

Shalom Community Support Services Limited

Shalom Support

Inspection report

21 Abbots Close
Rainham
RM13 9LA

Tel: 01708200161
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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Shalom Support is a supported living service providing support to four people at the time of the inspection, three of whom received support with personal care. The service provided care to people in two separate properties, but the accommodation was provided by a separate landlord.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives expressed satisfaction with the care and support provided. One relative said, "If I had to mark it out of 10, I would give them 10. I can't think how it could be better. I think (person) is very happy there."

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Procedures were in place for dealing with accidents and incidents.

Assessments were carried out of people's needs prior to the provision of care to determine if their needs could be met at the service. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. Staff supported people to access health care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and that they were treated with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place for people, which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints. People were supported to engage in a variety of community based activities.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service which meant people, relatives and staff could express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human rights. Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 15/08/2019 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shalom Support

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we already had about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with registered manager, who was also the provider. We reviewed a range of records. This included multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and, two people's care records and a variety of policies and procedures. We spoke by telephone with one person who used the service, two relatives, and two members of staff, both support workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. The provider had policies about whistle blowing and safeguarding adults. The latter made clear the provider's responsibility to report any allegations of abuse to the local authority and the Care Quality Commission (CQC). In the past year there had been one allegation of abuse, and this had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report it. One staff member told us, "I would ring my manager. If it was them causing the problem I would whistle blow to CQC."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These included information about the risks people faced and about how to mitigate those risks. Assessments covered risks including those related to medicines, accessing the community, health conditions and managing money. Assessments were subject to review, so they were able to reflect people's risk as they changed over time.
- People and relatives told us they felt safe using the service. One relative said, "Yes, I would say so" when asked if they thought the person was safe using the service.

Staffing and recruitment

- Enough staff were employed to support people in a safe way. Staff logged in and out using their phones at the start and end of each shift, so it was possible to monitor that they arrived on time and stayed for the full amount of time required.
- People and relatives told us there was enough staff support. One relative said, "They (staff) are there all the time." A member of staff said, "At the moment, staffing levels are perfect."
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included criminal record checks, proof of identification and employment references.

Using medicines safely

- Medicines were safely managed at the service. Staff undertook training before they administered medicines, and this included an assessment of their competence.
- The provider had recently introduced a new electronic form of monitoring medicines administration but told us there had been some teething problems with this system. They said until this was properly resolved staff were also completing handwritten medicine administration records to ensure there was a proper audit trail in place. Completed medicines records were checked and audited by the registered manager.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection. There was a policy on infection prevention and control and the registered manager carried out relevant audits related to this. Staff had undertaken training about infection control and the use of protective personal equipment (PPE).
- Staff were supplied with adequate amounts of PPE and undertook regular testing to ensure they did not have COVID-19.

Learning lessons when things go wrong

- The registered manager told us there had not been any significant accidents or incidents in the past year. However, a policy was in place about this. This stated that all accidents and incidents would be recorded and investigated, to seek to ensure that similar accidents did not re-occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out an assessment of people's needs prior to the provision of care, or within 48 hours of the commencement of care where it the care had been commissioned as an emergency.
- The registered manager told us the assessment included discussions with the person and their relatives where appropriate, and relatives confirmed this.
- Assessments were carried out in line with relevant legislation. For example, they were person-centred and covered needs related to equality and diversity.

Staff support: induction, training, skills and experience

- Staff undertook training to support them in their role. Staff told us they had a lot of training, including on mental capacity, safeguarding adults, food hygiene and moving and handling. Records confirmed this.
- In addition to training, staff had regular one to one supervision with the registered manager and an annual appraisal of their performance and development needs. Supervisions and appraisals covered areas such as training, issues relating to people who used the service and career development.
- People and relatives told us staff understood their needs and had the ability to carry out their job. One relative said, "I would say the staff are very well trained."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with meal preparation this was detailed in their care plans. However, people were supported to be as independent as possible with meal preparation.
- People were supported with their food shopping, and staff encouraged people to make healthy choices. A staff member said, "We (staff member and person) have put a menu together to try to get more healthy options." However, staff and people who used the service told us that ultimately it was up to the people themselves to make choices about what they ate. One person said, "I choose what I eat." A relative told us "They take (person) shopping to buy their lunch. (Person) will let them know what they want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans and risk assessments covered health related issues and people were supported to live healthy lifestyles. For example, one person was supported to go out for a daily walk.
- The service supported people to book and attend various health care appointments, one person told us, "They (staff) book the appointments and take me there." A relative said, "(Registered manager) has been taking (person) to medical appointments. They took (person) for their Covid jab and they went for their dental check-up recently." Records showed the provider worked with other agencies to help meet people's

healthcare needs, such as physiotherapists and learning disability services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People consented to the care provided and support was given in line with the law. People were involved in planning and choosing their care and had control over their day to day lives. For example, they decided what they ate, what activities they took part in and what they wore. A person told us, "Yes, they give me choices."
- One person did not have the capacity to have full control over their finances. Their finances were partly managed by the local authority. However, the person was given a weekly allowance which they were able to spend as they chose, to minimise the restrictions they faced.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated well and that staff were kind and caring. One person said, "Staff are very kind and helpful, 100% good." A relative told us, "Yes, it is caring, the way the staff interact with (person). (Person) laughs with them, they are not nervous at all." Another relative said, "I am satisfied that they are looking after (person) very well. From what I've seen they have a laugh with (person). (Person) likes to do quizzes so they do that with them, they like to go for a walk, so they do that with them every day."
- Staff understood how to treat people in a respectful way. A member of staff told us they got to know people as people, not just as a job to do. They said, "We get to know the person by communicating with them. Just have a conversation, ask how they are doing."
- People's equality and diversity needs were covered in their care plans and staff had undertaken training in this area. The provider sought to promote people's equality and diversity. For example, people were supported to engage in activities and eat food that reflected their culture.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved in making decisions about their care. A relative told us, "(Person) went from having to have what they were given (with a previous care provider) to having a choice. Like with clothes shopping and cooking."
- People told us they had been involved in developing their care plans and we saw these had been signed by people. People also signed consent forms to give consent to various things such as support with medicines.
- Staff understood the importance of supporting people to make their own decisions. One staff member told us, "We give them choices over everything. Where they want to go out, what they have for lunch."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and the service sought to promote people's independence. Staff told us how they promoted people's privacy and dignity when providing support with personal care. One staff member said, "(Person) lets me know when they are ready. They get their shampoo. I wash their hair, but they can then brush it themselves."
- People were supported to be independent and to learn and develop independent living skills. For example, with cooking, laundry, shopping and budgeting. A member of staff told us, "(Person) helps with the housework, we do the laundry together."
- Staff understood the importance of protecting people's right to confidentiality and of not sharing information about people unless authorised to do so. Confidential records held at the office were stored in

locked filing cabinets or on password protected electronic devices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These were person-centred, setting out the needs of individuals. People were involved in developing their care plans which helped ensure they reflected their needs and preferences.
- Care plans covered areas including health, community participation, personal care, family and personal relationships. Plans were subject to regular review, so they were able to reflect the needs of people as they changed over time.
- People and relatives told us the support was person-centred and based around the individual. A relative told us, "As far as I am aware the staff understand (person's) needs very well. They try to do like for like with what I do because (person) doesn't like changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us all of the current service users could read English, but other communication formats could be made available if required.
- One person had needs around verbal communication and the provider used a variety of methods to communicate with them. These included use of basic sign language, body language and written communication. A relative told us, "They do manage to communicate with (person), they can make themselves understood."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with family and friends. Relatives told us they frequently spent time with people and the provider supported people to have the opportunity to develop new relationships with people.
- People were supported to take part in a variety of activities in line with their preferences. For example, people attended day services and one person had employment working at a hairdresser. People and relatives told us staff supported them on leisure activities of their choice. A relative said, "They took (person) on holiday to Butlins because there was a dance troop they liked, and they were very happy with that. If (person) wants to go to the pictures they take them. They took them to see James Bond last week." A person

told us, "They take me to bowling and the cinema, I choose the film."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.
- The provider told us there had not been any complaints received in the past year and we saw no evidence to contradict this. People told us they knew who they could complain to if they wished to. A person said, "I would talk to (registered manager) if I had a complaint." A relative told us, "If there was an issue, (registered manager) would resolve it."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and inclusive culture at the service and staff spoke positively about the registered manager. One staff member told us, "(Registered manager) is fantastic. They are so helpful. They are understanding, so caring. They will help with anything." Another staff member said of the registered manager, "If there is any problem, they will deal with it." A person told us, "(Registered manager) is lovely, they are one of my favourites."
- There was a person-centred ethos at the service, so that good outcomes were achieved for individuals. Care plans were person-centred, and the provider worked to meet individual needs, in line with people's preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to be open and honest with people when things went wrong. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place and staff were aware of who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their individual roles.
- The provider was clear about their regulatory requirements. For example, they were knowledgeable about what issues they had a legal duty to notify to the Care Quality Commission and they had appropriate employer's liability insurance cover in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and people told us they had regular contact with the registered manager. One relative said, "Yeah, we speak, (registered manager) is in constant contact with me. They don't hesitate to phone me."
- Surveys were carried out to seek the views of people and others. Completed survey forms contained positive feedback.
- Staff told us there were regular team meetings and records confirmed this. Meetings included discussions about infection control, medicines, care and general administration.

- The provider worked with other agencies to develop best practice and share knowledge. For example, they had attended provider forums run by the local authority and received information from Skills for Care.
- The provider considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff recruitment was carried out in line with good practice in regard to equality and diversity.

Continuous learning and improving care

- Various audits were carried out by the registered manager, including audits of medicine records and infection control practices, while care plans and risk assessments were subject to regular review.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular one to one meetings with people to seek their views about how they could improve the service provided.