

# **Shine Care Limited**

# Shine

#### **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

We inspected on 20 October 2016. The provider was given seven days' notice of our intention to inspect the service. This was because the registered manager is based in Newcastle upon Tyne, but the office base is in Wakefield and we needed to ensure the registered manager was present at the office.

The last full inspection took place on 2 and 3 July 2014, when we found the service was meeting the regulations we looked at.

Shine Care provides personal care and support to people living in their own home based on their individual needs. Shine Care provides their service to people within the vicinity of Newcastle-upon-Tyne. They are currently providing a domiciliary care service to one person who they have been supporting for three and a half years.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The same staff, who were recruited when the service first started, were still working with the person who used the service. They had received appropriate training and told us how well they worked as a team. Staffing levels were based on the needs of the person to keep them safe.

The registered manager and staff had completed training in respect of the Mental Capacity Act (MCA) 2005 and understood their responsibilities under the Act.

We found detailed care plans were in place and staff followed these to ensure the person who used the service received the right care and support and was kept safe. This included support with daily living, healthcare, nutrition, personal care and making sure they got their medicines at the right times.

The relative, other professionals and staff we spoke with told us how the consistent care and support and dedication of staff had improved the life of the person who used the service.

The relative we spoke with did not have any concerns about the service but knew how to raise any concerns if they needed to.

The registered manager and staff were committed to providing a personalised, individual service. Various audits were in place to make sure standards were maintained or improved. We saw from their comments the service was held in high regard from other professionals involved with them.

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.		
Care and support was provided by a consistent group of staff.		
Staff understood how to keep the person safe and where risks had been identified, action had been taken to mitigate those risks.		
Staff made sure medicines were managed safely and kept under		
Is the service effective?	Good •	
The service was effective.		
Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.		
The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.		
Staff supported the person to maintain good health and offered appropriate support with meals.		
Is the service caring?	Good •	
The service was caring.		
Feedback about the quality of care provided was very positive.		
Care and support was provided by regular care workers. This consistency enabled care workers to develop meaningful relationship with the person they supported.		
Is the service responsive?  The service was responsive.	Good •	

Detailed care plans were in place, which were kept up to date. These gave staff clear direction about the care and support they

needed to provide.	
A complaints procedure was in place and the relative told us they would feel able to raise any concerns with staff.	
Is the service well-led?	Good •
The service was well-led.	
The registered manager promoted strong values and a person centred culture, which were shared by other staff members.	
There were robust systems in place to assure quality and identify any potential improvements that could be made.	



# Shine

**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.

The inspection visit to the provider's office was made on 20 October 2016. The inspection was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one adult social care inspector.

At the time of inspection the service was providing personal care and support to one person.

During the visit to the provider's office we looked at the care records of people who used the service, one staff recruitment file, training records and other records relating to the day to day running of the service.

During the visit to the office we spoke with the registered manager and the provider. We also spoke with one relative, two members of staff and received an email from a consultant clinical psychologist.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.



#### Is the service safe?

### **Our findings**

The registered manager explained the person who used the service still has had the same team of care workers, as when they started using the service over three years ago, so there has been no need to recruit new staff. The organisation required staff to register on the Disclosure and Barring Service (DBS) update service so checks could be made at any time to ensure they continue to be suitable and safe to work for Shine.

Staff support one person in their own home and staffing levels were determined by their needs. When they were at home they had one to one support and a care worker sleeping in at night from 10pm to 8am. When they were going out in the community they were supported by two care workers, or a care worker and one of their relatives. Care workers we spoke with confirmed these staffing levels were appropriate and always maintained to meet the needs of the individual.

The relative we spoke with told us, "Yes [name] is safe." We saw there were safeguarding policies and procedures in place. The registered manager understood the safeguarding process, but had not needed to make any referrals to the safeguarding team. We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought the person who used the service was at risk. They both told us they would not hesitate to report any concerns to the registered manager. Staff confirmed they had received safeguarding training from the safeguarding team in Newcastle. This meant staff understood how to keep the person safe.

We saw care workers were providing support with the management of the person's money. We saw there were clear records in place for every transaction and receipts were available for any purchases which had been made. The balance of cash held was checked at every handover between staff. This meant procedures were in place to prevent any financial abuse.

We saw very detailed cleaning schedules for the person's home were in place for staff to follow. Care plans also reminded care workers when they needed to wear gloves and aprons. This showed us good infection prevention procedures were in place.

Care records, for the person who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, going out in the car. We saw where risks had been identified; action had been taken to mitigate the risk. This meant staff were identifying risks to the individual and taking action to reduce those risks.

The registered manager told us if an emergency arose in the person's home care workers were empowered to deal with it, for example, contacting the emergency services. They also explained when the person who used the service went out, a haversack with essential items for the person was always taken with them.

We saw there was a medicines management policy in place. All of the staff had received medicines training and competency checks had been made to make sure they followed the correct procedures.

We looked at the medication administration record (MAR) for September 2016 and found it was complete and accurate.

The relative we spoke with told us care workers had been good at getting medicines reviewed and the amount of medicines their relatives was taking had reduced.

We concluded medicines were managed safely and the person received their medicines as prescribed



#### Is the service effective?

### **Our findings**

We looked at the training matrix and saw a range of training was available and had been completed by staff. Care workers told us the training was good and equipped them with the knowledge and understanding to do their job.

One care worker told us, "It's not a job it's a way of life." They said there was a very good staff team who worked well together to support the person who used the service and each other. The registered manager told us no one had taken any sick time since the service started.

The registered manager told us care workers received supervision at least monthly. Annual appraisals also took place with three monthly reviews. We looked at one care workers supervision records with their permission and saw where action was needed this was followed up at the next session to make sure it had been done. Care workers we spoke with told us they felt supported by the registered manager.

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

The registered manager explained the Court of Protection were involved and had instructed Newcastle City Council to monitor the care package and report to the court on an annual basis, which had been done.

We saw there were very clear protocol's in place which had been agreed with the Court of Protection where specific support and guidance needed to be given.

The registered manager told us menus had been developed which reflected the person's preferences. They also said the organisation pay half of the food bill so staff can eat their meals with the person they supported. Care workers we spoke with had a clear understanding of foods the person did not like and told us mealtimes were a highlight of the person's day.

We saw a detailed care plan was in place in relation to the person's nutritional needs and the cutlery and crockery they needed to use, including using a plate guard.

Care workers weighed the person every month and their weight had remained stable.

Care workers told us they supported the person who used the service to attend any healthcare

appointments. For example, they said they were due to see the dentist in December.

We concluded the person's healthcare needs were being identified and met.



# Is the service caring?

### **Our findings**

The relative we spoke with told us they were very happy with the care workers and the care which was being provided. They also said, "[Name] gets on very well with the staff and they understand [Name's needs]."

We also saw they had made the following comments for the services 'What they say about us' report:

"Shine Care have been part of our lives for more than three years now and we are very grateful that they are. They were instrumental in securing a placement for our autistic child, who had been in either hospital, residential school or care home since the age of 10 until being discharged from hospital in March 2003. They now reside in a private rented property supported by staff from Shine Care and this is without doubt the best thing that has happened to them for many, many years. Their care, love and support for them is second to none and it is a real joy to see their personality and confidence gradually coming to the fore as every week passes."

It was clear from talking to the registered manager and care workers they had the greatest respect for the person who used the service and understood them. For example, the registered manager told us, "[Name] has been very generous and has told us a lot about themselves. We understand, respect and listen to [Name]."

One of the care workers told us they encouraged the person who used the service to help with washing up and the household chores and to be as independent as possible.

The registered manager told us one of the care workers had worked with the person using the service on a piece of art. This had subsequently become the leading picture for the 'Artists of Autism' exhibition in 2004 and continued to be in the European exhibition.



## Is the service responsive?

### **Our findings**

The registered manager explained the assessment of the person using the service had taken place over a six week period and Shine Care staff had worked, at the hospital, with the person in order to facilitate the transition from Hospital into their own tenancy. This had been carefully planned and structured in order to minimise the risk to the person's mental health deteriorating as a result of the transition process.

A consultant clinical psychologist told us, "We have worked with this care provider to support [Name's] transition from a hospital setting into their own home in the community. We have worked closely with the staff team to develop behaviour support plans, develop appropriate behavioural monitoring and evaluate outcomes. As a provider they have always shown dedication to supporting this person, and keen and responsive to professional input."

We saw detailed care plans were in place which gave staff clear information about what support they needed to offer and how this needed to be done. We also saw care plans were reviewed if the person's needs had changed. The relative we spoke with told us they were involved in the reviews every six months.

It was clear from talking to the relative, registered manager and care workers how much progress the person had made since Shine Care had been providing a service. For example, their communication skills had improved, they were more relaxed, happier and some specific behaviours had stopped.

The relative we spoke with told us they had no concerns about the service and added if they did they would speak with one of the care workers, registered manager or the provider. We saw there was a complaints procedure in place and the registered manager was working on an 'easy read' version to make it more accessible for the person.

Care workers told us structure in the person's day was very important and they liked to know what was going to happen next. Staff explained activities were on offer at home and also they went out to various places in the community, to give them different experiences.



#### Is the service well-led?

### **Our findings**

We found the registered manager was passionate about providing a quality, individualised service and this was echoed by staff we spoke with. Although they were only providing a service to one person at the time of the inspection, they explained there were plans to expand the business. We found them very open and honest in their approach and very knowledgeable about supporting people with learning disabilities and mental health needs.

One care worker told us, "I consider I am very well-led by both the registered manager and the company as a whole. I am supported in all learning and innovations at all times and given great assurances. It has always been the case that there is a very fair and open culture at all times. My thoughts and views are always readily listened to. I have great faith in the organisation in every aspect. If ever I require help of any sort it is always available to me."

We saw there were a range of audits taking place. These included audits of the environment, care plans, money and medicines. We saw where any issues had been identified action had been taken to rectify them.

The registered manager told us they had collated comments they had received from people involved with the person who used the service and produced a 'What they say about us' report. These were some of the comments from that report:

"This is personalization at its best. Shine set the standard that all should follow."

"The experience I have of Shine Care leaves me in no doubt they are the right support service for [Name]. Their timely communications, coproduction resources and relentless efforts to achieve the right support within a limited budget have been second to none and a learning experience for me. Their model of flexible support design and annual averaging is way ahead of the game. [Name of registered manager] made it stunningly clear to me how Shine Care's approach optimises opportunities to truly personalise care and I would like to see other companies follow their lead."