Shining Care Limited

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Inspection report

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

Tel: 01173251275
Website: www.shiningcare.co.uk

Date of inspection visit:
05 March 2019

Date of publication:
10 April 2019

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 service providing care and support to people in their own homes.

People's experience of using this service: People were happy with the care they received. This was reflected in both the comments we heard and from the provider's own monitoring of the service. However, systems in place to support the running of the service were not sufficient and work needed to be done to improve both record keeping and the management of risk associated with people's care. Individual risk assessments were not dated and so it was not possible to see how up to date they were and whether they reflected people's current needs. In some cases, sections of the assessment were missing or the measures in place to manage risk were unclear.

Staff and people using the service were all positive about the management of the service and felt their concerns would be listened to. Staff confirmed they were spot checked as part of managing their performance. There was some evidence of quality monitoring, however this needed to be developed further and the service were working with the local authority to achieve this. Systems for filing and recording information were chaotic and this needed to be addressed in order to support the smooth running of the service.
Rating at last inspection: Our last inspection took place in December 2017 and the service was rated Good at this time. This inspection was focused on safe and well-led and we rated each of these domains as Requires Improvement.

Why we inspected: This was a focused inspection based on intelligence we held about the service. The information raised concern about how safe people were and how well led the service was.

Enforcement We found two breaches of regulation. You can see the action we have asked the provider to take in the main body of the report.

Follow up: We will ask the provider to send us a plan of how they will improve and ensure regulations are met. These will be checked at our next inspection.

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.	**Requires Improvement**
Is the service well-led? The service was not always well led.	**Requires Improvement**

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Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a focused inspection look at the questions of whether the service was safe and well led.

Inspection team:
The inspection was carried out by one inspector and an assistant inspector who carried out phone calls to people who used the service.

Service and service type:
Shining care is a domiciliary care agency providing care to people in their own homes. At the time of our inspection 25 people were receiving care.

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 short notice of the inspection so that we could be sure there would be somebody in the office who would be able to support our inspection.

Inspection site visit activity took place on 5 March 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. Phone calls to people using the service took place on 8 March 2019.

What we did:

Prior to the inspection we reviewed all information available to us. This included notifications and

monitoring reports from the local authority.

The registered manager was not available on the day of the inspection. We spoke with the Nominated Individual and the deputy manager.

As part of the inspection we attempted to contact all of the people receiving care from the service. A number of people weren't contactable or declined to speak with us. We spoke with three people and one relative. We spoke with five members of staff.

We reviewed care records of three people and looked at other records relating to the service such as recruitment files, satisfaction surveys and computer recording systems.

Requires Improvement

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

●People told us they felt safe with the service provided. Comments included; 'For now I don't have a problem with them. She's always here at nine, I asked if I could stick with one carer which they've done and I'm happy.' And "He's been here on time every day, I can't ask for a better carer really."
● Staff told us they'd received training in safeguarding
● The nominated individual told us about situations where they'd worked with the local authority to follow safeguarding procedures and keep people safe. However, records of these situations weren't available so it wasn't possible to confirm the actions that had been taken.
● In the office there was a diary where notes of any phone calls were recorded. We were told that these conversations would be transferred to the computer system so that there was a permanent record. However, we checked three messages from the diary and none of these had been transferred to the computer system. These messages contained concerns about issues such as missed visits and a person raising concerns about a member of staff. We were assured that these concerns would have been followed up but there weren't any records to confirm this.

This was a breach of regulation 17 good governance.

Assessing risk, safety monitoring and management; Using medicines safely

● Staff told us they'd received training in how to support people with their medicines.
● Risk assessments were not sufficient to ensure people were safe.
● In most cases risk assessments were undated and so it was not possible to see whether they were current and reflected the person's current needs.
● In some cases, information on the risk assessment was incomplete and in others the measures required to manage the risk, weren't clear.
● For example, on one person's mobility risk assessment, there was a box asking if the person was 'fully mobile'. 'No' had been written in this box, but no other details given.
● For another person, they had been assessed as high risk for certain aspects of their mobility but no guidance or measures had been identified to support the person at these times.
● The nominated individual told us they had been working with the local authority to record medicine administration in a safe way. They had recently introduced a new Medicine Administration Record format but we were not able to see any of these that had been completed as they had not yet been returned from people's houses. We saw one old style MAR chart in a person's file but this was very difficult to follow and understand what medicines had been given and when.

The lack of clear and robust risk assessments were a breach of regulation 12 safe care and treatment.

Staffing and recruitment

●The nominated individual told us they had sufficient staff to meet the demands of their current care packages.

● We saw evidence of checks being undertaken to ensure staff were suitable for their roles. However due to the chaotic filing of information in the office, it wasn't possible to verify whether all necessary checks were in place for all staff. One person for example didn't have evidence of a current Disclosure and Barring Service (DBS) check in their file. The DBS check identifies people who are barred from working with vulnerable adults. This was sent to us after the inspection. Another person had references in their file but it wasn't clear who had written them or what organisation they were from.

Requires Improvement

Is the service well-led?

Our findings

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● People were positive about the care they received. Comments included "When I first became disabled I didn't admit it to myself but this carer is such a brilliant bloke I couldn't ask for better" and "Yeah I'm happy for now."

●One member of staff told us how they had arrived at a person's house one day to find they hadn't had their medicines delivered. The member of staff told us they had been advised to stay with the person and help them sort out their medicine issue, and that their other calls would be covered. This was a positive example of the service taking a person centred approach to caring for people.

● The nominated individual told us how they had been working with the local authority to produce more person centred documentation. Care plans were in the process of being reviewed and we saw examples of these.

● People using the service knew who the manager was and told us he visited them at home. Comments included; '(manager's name) normally comes around once a week to see how I'm doing.' And "He rings me up and asks how I'm doing with my new key worker."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There was some evidence of quality monitoring taking place. For example, we saw surveys completed by people using the service. These were generally positive about the service received.

● The nominated individual was aware of the need to audit MAR sheets on their return to the office. However, this hadn't yet been implemented. The service was working with the local authority to establish suitable procedures for auditing medicines.

● People told us they could ring the office and issues would be dealt with. "Oh yes gets dealt with there and then. If I have any problems they sort it out there and then." And "I have manager's number but I haven't raised anything yet but I know I can call them."

● The ability of the service to run smoothly was hampered by poor systems for filing and holding information. For example, whilst reviewing service user feedback forms, in the middle of the bundle of paperwork, we found care documentation relating to a specific service user. Different members of staff used different methods for recording messages and information. For example, the deputy manager showed us on their computer how they recorded messages. However, this information wasn't readily available for other staff to view, should they need to do so.

● At the time of our inspection, staff were using time sheets to log when they attended calls. The nominated individual told us these would be checked on return to the office. However, it was difficult to establish where these were kept and how they were monitored. We were told that in the future the service would be moving to an electronic system for monitoring the times of calls.

The lack of robust record keeping in relation to audits and the systems for recording and sharing information amounted to a breach of regulation 17. Good Governance.

Continuous learning and improving care; Working in partnership with others

- The nominated individual and deputy manager were aware and accepting of the shortfalls we found at this inspection. They were working with local authority to make improvements.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were insufficient to ensure people received safe care. Regulation 12 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not filed and stored in a way that supported the smooth running of the service. 17 (d) ii