

Share The Care Ltd

# Share the Care Limited Office

## Inspection report

44 High Street  
Queenborough  
Kent  
ME11 5AA

Tel: 01795660162  
Website: [www.sharethehomecare.co.uk](http://www.sharethehomecare.co.uk)

Date of inspection visit:  
17 July 2018

Date of publication:  
28 August 2018

## 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 was carried out on 17 July 2018, and was announced.

Share the Care Limited is a domiciliary care agency which provides personal care and support for people living in their own homes. The agency provides care for people in Queenborough area of Isle of Sheppey. This includes older people, people with a learning disability, mental illness, complex needs and people with a physical disability. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and administration of medicines. Where they do, we also take into account any wider social care provided. At the time of the inspection, the service was providing personal care to 14 people.

At the last inspection, the service was rated Require Improvement. At this inspection, we found the service to be Good.

The service was last inspected on 20 June 2017 when it was given an overall rating of Requires Improvement. At that time, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was with regards to the provider failing to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. We also made two recommendations. These were in regard to risk assessments, failure to identify people's specific health and care needs, their mental health needs, medicines management, and a failure to follow robust recruitment procedures to make sure that only suitable staff were employed and the promotion of communication with staff.

We asked the provider to send us a plan of action which they returned in the agreed timetable, setting out what they would do to meet legal requirements in relation to the breach. The provider told us that the breach of regulation would be met by the November 2017. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection on 17 July 2018, we found improvements had been made in all areas and the provider was meeting the regulations.

There were two registered managers at the service. The registered managers were also the providers. 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.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely and people had received their medicines as prescribed.

Staff knew what they should do to identify and raise safeguarding concerns. The registered managers knew their responsibilities in relation to keeping people safe from harm.

Effective systems were in place to enable the providers to assess, monitor and improve the quality and safety of the service. Accident and incident records were closely monitored, actions were taken in a timely manner to ensure lessons were learnt.

People were happy with their care and support. Staff had built up good relationships with people.

The service provided good quality care and support to people enabling them to live as fulfilled and meaningful lives as possible.

Staff were caring and kind in their approach and had a good rapport with people. People told us they were treated with dignity and respect. People's privacy was respected.

People were asked about their needs relating to culture, race, religion and sexual orientation in the care plan. This was recorded and staff were aware of this.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, which included safeguarding, Mental Capacity Act 2005 and infection control. They also received support and supervision to enable them to carry out their roles safely.

People were encouraged to make their own choices about everyday matters. People's decisions and choices were respected.

People's care plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed care plans which clearly detailed people's preferences, likes, dislikes, mental health and social needs. Care had been delivered in line with people's choices. The registered manager reviewed each person's care with each person on a monthly basis. People were encouraged and supported to engage with activities that met their needs.

People were supported and encouraged to have a varied and healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. The registered managers and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services.

People and their relatives were given information about how to complain. People and their relatives were actively involved in improving the service. They completed feedback surveys and had regular meetings with the providers.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

The registered managers had built links with other local registered managers and providers who gave support and advice 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.

The registered manager followed safe recruitment practices.

People were protected from the potential risk of harm. Staff knew how to recognise any potential abuse and so help keep people safe.

Medicines were managed in a safe way. Staff had been adequately trained in medication administration.

There were enough staff available to meet people's needs.

### Is the service effective?

Good 

The service was effective.

Staff received on-going training in areas identified by the provider as key areas.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and Mental Capacity Act (2005).

The registered manager worked well in collaboration with outside agencies.

### Is the service caring?

Good 

The service was caring.

People felt that staff provided them with good quality care. Staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

The service was flexible and responsive to people's needs.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had processes in place to monitor the delivery of the service.

There was an open and positive culture which focused on people. The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The registered manager was aware of their responsibilities to meet legal requirements.

Relatives felt the service was well managed and the registered managers would listen to them at any time.

# Share the Care Limited Office

## **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 took place on 17 July 2018 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

The inspection was carried out by one inspector who visited the agency's office in Queenborough area of Kent and an expert-by-experience, who made calls to people using the service. 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 for this inspection had experience in care for older people.

Before the inspection, we 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. We also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information including the Provider Information Return to plan our inspection.

As part of the inspection, we spoke with the providers who are also the registered managers. We also spoke with the part time administrator, two care workers providing direct support and one team leader. We visited three people who used the service in their homes. We spoke with three people and four relatives on the phone. We also contacted healthcare professionals involved in the service but we received no feedback.

During the inspection visit, we reviewed a variety of documents. These included three people's care records,

which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the registered managers to send additional information after the inspection visit, which included staff training record and copies of staff rota. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with carers from Share The Care. One person said, "Yes I feel safe. I know the girls that come in. I have regular carers. The fact that I know them now, makes me feel safe". Another said, "Absolutely, I feel safe. It is their attitude. They are very confident and knowledgeable about me and that makes me feel safe".

A relative said, "Yes, they are all aware of safety. My 'X' has a lot of mobility problems and joint dislocation; so the carers are very mindful of their condition and they keep them safe".

At our last inspection on 20 June 2017, we recommended that the registered managers carry out risk assessments that identified people's specific health and care needs, their mental health needs and medicines management. Risk assessments should follow stipulated guidelines. The registered managers sent us an action plan on 5 August 2017 which stated that the registered managers would meet this regulation by 27 November 2017. At this inspection, we found that improvements had been made and the provider was now meeting the regulations.

At this inspection, we found that the environmental risk assessments named 'internal risk assessment' were thorough. They followed the health and safety guidelines for the implementation of a robust risk assessment, which are to identify the hazards, decide who might be harmed and how, evaluate the risks and decide on precautions, record the findings, implement them, review the risk assessment and update if necessary. The reviewed risk assessments had identified the hazards.

People's individual risk assessments had also been reviewed and detailed. The risk assessments identified people's specific health and care needs, their mental health needs and medicines management. For example, it was identified that one person had a history of falls in the past due to limited mobility. A comprehensive risk assessment was put in place to mitigate the risk of falls. This had been signed by staff which indicated that they had read the risk assessment. This meant that people were supported in accordance with their risk management plans.

At our last inspection on 20 June 2017, we recommended that the registered managers seek advice on the implementation of schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because we found gaps in staff employment histories and these gaps had not been explained. Also, we found only one reference for a member of staff instead of two references.

At this inspection, we found that improvements had been made. The service was following safe recruitment policies and guidance when employing new staff to the service. The service had safe practices to ensure that the staff employed were suitable. Checks had been made against the Disclosure and Barring Service (DBS). A DBS check highlights any issues there may be about staff having criminal convictions or if they are barred from working with people who need safeguarding. Potential new staff provided their full employment history and photographic identification had been checked. The provider had checked two references before new staff commenced employment. We found records of staff car insurance and MOT in care staff files who



drive. Robust recruitment procedures had been followed to make sure that only suitable staff were employed.

The risk of abuse was minimised because staff were aware of safeguarding policies and procedures. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated September 2017. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care. All staff we spoke with told us they would report safeguarding concerns to the provider immediately. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I find a bad practice, I will notify my manager. Also, I can notify Kent County Council and CQC".

Staffing levels were provided in line with the support hours agreed with the person receiving the service. The registered managers said that staffing levels were determined by the assessed needs when they accepted to package to provide the service and also whenever a review took place. Currently there were enough staff to cover all calls and staff numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The registered managers told us that they carried out visits to people whenever required to ensure their staffing needs are met. Both registered managers also carried out direct support in people's homes whenever there was need to do so.

The registered managers reviewed all accidents and incidents to ensure that relevant action had taken place. Records evidenced that the registered managers had referred people on to the hospital or community physiotherapist if they had frequently fallen and this had been done through the GP. For example, one person was found on the floor when care staff arrived for their personal care. The care staff immediately called the ambulance, who checked the person and took her to the hospital. Copies of people's accidents and incidents were kept in their care file which helped staff understand why care plans or risk assessments had been amended.

Suitably trained staff followed the arrangements in place to ensure people received their prescribed medicines. People told us that they received their medicine as prescribed. One person said, "Yes they do give me my medicine on time. They give me with a drink and in a timely manner". A relative said, "They help with medicine and it is all done as it should be". Information in people's care plans was apparent and specified which people required their medicine to be administered, who required their medicine to be prompted, who had their medicine administered by family members and where they could take this independently. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. No one was given PRN (as required) medicines in the service.

Staff had received infection control training. The registered managers had a supply of personal protection equipment and they knew how important it is to protect people from cross infection. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons.

The registered managers planned in advance to ensure people's care could be delivered. The registered managers had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The registered managers had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time should they arise. People and staff told us this system worked well and there was always someone available to speak to.

## Is the service effective?

### Our findings

The people we spoke with told us that staff supporting them had the skills and knowledge to meet their needs. One person said, "Honestly, I do believe the carers are very good. I like them all". A relative said, "Yes I do believe they are skilled. They're always on the lookout on how Parkinson's affects my family member. They always seem to be in the know".

People's needs continued to be assessed before support was provided to them. The assessment took into account what people could do for themselves as well as the help they needed. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. For example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered managers introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

Staff had received in-house induction training before starting, which provided them with essential information about their duties and job roles. The induction and refresher training included privacy and dignity, equality and diversity, infection control and health and safety. The registered managers told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so. The staff training records showed that all staff had attended safeguarding adults, moving and handling, dementia awareness, catheter care and first aid. We saw training certificates in staff files which confirmed this.

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. 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.

People's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions, the registered managers had an understanding of what procedures to follow. People were always asked to give their consent to their care, treatment and support. One person said, "I tell them what I want them to do". Another person said, "They always ask me what I want before doing anything". Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals.

People's needs with regards to eating and drinking varied. Some people got their own meals and for other people they were provided by relatives or another service. The level of support people required was recorded in their care plans. One person said, "They prepare my breakfast in the morning, which is my need". When staff prepared meals for people, they consulted people's care plans and were aware of

people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. Staff were aware of people's nutrition, hydration and special diet needs. A record was made of what people ate and drank.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered managers, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the registered managers worked closely with health professionals such as district nurses in regard to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. Staff told us that if they had any concerns about a person's health they would liaise with the registered managers for advice or if in an emergency, they will contact the GP or emergency services directly.

## Is the service caring?

### Our findings

People and their relatives said they were supported, with dignity and respect, by kind and caring staff. One person said, "Yes, they are very caring. They always ask me how I am. I suffer with mental health issues and they are quite aware of that. They make sure I'm in a good place". Another said, "Yes, they are caring. They look after me well and respect my wishes". A relative said, "Yes, they are very caring". Another said, "They are very chatty with my family member. They do not just come in and do their job; they are very interactive with them. They ask what they have been doing. They are interested in them as a person rather than it just being a job".

People continued to be involved in their care planning and their care was flexible. One relative said, "I was involved from the start and we continue to be. When we had meetings, we all sat together and had an input". People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. The daily records showed staff had delivered the care in their care plan. They had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered managers told us they ensured people's choices were respected.

People and their relatives told us that staff were clear on how to maintain people's dignity when supporting them with their personal care. One person said, "They always ensure my dignity is preserved". Another said, "Yes they do. They protect my modesty whilst washing me. We had a chat and they are mindful whilst I am getting undressed". The registered managers had a good rapport with people and knew people well. The registered managers were able to describe people's care routines, likes and dislikes.

The registered managers continued to have a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

The relative spoken with felt staff had a good understanding of their care needs. Daily records of the care and support delivered were kept in a folder in people's homes. We viewed the daily records for one person which showed the care staff delivered. We found these were kept up to date.

The service had reliable procedures in place to keep people informed of any changes. The registered managers told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered managers told us that people were informed if their regular carer was off sick, and which staff would replace them. People confirmed to us that if staff were running late, they do inform them. One person said, "Yes they arrive on time and they let us know if they're running late". A relative also confirmed this and said, "Normally they arrive on time; they will let me know if they're running late".

## Is the service responsive?

### Our findings

People we spoke to told us the care and support they received was responsive to their needs. One person said, "Yes they do take notice of me as a person and respond to my needs". A relative said, "The carers encourage my family member to be independent and to undertake activities".

The registered managers told us that they continued to carry out people's needs and risk assessments before the care began. They told us that they discussed the length of the visits that people required, and this was recorded in their care plans. Such tasks include care tasks, washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. These were reviewed as at when necessary for example if people's needs changed. People were asked about their needs relating to culture, race, religion and sexual orientation in the care plan. This was recorded and staff were aware of this. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered managers matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The service was flexible and responsive to people's needs. For example, during our inspection one of the registered managers rearranged the time of a visit for one person who had an appointment the following day. A relative said, "They do supply a carer at any time; they are responsive to our daily needs".

People were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered managers if they had any concerns, or would speak to their care staff. One person said, "If I have any complaint, I would call the owners of the Agency. I do not have any complaints anyway". One relative said, "Yes, I would call the office if I have any complaint".

The registered managers dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered managers visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. We reviewed how the registered manager handled complaints received. One person complained about travel charges. Following discussion with the local authority, this was reduced to what was acceptable to the person and resolved satisfactorily. We spoke with this person and they told us they were happy with the outcome. The service had three complaints since our last inspection and all were resolved satisfactorily.

Share The Care provided care and support to people to enable them to maintain their independence and live in their own homes. During this visit, the service did not provide care and support to people who were at the end stages of life.

## Is the service well-led?

### Our findings

People and their relatives told us the service was well led. One person said, "I know who the Managers are and I like them. They are fine". A relative said, "I know who the Managers are and I think they are good. They often come down to see me and have a chat".

At our last inspection on 20 June 2017, we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered managers failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. The registered managers sent us an action plan on 5 August 2017 which stated that the registered provider would meet this regulation by 27 November 2017. At this inspection, we found that improvements had been made and the registered provider was now meeting the regulation.

The registered managers had developed a planned programme of monitoring and audits to assess the effectiveness of the service and the outcomes for people. A programme of audits was in place which covered all areas including care plans, communication book, medication administration record [MAR] and daily contact sheets. As a result, the service was effective in highlighting shortfalls and taking action to resolve them. For example, MAR chart audited on 15 May 2018 had identified that allergies were not specified on the medicine chart. However, the medicine chart kept in the care plan had the allergies information. These were immediately rectified and the MAR chart now contained same information on allergies.

There were a range of policies and procedures governing how the service needed to be run. The registered managers followed these in liaising with outside agencies. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Communication in the service had been maintained through handovers with on-call staff and regular office meetings. At these meetings, any concerns, actions or issues were discussed and addressed. These meetings enabled issues to be raised and resolved. Staff were complimentary about the managers, and felt the values displayed by the manager was reflected in the support they provided. Staff told us the registered managers provided support and encouragement. They had the opportunity to discuss any concerns informally with the registered manager whenever they were in the office. A member of staff said, "Both managers are two wonderful people. They always support me. They are two great people. Definitely, I can approach them at anytime". Another staff said, "I have to say they are different from my past experience. They really care for both clients and staff. They give a listening shoulder. They support us all and I really appreciate it".

People and their relatives had completed surveys about the service and the care and support received. Everyone that responded provided positive feedback. Comments included, 'Share The Care are very professional and well run company for carers and service users'; 'The care 'X' has received from your staff are excellent. They have taken time to know 'X' and know their triggers for most behaviours'; 'X' has been receiving care for 16months now. The agency has provided an excellent service throughout that period. All of the staff are competent, caring, compassionate, reliable, trustworthy, humorous and able to put a smile on 'X's face on a daily basis' and 'The staff are lovely and friendly, they get me washed and dressed and talk

to me. I look forward to them coming'.

There were two registered managers 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.

Both registered managers had the skills and experience to carry out their role. They kept up-to-date with best practice by attending training events, consulting with the local authority and registering with their provider engagement network and by meeting with other care providers.

The registered managers were aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The provider confirmed that no incidents had met the threshold for Duty of Candour. This demonstrated the provider understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating at their premises and on their website.