

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Shepshed Carers Limited

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Date of Inspection: 06 November 2012

Date of Publication:
November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Shepshed Carers Limited
Registered Manager	Mrs. Sarah Pollard
Overview of the service	Shepshed Carers Limited is a domiciliary care agency registered to provide domiciliary care services to people within their own homes. The office is based in the town of Shepshed, Leicestershire and can be contacted by telephone, fax or e-mail. People can also visit in person as the office is at street level. The service currently provides care and support to people living in and around the Shepshed, Loughborough and Coalville areas.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We were told that the service involved people in deciding what care and support they needed. One person told us, "They came to check the night we came from hospital, to see what help we needed." Another explained, "They ask you what help you need, you tell them and they do it."

People told us that they were very satisfied with the care and support they received. One person explained, "They work well with each other, they are very kind." Another told us, "They always check if there's anything else to be done before they leave, they are wonderful."

We were told that people felt safe with the care workers who supported them. One person told us, "They come and sit with him so that I can get out, I don't worry, the same person comes and he is safe with them." Another explained, "It's nice to know that they will be here to help me."

People told us that they were treated with respect and their care and support was provided in a dignified manner. One person explained, "They are excellent, couldn't wish for better, they treat me very well."

Support workers spoken with told us how much they enjoyed working for the service. One support worker told us, "I really enjoy it; Shepshed Carers try and keep to regular calls so that we can get to know them." Another explained, "I love my job, it's really rewarding, you feel like your giving something back."

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 04 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People told us that they had been involved in deciding what care and support they needed and that they had given their consent for this to be carried out.

We looked at the files of four people who were receiving support from the service and it was evident that they had been involved in the assessment process. Paperwork had been signed by them to say that they agreed to the care and support they received. This paperwork had been reviewed, either on an annual basis, or sooner where changes in their support needs had been identified. This ensured that their consent remained valid and the opportunity to withdraw their consent was available to them.

Support workers explained how they gained peoples consent before carrying out a persons care and support and records showed that where someone had refused support, this had been respected. One support worker explained, "We ask them how they would like their care, and where they want it to happen like in the bathroom or in their bedroom." Another told us, "We always ask them if it's ok to help them and if they don't want help you don't force them."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned in a way that ensured people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People told us that they were satisfied with the care and support they received. One person told us, "I am treated very well and they always ask me if everything is alright."

We looked at the records for four people who were receiving care and support from the service. It was evident that an initial assessment had been completed for each person prior to their care package starting however, at the time of our visit, the initial assessment tool was not always being used to record people's needs.

Each person had a plan of care; this showed the tasks the support workers were required to carry out to enable them to meet the person's needs. Some of the plans were more comprehensive than others and included the person's personal preferences, including what they preferred for their breakfast, others simply included the tasks to be carried out.

One of the plans checked did not have all the information included to inform support workers of the persons need with regard to the application of creams. A medication risk assessment had also yet to be completed.

Standard risk assessments had been completed with regard to the environment in which the care and support was being carried out and any equipment that was being used. A moving and handling assessment and a medication risk assessment had also been completed to assess any possible risks presented when assisting someone to move or assisting someone with their medication. Where risks had been identified, these had been more thoroughly assessed and a plan had been developed to overcome these.

We noted that for one person who had recently started using the service, their file did not include a moving and handling assessment, we were told that this would be addressed straight the way.

The provider may wish to note that completion of records in a more timely manner would further ensure that peoples needs were identified and ultimately met.

Comprehensive daily records were being kept which showed exactly what tasks had been

completed at each visit. These were regularly audited and ensured that people were getting the care and support they required.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us that they felt safe with the support workers who visited them. "One person explained, "I don't worry at all, they are all very kind." Another person told us, "They treat me very well, I would soon say something if they didn't."

Support workers had been provided with training in the safeguarding of adults and this was being refreshed as needed. Staff spoken with were well aware of their responsibilities within safeguarding and showed a good awareness of what they would do if they suspected someone was being abused. One support worker explained, "I would report it, there's always someone there to deal with things."

People told us that they knew what to do if they had any concerns or worries about the care and support they received. One person told us, "I would tell the office, they are very good."

A policy on safeguarding peoples' finances was in place and support workers were aware of the procedure to follow when handling peoples' money. These included the recording of money given, money spent, change returned and a receipt obtained. These records were being audited on a regular basis to ensure that people were being properly protected.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People told us that they felt that the support workers who supported them were experienced and had the right skills for the job. One person told us, "They are very competent, they know what help he needs and they do it very well". Another person explained, "I think they are well trained, I've got a learner coming at the minute, they come with someone who knows what their doing to learn the job."

We checked the recruitment process to see if the appropriate checks had been carried out. On checking four staff files we found that appropriate references had been obtained, one of which had been from the person's previous employer and a CRB (Criminal Record Bureau) check had been completed. We did note that some of the files checked showed that the support workers had worked in the community before their CRB had been returned, Although it was noted that they were supervised at all times, the provider acknowledged that without this check in place, people could have been put at risk. Acknowledging this shortfall the provider assured us that all the current staff working in the community had the appropriate check in place and would ensure that no support worker, worked in the community without this in the future.

Support workers were well trained. The registered manager had a teaching qualification and this enabled her to provide a range of training courses which support workers were required to attend. These included courses on dementia, moving and handling, safeguarding adults, stroke awareness, catheter care and health and safety. A fully equipped training room had been set up in the office and this enabled the manager to provide a number of practical training sessions, including hoist training and bed making etc.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People told us that they knew what to do if they weren't happy about something. One person explained, "I would phone the office, I've got the number in the folder." Another person told us, "I'd talk to xxx [support worker] she is very understanding."

There was a complaints procedure and a copy of this had been given to everyone using the service.

We asked for and received a summary of complaints people had made and the providers' response.

We found that four complaints had been received in the last twelve months. These complaints had been taken seriously, investigated and actions had been taken where necessary, to address any shortfalls found.

Staff spoken with knew what to do if someone had a concern and they told us that they would support anyone who wished to make a complaint. One staff member explained, "I would find out what the problem was and refer it to my line manager. There is a complaint form in the folder as well so I would help them fill it out."

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: Care and treatment was not always planned in a way that ensured people's safety and welfare.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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