

J-Shalom Limited

J-Shalom Limited t/a SpiritLife Care

Inspection report

Square Root Business Centre
102-116 Windmill Road
Croydon
Surrey
CR0 2XQ

Date of inspection visit:
11 January 2018

Date of publication:
06 February 2018

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

J-Shalom Limited trading as Spiritlife Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection they were supporting one person.

J-Shalom Limited trading as Spiritlife Care was last inspected in June 2014. This was under our old methodology and therefore the service was not previously rated. We undertook this inspection on 11 January 2018.

The same registered manager remained 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.

Care and support was delivered that met the person's needs. The person was involved in decisions about their care and establishing the level of support they required. Staff supported the person in line with their wishes and preferences, and respected their privacy and dignity. Staff assessed any risks to the person's safety and provided support in line with their risk management plans. Staff supported the person with application of their topical creams, other than that, the person was self-managing their medicines. The person also self-managed their nutritional and healthcare needs. Nevertheless, staff made the person a hot drink during their visit and ensured they were accessible to the person after the visit. The person had the capacity to make their own decisions about their care and welfare, and staff respected these decisions in line with the principles of the Mental Capacity Act 2005.

Safe recruitment practices were in place to ensure appropriate staff were employed. They completed regular training to ensure they had the required knowledge and skills to meet the person's needs. The staff had an open relationship with the registered manager. They felt supported by the registered manager and found them to be accessible and approachable. The registered manager regularly met with the person receiving care and the care worker to obtain their feedback and review the quality of service delivery. The registered manager ensured appropriate policies and procedures were in place.

Due to the service currently only supporting one person we were unable to rate the service because there was insufficient evidence available for us to do so. The registered manager told us they were hoping to expand the service and provide support to more people which would enable us to rate the service at the next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. There were sufficient staff to meet the person's needs and to maintain their safety. Staff were aware of the risks to the person's safety and how these were to be managed. Staff supported the person with their topical creams. They adhered to policies and procedures regarding safeguarding adults from avoidable harm.

Inspected but not rated

Is the service effective?

The service was effective. The staff had received appropriate training to ensure they had the knowledge and skills to undertake their duties. Staff supported the person in line with principles of the Mental Capacity Act 2005. Staff provided support with nutritional and healthcare needs as required.

Inspected but not rated

Is the service caring?

The service was caring. Staff had built caring relationships with the person receiving care. They were respectful of the person's privacy, dignity and supported them in line with their decisions and preferences. Staff acknowledged the person's cultural and religious preferences.

Inspected but not rated

Is the service responsive?

The service was responsive. The person was involved in identifying the level of care they required and detailed records were maintained about what support was to be provided and how this was to be delivered. Staff provided the person with "exceptional" care in line with their needs. A complaints process was in place, however, no complaints had been received.

Inspected but not rated

Is the service well-led?

The service was well-led. The registered manager regularly liaised with the person using the service and undertook spot checks to review the quality of service delivery. Policies and procedures were in place and the registered manager was in liaison with a local authority to discuss expanding the service and delivering care to more people.

Inspected but not rated

J-Shalom Limited t/a SpiritLife Care

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.

This inspection took place on 11 January 2018 and was announced. We gave the service seven days' notice of this inspection visit because when we originally announced the inspection the registered manager was out of the country and we needed to be sure that they would be in as they were the only staff member based in the office.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service.

During our site visit we spoke with the registered manager. We reviewed the care records for the person receiving care and the staff records for the one care worker supporting the person. We also reviewed records relating to the management of the service, including policies and procedures. Later on the same day we spoke, via telephone, to the person receiving care and the care worker.

Is the service safe?

Our findings

There was a policy and procedures in place to safeguard adults from avoidable harm and discrimination. At the time of inspection the registered manager was in the process of updating the policy to ensure it was in line with best practice and the London multi-agency safeguarding guidance. Staff were able to describe signs and symptoms of possible abuse and were aware of the reporting procedures. There had been no safeguarding concerns raised since our last inspection. However, staff knew how to raise a concern with the local authority safeguarding team if and when it was required.

At the time of inspection there was only one person receiving care and they received one visit a day, six days a week. There was one care worker employed who was able to meet this requirement. When the care worker was unavailable the registered manager was able to provide the required care and support. The registered manager told us they were in the process of recruiting additional staff to enable them to provide services to more people. We saw safe recruitment practices were in place. This included obtaining references from previous employers, undertaking criminal records checks and ensuring staff were eligible to work in the UK.

Staff assessed the risks to people and implemented plans to manage and mitigate those risks. We saw this included in regards to the environment, to ensure both the person and staff member's safety as well as identified risks specific to the person's needs. We saw clear and detailed assessments were undertaken in regards to the person's mobility and management plans were in place regarding moving and transferring. Staff ensured the person was wearing their safety pendant alarm so they could call for assistance if they fell or needed urgent assistance when they were on their own.

Staff were trained in medicines administration and there were policies in place regarding medicines management. The person using the service managed their own medicines. However, staff did support the person to apply their prescribed creams. Whilst staff documented this in the daily notes, a specific medicines administration record (MAR) was not maintained in line with best practice guidance. We spoke with the registered manager about this. They had MAR templates available and told us they would ensure these were completed by the care workers.

Policies were in place regarding infection control and the use of personal protective equipment (PPE). Staff confirmed they had access to appropriate PPE and were aware of procedures to follow to prevent and control the spread of infections.

Is the service effective?

Our findings

Staff received the required training to ensure they had the knowledge and skills to undertake their role and provide safe and appropriate support to people. This included moving and handling, Mental Capacity Act 2005, medicines management, first aid, infection control and dementia care. Staff also completed additional training relevant to their role including completion of the Care Certificate and diplomas in health and social care. The Care Certificate is a nationally recognised tool which gives staff new to a care setting the knowledge and skills to undertake their basic duties. The registered manager supervised the care worker regularly at the office and at the person's house. This provided them with the opportunity to observe staff and have discussions about their performance, discuss policies and procedures and give the care worker an opportunity to identify any additional support they required.

Staff were aware of and adhered to the Mental Capacity Act 2005. The person using the service had the capacity to consent to decisions about their care and welfare and staff respected their decisions.

The person managed their own needs in regards to their dietary requirements and their healthcare. In line with the person's requests staff made the person a cup of tea on arrival and left them with cups of tea when leaving so the person had access to fluids. Staff told us they would advise the person to access healthcare services if they could see they were unwell and would obtain support if the person required urgent medical attention.

Is the service caring?

Our findings

The person receiving care told us, "I have the same carer. She is so excellent. I don't know what I would do without her...she's exceptional."

Staff respected the person's decisions and provided care in line with their wishes. Staff gave the person a choice of how they would like to be supported, what they would like to wear and in relation to any additional support they required. Staff respected the person's preference regarding how they liked to be addressed and their preferred name.

Staff respected the person's privacy and maintained their dignity. The person confirmed that staff provided them with support in a way they were comfortable with and felt respected by their care staff.

Staff had built caring working relationships with people and provided them with social support as well as meeting their care needs. The registered manager accompanied the care worker to meet the person for the first time and introduced them. The registered manager ensured the person was comfortable receiving support from the care worker before leaving them unsupervised. Information was included in people's care records about topics they liked to speak about and information relating to their family so the care worker could engage them in meaningful conversations. Information was also included in the care records instructing staff to leave the person's telephone and contact book within reach so they could contact friends and family throughout the day and prevent them feeling lonely and socially isolated.

The registered manager had obtained information about the person, their cultural background and religious preferences in order for them to be able to provide tailored individual support. Staff were aware of how the person preferred to practice their faith and respected this.

Is the service responsive?

Our findings

The person receiving care told us they received "excellent care".

The registered manager assessed the person's needs prior to providing support. In discussion with the person they identified the level of support the person required and how this was to be delivered safely. They also identified the time the person would like to be supported and how long the tasks would take to complete. There was clear information in the person's care record about how support was to be delivered and this information was made available to the care worker. The person confirmed the care worker stayed the length of time it took to complete their duties and provide the support the person required without rushing.

There was a complaints process in place. We saw information was made available to the person using the service about how to make a complaint and what to do if they were unhappy with how their complaint was handled and how to escalate their concerns to the local authority. At the time of inspection this information did not include how to escalate a complaint to the local government ombudsman. We brought this to the registered manager's attention and directly after our inspection they sent evidence that this information had been included in the service user's guide. There had been no complaints made since the service started providing care again in 2016.

Is the service well-led?

Our findings

The care worker told us the registered manager was "one of the best managers".

The registered manager had regular contact with the person receiving care. This was to obtain their views about the care and support delivered, as well as, ensuring the care worker adhered to the contract, arrived on time and stayed the allocated length of time. The care worker informed the registered manager if they were going to be late so this could be communicated with the person. The person told us on the odd occasion the care worker was late they were informed as to the reason why and said they were happy to wait that little longer to receive their support.

The registered manager undertook regular spot checks to review the quality of care delivery and adherence to the provider's policies and procedures. Part of this process included obtaining feedback from the person about their experiences of care delivery. The registered manager also collected and reviewed the daily records to ensure accurate and complete records were maintained.

There had been no complaints, incidents, accidents or safeguarding concerns raised since our last inspection or in relation to the care the person currently using the service received. Nevertheless, there were appropriate policies and procedures in place if these arose and staff had discussed their practices in line with the policies during their supervision sessions and meetings. We saw some of the policies we viewed did not have a date for review. We discussed this with the registered manager and they showed us that as they were updating the policies they were including a review date so they would ensure in the future policies were updated regularly and in line with changes in best practice guidance.

Information was made available to people and staff through 'service user guides' and staff handbooks. This provided people and staff with information about the service and the provider, including their culture, mission statements and values. Staff and people confirmed they were able to have open and honest conversations with the registered manager and that the registered manager was approachable and accessible.

Whilst the service was very small and at the time of inspection only the care worker and the registered manager was employed, they worked closely together. The care worker informed us the registered manager was always available including in the evenings, weekends and whilst they were travelling abroad. The registered manager told us they could access key information when travelling and also made this information available to the care worker, so they knew how to escalate any concerns if they arose during this time.

The registered manager was in contract discussions with a local authority with the hope of extending the service and providing support to more people. The registered manager had also built working relationships with the local authority in order to access their training provision.