effective procedures in place to respond to any concerns or complaints.

There were now a number of effective management systems in place and these monitored the quality and safety of the service provided. Although recording required further improvement, the registered manager was knowledgeable of the service's strengths and areas where ongoing improvements were required. They were acting upon these.

People who used the service and their representatives were regularly asked for their views about their support through questionnaires and feedback forms. The registered manager also carried out care and support and used this opportunity to gather views informally.

The registered manager was aware of the requirement to notify the commission of significant events but there had not been any recently.

Further information is in the detailed findings below

## 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.

Medicines were managed safely.

Staff recruitment was carried out safely with checks on staff completed.

Staff were confident to recognise and report suspected abuse.

People had individual risk assessments in place.

Infection control measures were in place.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

This service was well led.

The registered manager was approachable and responsive

The service provided to people was monitored for quality.

People were confident to approach the manager to raise any concerns.

Staff felt well supported by the management of the service.

# North Shropshire Homecare 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.

We visited the service on 17 December 2018 and our inspection was announced. The members of the inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience carried out phone calls to people who used the service and their relatives to collect their views of the service.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined information received by the Care Quality Commission.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eleven people who used the service (one on the day of our site visit and ten over the telephone). We also spoke with the registered manager, an office based member of staff and five care staff.

We looked at three people's care plans and two staff files. We also looked at records relating to the management and administration of people's medicines, feedback, including quality assurance surveys.

# Is the service safe?

## Our findings

At our previous inspection in September 2017 we found that the service was not consistently safe and we had rated this domain as requires improvement. At this inspection we found that the provider had made improvements and this domain is now rated as good.

People we spoke with told us that they felt safe being supported at home by the staff. A family member told us, "We never have any worries ever. [Person's name] is amazingly safe with them (staff); they are so caring and safety is at the forefront of everything that they do."

Some people managed their own medicines and other people said that staff supported them to do so. Since the time of our last inspection the process of administering and recording medicines has improved and the registered manager showed us more effective paperwork. One staff member said, "It's much easier to follow now and paperwork is better." This meant that staff now felt confident in what to record and understood the importance of accurate monitoring. Although further improvements were planned all of the staff we spoke with felt competent and confident with the process. Relatives reflected this. One family member told us, "Medication is given safely and reliably as far as I can tell and we have no concerns about the safety of [Person's name] care."

People were safeguarded from the risk of abuse as staff knew what to do if they suspected someone had been abused. All of the staff we spoke with said they would be confident to recognise and report suspected abuse or poor practice. The registered manager told us they would not hesitate to share concerns and gave an example of how they were currently liaising with the local authority to protect a person from harm.

Risks to people were assessed and minimised through the effective use of risk assessments to support people to receive their personal care safely. We looked at how people were supported to move safely from one place to another. One person told us, "I do feel safe because when the staff have to hoist me they do so with care. They are a very good group of staff." Another person said, "I need to be hoisted and the staff are fine with this. They know the equipment settings and let me help where I can. I feel safe with the handling and it is usually the same staff who know me well. I have no worries at all with them." Staff told us they felt well trained to support people to move. A health professional told us that some assessments were more detailed than others but people had always been safe during moving and handling. Staff told us they knew what they were doing so the equipment was used safely. The registered manager told us that before any new piece of equipment was used that a health professional introduced it to the staff who would be using it. This meant that staff could use it safely and thus reassure the person they were safe.

The registered manager told us and we saw that there had been no accidents or incidents since the time of the last inspection suggesting people were receiving safe support.

Staff told us they had a 15 minute window in which to get to people and people knew this and were happy with it. Most people said the office staff would ring them to say when a staff member was running late. One staff member said, "There is enough times to do calls. Timings don't always include travel time for nearby

clients however there is a 15 minute window and clients know this and are ok with it. Travel times has been introduced for clients who live further apart." Another staff member said, "Generally there is enough time between calls." Rotas reflected this arrangement and the registered manager was reviewing this and had started to add travel time on some routes meaning times can be better adhered to in the future

People told us that overall timekeeping was good. Some people told us, "The timekeeping is brilliant." Other people suggested that staff usually arrived on time but people were not concerned if staff were running late. One person said, "They are sometimes on time but not always but it doesn't bother us." Another person said, "They are the usual staff except for holiday cover and they are all pretty good on timekeeping except for when there have been unavoidable issues. They make me feel safe.". Most people said they knew which staff were supporting them. Some said they did not but were not worried by this. One person said, "There are different staff all the time but I have no worries about the care and I do feel safe with it."

We looked at two staff files and saw the provider operated a safe recruitment procedure. This included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.

Staff were trained in infection control and had regular access to supplies of gloves and aprons for carrying out personal care and preparing food. People told us that staff always wore relevant protective clothing. A person who used the service told us, "They wear ID and are very good about gloves and aprons which is important to me." A family member told us, "Staff wear ID and uniforms and they use gloves and aprons."

## Is the service effective?

### Our findings

At our previous inspection we had found no concerns in relation to the effectiveness of the service and rated it as good. At this inspection we found this domain remained good.

People's care and support needs were assessed by the registered manager who formulated an initial care plan with this information. We saw this included information about the person's physical and mental health, life history and activities they enjoyed. Assessments were personalised to meet people's needs and people told us they were supported in ways they preferred.

There was an established, skilled and experienced staff team to meet people's needs. People and staff thought that staff were 'well trained'. One staff member told us they had, "Good training and opportunities for professional development. One person told us, "The staff seem to do what I need them to do. They help me to wash and dress and they do a good job of it." People told us that they knew staff well and staff knew them and they valued this. This meant care and support was provided in line with people's preferences in a personalised way. One person told us, "I have a shower and I always feel clean and dry. I feel we (person and staff member) have all got to know each other which really helps with the personal side of my care." Another person said, "They help me to wash and dress and are good at what they do. They have got to know me very well."

A family member also valued the experience and consistency of staff. They said, "[Person's name] care is personalised to them and they (staff) do it well. It is so nice because twice a day we have these lovely smiling faces and friends to chat with."

One staff member told us they had regular clients and good routines. They said, "Time is pretty regular and consistency means you can get to know people really well. We spoke with office staff who also demonstrated a good knowledge of people's care and support needs. This meant that they could offer effective information and support when staff rang the office for advice.

We saw that when people had identified health needs staff had received training to ensure they could effectively meet those needs and training was sourced from appropriate agencies to enable this. For example, when a person was assessed for a new piece of equipment, a health professional trained the staff how to use it effectively. This reduced the risk of harm to people and gave people confidence. A health professional told us that staff and managers took advice on board and staff were proactive in seeking advice and support. This ensured people remained safe and in good health. The registered manager told us, and daily records reflected that, they worked closely with the local community hospital, Speech and Language teams and physiotherapists to enable people to continue to be supported in their own homes for as long as they were able. People, and their relatives valued this and the manager could share examples of how people had received an improved quality of life because of this input. We saw a thank you card from a person's family member who's relative had been supported to stay in their home with additional support as they did not want to go into residential care.



Staff we spoke with demonstrated a good understanding of people's dietary needs although staff were not responsible for purchasing food or planning main meals for people they visited. Staff said that they promoted healthy eating but feedback from people and relatives was that staff prepared meals chosen by individuals at times they were required to. Staff told us they got to know people's dietary likes and dislikes. Staff said they would inform relatives or the GP if they were concerned about a person's nutrition.

Regular supervision and appraisal took place with staff to enable them to review their practice. Staff told us that they received 'really good support'. They all said that the registered manager would always listen. One staff member said, "Support has been amazing."

New employees completed an induction programme. They shadowed more experienced members of staff to get to know people who used the service before working with them. This period was tailored to the individual and had not got a set timeframe. We saw two staff induction records. They demonstrated that the staff member had been assessed and signed off as competent and confident to work unsupported. One staff member had identified they would like more support at this time and there was a note to say how it had been accommodated. We spoke with a new staff member who said they had been happy with their induction and felt that training was relevant to the job they were to undertake and had received good support during this time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During our inspection we found that the service was working within the principles of the MCA and that staff had received appropriate training. We saw that the service had assessed people's capacity upon initial referral and used local authority assessments to support this.

The registered manager displayed an understanding of capacity and the need for consent on a decision-specific basis. We observed that consent to receive care was documented in people's care plans. People we spoke with and their relatives confirmed staff asked for their consent on a day to day basis. Everyone considered that their care was consensual and nobody had any concerns in this area. A relative told us, "The care is very good and thorough. They have really gotten to know [relative], particularly their regular carer. They always ask her consent before they do anything." Staff confirmed they asked people before carrying out care. One staff member shared an example where one person would sometimes refuse a named medicine. They said, People make decisions and we respect that. If the person refuses cream, this is recorded."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

## Is the service caring?

### Our findings

At our previous inspection we had found no concerns relating to caring. At this inspection we found this domain remained good.

Everyone we spoke with told us they were supported by caring staff. People spoke of the staff with real warmth and referenced them being like friends or family. One person told us, "[Staff member's name] is my main carer and is extremely caring and thoughtful. There is never any rush and we are always chatting about our lives and our families, which I enjoy. The carers have become like friends to me." A relative told us, "They are amazing people from the top to the bottom of the company. The carers are like best friends with [relative] and the management are supportive too. We could not have imagined better family orientated type care. [Staff members name] in particular is wonderful with [relative's name]."

Privacy and dignity was respected by staff and people said they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. Nobody raised any concerns about their privacy and people indicated that they were happy with this aspect of their care. One person told us, "I like the staff. With my regulars you really couldn't wish for nicer people. They always treat me with dignity and respect. They let me attend to what I can do myself independently, and are patient with me. There is never any rush." Another person said, "My privacy is respected and the staff are suited to their jobs. They sometimes have a chat if they have the time." Staff told us how they ensured people's privacy and dignity was respected and this was confirmed in discussions with people who used the service.

Staff promoted and supported people's independence. For example, making choices as part of everyday life and when offering personal care. One person told us, "Everyone is always respectful and always ask my permission before they do anything, even going to the toilet! I like my carers. They are a part of the family and will go out of their way to do anything extra that I need. They encourage my independence and are very patient with me."

People were involved in their care planning and were regularly supported by the registered manager who would informally assess if care remained appropriate for the person and identify how satisfied people were with the care provided.

People were supported to have choice and control and were supported daily to make their own decisions. We saw this documented in care plans and this was confirmed when we spoke with people. One person told us, "They always listen to you." Another person said, "They help me to shower and they respect my choices and privacy. I am sure that they know me and what I like."

Staff were trained in equality and diversity. The staff we spoke with understood about this and told us how they would protect the people they supported from discrimination.

People who used the service did not require any support to follow their faith at the time of this inspection. However, we saw from the initial assessments that they were asked if they had any religious, spiritual or

cultural requirements.

## Is the service responsive?

### Our findings

At our previous inspection we had found no concerns in relation to the responsiveness of the service and rated it as good. At this inspection we found this domain remained good.

People were supported in a person-centred way and their preferences were respected. Changes to support plans were promptly responded to, to ensure care remained appropriate.

We saw that care plans were developed with people at the point of their assessment and reflected their personalities, likes, dislikes and choices. This gave an insight into the background of people that staff could go to for reference. The registered manager told us there had been much improvement to the care plans and we saw that they were now easier to read as they were in larger print and information was split into sections making reference to information easier. Staff told us that they liked the newer style care plans and confirmed they were easier to reference and complete.

Plans we saw had been updated and the manager stated information was reviewed monthly and as required to ensure it was current and reflective of people's needs. This meant that staff were able to act quickly to meet people's changing needs and provide them with a responsive service.

During our visit to the office we heard office staff responding quickly to changes in people's circumstances to enable them to receive the service they required. For example, we heard at least two people's representatives phone the agency to request the person's care re start after a stay in hospital. Staff responded positively and accommodated each request. This meant that the people could safely return to their own homes. Office staff checked they were aware of people's needs to ensure any changes could be accommodated.

People's preferences were adhered to and staff knew how to respond if people didn't like something about the service. People and their relatives and staff knew how to complain if they needed to. People said they had information on how to make a complaint and would feel comfortable doing so if it was necessary. The complaints procedure was seen in an easy to read format. The procedure was updated on the day of our inspection to reflect how to refer a complainant to an independent reviewer if they were dissatisfied with an outcome. There had been no formal complaints made about the service however some people had raised informal complaints which had been immediately rectified. The registered manager stated that as they worked closely with people they were able to gather informal feedback regularly in a relaxed atmosphere. They were then able to address any emerging issues before they become complaints. One person told us, "I know how to approach them if I had a complaint. I did complain once and it was dealt with immediately." Another person said, "There is a complaints policy in the folder but I feel I could talk to [registered manager] or [staff member] about any issues. I feel sure that my voice would be heard and my opinion taken seriously."

The registered manager shared details of how staff had supported people at the end of their life. They said staff had received training and feedback had always been very positive about staff support at this time.

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify, record, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. Information about the service could be made available in various formats on request. For example, we saw that care plans and other key information was available in large print. There was no one using the service that required any other type of information in other formats such as braille or easy read at the time of our inspection.

## Is the service well-led?

### Our findings

At our previous inspection in September 2017 we found that the service was not consistently well-led and we had rated this domain as requires improvement. Improvements were required in relation to monitoring the quality of the service and recruitment processes. At this inspection we found that the provider had made improvements and this domain is now rated as good.

People who used this service reported it to be well led and everyone had knowledge of who the manager was and in fact, spoke of them with warmth and familiarity. One person told us, "The company seems well run to me. I am very happy with it at the moment." The manager was regularly described as being approachable and people said they would highly recommend the service provided.

Following our last inspection improvements had been made to processes and this had had a positive impact upon care delivery. For example, medication arrangements were reviewed and increased monitoring and staff support was introduced alongside improved paperwork. Staff told us they now felt more confident and the registered manager acknowledged further improvements would reflect good practice and demonstrate increased monitoring and checking.

Monitoring and quality checks were now better recorded to demonstrate that they take place.

Regular communication took place with relatives through spot checks, phone calls, feedback forms and surveys. One person keeps a note pad that family and staff wrote in to share information to enable consistency in offering support. We received mostly positive comments on communication. One person told us, "It is easy to get hold of the right person if anything needs to be sorted out." Some people were unclear if they had a care review. The registered manager was confident that reviews had happened and there was a schedule of reviews for the future.

We saw evidence to show quality monitoring visits were carried out by the management regarding individual people's care. Care worker practices were assessed to ensure staff were meeting the provider's standards. The registered manager said that if issues with working practices were found staff would be supported to improve their skills. This included additional training, or increased monitoring, to help them improve their knowledge and practice where this was appropriate. We saw that questionnaires were sent to people to obtain their views on the service. The responses seen were overwhelmingly positive which reflected the feedback we received from people at the time of our inspection.

Staff told us that the registered manager was very supportive both professionally and personally. The registered manager was aware of issues in relation to the timings of calls and was in the process of reviewing this suggesting they were aware of the service's strengths and needs.

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager displayed a knowledge of the individual needs and preferences of people who used the service.

The registered manager told us how they attended information sharing sessions to expand their knowledge. They said they had recently attended a session that looked at issues of discrimination and protected characteristics that reflected individuality and difference. They told us how they were using their learning to implement improved practice. For example, they were looking to improve the assessment process to capture information.

We saw that the previous inspection rating was on display in the office which is a legal requirement.