

Shy Lowen Care Limited

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Inspection report

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Date of inspection visit:
01 March 2017

Date of publication:
15 March 2017

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

Shy Lowen provides personal care for people with a learning disability living in their own home. Accommodation is leased from a private landlord. Up to five people will eventually live together. At the time of our inspection two people were receiving personal care from Shy Lowen. Their care and support was provided by one member of staff which meant they shared their care and support.

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 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People received a highly individualised service from Shy Lowen which reflected their individual needs and lifestyle preferences. Care records highlighted how they wished to be supported, what they could do for themselves and routines really important to them. People were supported by staff who knew them really well and who treated them with dignity and respect. People said they felt safe with the staff, in their home and in their community. Any risks were reduced to keep them safe from harm.

People's rights were upheld. They were supported to maintain relationships with people important to them. They had the opportunity to participate in activities which reflected their age, disability and lifestyle. Accessible information had been produced using pictures and symbols to illustrate the written word so they could understand documents and records. Their personal information was kept securely and confidentially.

People benefited from staff who were supported in their roles and able to complete training relevant to people's needs. Staff found the registered manager open and accessible. They said they could call on the registered manager for help and support at any time. The registered manager worked closely with them and was able to observe staff working with people.

The registered manager said, "Caring is our top priority." Quality assurance processes monitored the standards of care provided and included feedback from people using the service and relatives. They said, "I am happy living here" and "We are both extremely happy with [name's] care, [name] is very happy." Staff reflected, "We make sure they have what they need to live normal lives and have access to what they want."

The service met all relevant fundamental standards. 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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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.

This comprehensive inspection took place on 1 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the manager would be there.

Before the inspection, the provider completed 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. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also had feedback from the local authority commissioners of the service.

We spoke with two people who used the service about their care and support. We also spoke with two of their care staff and one relative. We met with the registered manager at the office. We looked at a range of records which included the care records for two people and training and supervision records for two staff and the registered manager. We looked at a selection of records in relation to the management of the service. Feedback given to the provider as part of their quality assurance process has been reflected in this report.

Is the service safe?

Our findings

People's rights were upheld and they had told the provider they felt safe receiving care in their home, with their staff and in their local community. Staff had completed training in the safeguarding of children and adults and knew how to keep people safe. They also had access to training in sexploitation and gang culture. The registered manager discussed how the team would respond to unexplained bruising or changes in behaviour. They had a good understanding of safeguarding procedures and knew who to contact should a safeguarding alert need to be raised. People receiving a service and staff had access to information about keeping safe and who to contact if they had a concern. People had recently attended training provided by the local authority for people in supported living about understanding sexual abuse. The registered manager described how they guided people about safe use of their mobile telephones. Their telephones had emergency contact details stored which would be recognised by police and emergency services.

People were supported to take risks in their day to day lives and risk assessments described how any hazards had been minimised to keep them safe from harm. The Provider Information Return (PIR) said they promoted "positive risk taking to avoid a risk adverse culture". The registered manager described how people were encouraged to be as independent as they could be; ensuring they understood the risks and it was their choice. For example, helping a person to develop the skills to mow the lawns using an electric lawn mower. Staff confirmed there had been no accidents and incidents to report.

People were supported by staff who they knew well and experienced consistency and continuity of care. There had been no changes to the staff team since the service commenced in 2013. Two staff worked alongside the registered manager to provide care and support to people using the service. They said, "We love our job", "We can always call [name] at any time" and "She is always at the end of the phone." Staff explained how they were funded to provide shared care for the two people. In order to ensure people had individual support when needed the registered manager or the nominated individual provided cover if a person wished to remain at home whilst the other person went out. This additional cover was not commissioned for people by the local authority but provided as a good will gesture by the provider.

Satisfactory recruitment processes were in place should a new member of staff need to be employed. The registered manager had completed a management and recruitment course and was scheduled to attend recruitment and retention training. They said they would be renewing the Disclosure and Barring Service (DBS) checks for all staff in 2018. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People did not have any prescribed medicines. Systems were in place should they need to have these administered and staff had completed the appropriate training. People kept a few over the counter medicines such as paracetamol in case they were needed. A medicines administration record was completed to ensure staff were able to monitor the dose given.

People were protected against the risk of infections. Staff had completed infection control training and monitored the food hygiene standards using the "safer food, better business" system promoted by the food

standards agency. They had been awarded the top score of five stars for their systems by the food standards agency.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Staff confirmed they had access to training and refresher training to keep their skills up to date. The Provider Information Return (PIR) said the provider "ensured staff are competent, trained and qualified and happy with their duties". The registered manager explained that as they worked alongside staff they were able to observe their practice and their skills as well as their interactions with people. Staff had identified courses they wished to complete through the University of Leicester to include understanding Autism, end of life and dignity and safeguarding. Staff said they felt supported in their roles having access to individual meetings with the registered manager. Two formal meetings had been recorded in 2016 as well as two recorded observations of staff carrying out their roles. Staff said the registered manager was "very accessible". The registered manager said they met at handover each Sunday with a different member of staff to formally talk about the care and support being provided.

People had capacity to make their own decisions about their care and support. Staff said they "empowered people" and respected their decisions and lifestyle choices. 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 were encouraged to have a healthy diet. They chose what to eat and drink and had their personal favourites such as beef burgers or pizza which they had occasionally as treats. They shopped for their food and cooked their meals with some support and prompting from staff. They liked wraps, pasta dishes and freshly cooked easy to prepare meals. People were weighed each month to make sure their weight had remained stable and to assess whether any advice needed to be given to them about weight loss or weight gain.

People were supported with appointments with a range of health care professionals. Staff recognised when people had difficulties accessing them such as visiting the dentist, and had strategies in place to help them attend these. Staff talked through health care appointments and what was likely to happen. Staff closely monitored people's health and well-being, picking up any changes and taking preventative action to help them stay well or access the appropriate treatment. People had been supported to see their GP and Podiatrist when needed.

Is the service caring?

Our findings

People had positive relationships with staff who knew and understood them well. They told us they liked the staff. The registered manager said, "Caring is our top priority." Feedback from relatives confirmed this, "We are both extremely happy with [name's] care, [name] is very happy" and "So pleased [name] is living with you at Shy Lowen, [name] is so happy." Staff reflected people were always really keen to come back to Shy Lowen after trips away. "They can't wait to come home and once their parents phoned us to say they wanted to come back earlier."

People's individuality and specific needs had been considered in respect of the care and support provided to them. They had produced a document called "This is Me" and a prompt sheet outlining their likes, dislikes, lifestyle preferences and routines really important to them. Copies of these documents were kept in their rooms but were also available to share with social and health care professionals involved with them. Staff said, "We make sure they have what they need to live normal lives and have access to what they want." People were supported to access activities which reflected their age, lifestyles and disabilities. Personal information was kept confidentially and securely.

People were involved in talking about their care needs and support. Staff respected their choices which included refusing to take part in activities if they wished to have a "lie in" or to watch television. Staff made sure people were encouraged and prompted to get involved but also respected their right to say "No". People's communication needs were clearly identified in their care records. Staff described how they engaged with people recognising the impact any sensory disability might have on any interactions. Accessible information had been provided for people which used pictures and symbols to illustrate the written word. People had started to write their own daily dairies either writing them or telling staff what they wanted to be written.

People's right to privacy was respected. Their care plans provided guidance for staff to "respect my dignity" describing what people needed help with and what they could do for themselves. The registered manager described how staff considered people's dignity when helping them with intimate tasks reducing embarrassment and promoting respect. Staff understood when people needed time alone and when they wanted company. If people became upset or unsettled staff said they gave them space. Staff understood people's verbal and non-verbal behaviour and how to interpret how they were feeling. They said they would offer space and reassurance until people chose to re-engage with them.

People were supported to maintain contact with family and friends. Relatives said they were kept informed about people and were involved in their care and support. Staff confirmed they had "good" relationships with relatives and kept in regular contact with them.

Is the service responsive?

Our findings

People received individualised and personalised care which reflected their lifestyle choices and routines really important to them. Their needs had been assessed prior to receiving a service to assess whether they could be met. People's care plans described how they wished to be supported with their personal care. Their individual wishes and preferences were identified. When there were any changes to their needs their care plans were amended to reflect this. The registered manager described how recent changes were being closely monitored by staff and if appropriate they would arrange appointments with health care professionals.

People were encouraged to be as independent as they could be. Clear guidance was provided indicating what people needed help with and what they could do for themselves. People told us they liked to do things around their home such as shopping, cooking, the laundry, cleaning and recycling. Staff said they would remind people what needed to be done but people took responsibility for many tasks around their home. A relative commented, "[Name] is very happy and continues to grow in confidence."

People told us they were supported to do the things they liked. Staff enabled them to go out and about or to relax at home if they preferred. People said they attended day centres during the week and liked to go to social clubs to meet with friends. They visited family and friends who also visited them at their home. They held a party to which they invited people important to them which was very successful and planned another one for Easter. At weekends people liked to have a more leisurely pace and to have a lie in before going out into town. When people wished to do different activities staff called the registered manager or nominated individual and they provided additional cover. Staff said this extra cover provided by the registered manager ensured people's personal choices could be respected.

People told us if they had any problems they would talk with staff or the registered manager. They said, "I am happy living here" and "I like it here." Relatives said they would raise concerns with staff or the registered manager but they had no concerns with the services provided by Shy Lowen. The complaints procedure had been produced in an accessible format using pictures and symbols to illustrate the written word. People had regular contact with the registered manager each week when she was able to talk with them about the service they received and act upon any issues they might raise at the time.

Is the service well-led?

Our findings

People's views were sought to improve the service they received. People had completed an annual survey which asked them questions about their support and care. This had been produced in an easy to read format which used pictures and symbols to illustrate the written word. The registered manager said they changed the questions each year. This was also sent out to relatives. Their feedback included, "We have no concerns or worries at all."

The registered manager was also the owner and was supported by the nominated individual. 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. Staff spoke positively about the registered manager, saying, "she is lovely" and "we can call her anytime". They said they felt supported and the registered manager was always available for help or support. The registered manager was aware of their responsibilities with respect to the Care Quality Commission.

The registered manager described the aims of the service to provide "safe care, for people to be happy and to have a good life". She said they could see this was being achieved. This was demonstrated when people returned home after visits away and often said, "I'm glad to be home." She reflected that she wanted to make sure people were treated no differently from the way she treated her daughter. Working with people allowed her to monitor the quality of care provided.

Quality assurance systems were in place to assess the standard of care and support provided. The registered manager had completed formal visits to people to assess systems such as care plans, activities, the environment and staff training. Any actions from these audits were clearly identified and evidenced once completed. For example, a kettle needed replacing and this was done immediately.

The registered manager maintained their personal professional development and had recently completed the leadership and management award at level five. They attended local provider networks and liaised with social and health care professionals when needed. The Provider Information Return (PIR) stated that Gloucestershire Voices (an organisation of people with learning disabilities who report back to local commissioners) had visited people and reported that they would like to live there and be supported by Shy Lowen. Looking towards the future the registered manager was sourcing more training including positive behaviour management. They also recognised the challenges of providing a personalised service to two people with a shared care agreement in place. They had discussed with the local commissioners offering respite care. The people using the service had agreed to this and knew the person who would be staying with them for short intervals. The registered manager said they would update the statement of purpose to reflect this.