

## Shammah Healthcare Limited

# Shammah Healthcare

### Inspection report

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### 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

### About the service

Shammah Healthcare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection, the service was providing care to 2 people. 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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

People received care from staff that enabled them to retain their independence where possible and make their own decisions.

Staff considered people's wellbeing by looking into ways of supporting people to go out and meet with friends.

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.

### Right Care:

People were cared for by a sufficient number of staff who had been trained appropriately for their role.

People were helped to stay safe as staff knew who to recognise and report potential abuse and followed guidance in relation to people's individual risks.

People were provided with person-centred care by staff who respected and listened to them. Staff were given sufficient information to follow at each care call and people told us staff were kind and attentive towards them.

#### Right Culture:

The registered manager had a clear vision for the service and where they wanted to take it. Staff said the registered manager provided them with, "The right materials" to do their job and they felt supported.

People's relatives said they were happy with the service provided by Shammah Healthcare and told us the manager was, "Good". They said they had never needed to make a complaint but had been given information should they need to.

The registered manager worked with external agencies to help ensure people's care was person-centred and effective. They were a member of Skills for Care so they could meet with other registered managers. They told us, "I am always open to learning."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 25 January 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Shammah Healthcare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included notifications of accidents, incidents and safeguarding concerns.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care plan for 1 person and associated documentation such as risk assessments. We looked at the recruitment files for 3 staff, together with evidence of training and supervision. We viewed other documentation related to the running of the service, such as audits, surveys and meeting minutes.

After leaving the office, we spoke with 1 relative of a person who received care from this service and 3 care staff.

# 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 of 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

- People were protected from the risk of abuse as staff had completed appropriate training and knew how to recognise abuse and report it.
- People felt safe with staff, with 1 relative telling us, "They are marvellous and he is safe."
- Staff were aware of the processes they should follow, with 1 telling us, "I would inform the manager, and if he didn't take any heed, I would report it to CQC."

Assessing risk, safety monitoring and management

- Risks to people had been identified and sufficient guidance and information was available to staff to help reduce these risks.
- One person was at risk of falling and appropriate equipment had been arranged to help staff ensure this person was moved safely.
- Where people were unable to weight bear, 2 staff attended each care call to safeguard the person's safety.
- The registered manager had out of hours arrangements and a contingency plan. They said people were provided with a telephone number for out of hours contact. They had also recruited a deputy who they were training so they could take over the running of the service in the event this was needed.

Staffing and recruitment

- People were cared for by a sufficient number of staff and people said they had never experienced a missed call. A relative told us, "Staff always turn up on time, but they let me know if it is going to be different."
- The registered manager had recruited 5 care staff and also carried out hands on care themselves. This meant there was enough staff for the number of people receiving care. Staff told us they felt they had sufficient time with people at each care call.
- Staff were recruited through a robust process. This included providing a work history and evidence of their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check prior to commencing at the agency. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- No one receiving care from the service was being supported with their medicines. However, staff had undergone medicine training and had their competency assessed.
- Although staff were not currently administering medicines, the registered manager explained how 1 person had been prescribed medication for an infection which the person's relative could not get from their

local pharmacist. The registered manager telephoned other pharmacists to track down stock and arranged for the medication to be delivered so the person could start the course as soon as possible.

#### Preventing and controlling infection

- People were helped to stay safe from the spread of infection as staff followed good infection control practices. A relative told us, "I am very impressed with their hygiene."
- Staff said they had access to sufficient personal protective equipment (PPE) and that the registered manager ensured supplies were left for them. A staff member said, "We have a lot of it (PPE), aprons, gloves and masks and we follow the latest guidance".

#### Learning lessons when things go wrong

- As the service was small, the registered manager had good oversight of any accidents or incidents that occurred, although to date there had been none.
- The registered manager did however, have a system already in place to record such events as and when they occurred.



# 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.

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

- People's needs were assessed prior to the service commencing a care package for the person. Needs assessments were detailed and formed the basis of the person's care plan.
- The registered manager explained when people were admitted to and subsequently discharged from hospital, a re-assessment would take place.
- People's care plans were regularly reviewed and it was evident from the documentation that the person and/or their relative was fully involved in the care plan.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to carry out their role with confidence.
- Staff told us their induction and training programme was good. The training matrix showed staff had received training in topics such as safeguarding, dementia, learning disability, first aid and falls prevention. One staff member said, "There is so much training. We are always being supported to learn. When I first went out, I shadowed [registered manager]."
- All staff were required to undertake the Care Certificate within 12 weeks of commencing at the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had the opportunity to meet with the registered manager through supervision to discuss their role and any concerns or learning requirements. A staff member said, "I tackled a lot of areas with the training and I can talk through supervision."

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

- No one was currently being provided with support to eat or drink, although all staff had undertaken food hygiene training.
- One person was prompted by staff to take regular sips of water, particularly during this hot weather. One staff member told us, "I will hold the glass for him to encourage him to drink."

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

- People were supported to access healthcare professional input when required. One person had shown signs of coughing when drinking, so a referral had been made to the speech and language therapy team.
- Staff had called NHS 111 and the GP in relation to a person who had an eye infection. This had resulted in a prescription being issued.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- No one receiving care from the service lacked capacity to make day to day decisions, although the registered manager had seen sight of a relative's legal authority to make decisions on behalf of 1 person.
- Staff had a good understanding of the MCA, telling us, "A client has capacity until you have obtained all the information to ascertain that he doesn't. We cannot force anyone to do anything. It has to be in their best interest."

# 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;  
Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated with care and respect by staff. A relative told us, "They (staff) are very good. They are very polite and very nice."
- People were shown compassion and staff considered people's wishes. A relative said, "[Registered manager] brings his wireless with him and plays songs from shows that he likes. It relaxes him."
- People were encouraged to make their own decisions on a day-to-day basis. A relative told us, "They (staff) always ask him if he wants to be up, or wishes to go back to bed."
- People were treated with kindness. A relative said, "I can't fault the care. They (staff) are very kind to him."
- Staff were aware of their need to show respectful care, but also give people the opportunity to remain as independent as they could. A staff member said, "He will start to brush his teeth, but then we will ask if we can help as he gets tired." During the review of 1 person's care plan, we read they had commented, 'They (staff) involve me in everything they do. The carers always give me choice'.
- Staff were aware of their expectations in relation to the care they provided. They told us, "We have to respect people's needs. We have to gain their consent and engage with them" and, "We give people their privacy."

# 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 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; End of life care and support; 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 received person-centred care as staff training and information helped ensure they were competent in their role and knew how to provide good care.
- Care plans were comprehensive and gave detailed instructions for staff on what was needed at each care call. A staff member said, "We have an app where we can read through the care plan and it tells us what we are supposed to do."
- Where changes were needed or made to a person's care, these were communicated to care staff and the registered manager followed these up to ensure all staff were aware.
- No one was receiving end of life care from the service at this time.
- The registered manager considered people's wider needs. Following 1 person's improvement, the registered manager was in discussion with their relative about arranging trips out to a local café to enable them to meet up with friends.
- There was good background information in people's care plans, which recorded a person's likes, dislikes, their family information and what they used to do for a job.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of how people communicated and said this was important in understanding how a person wished to be cared for. A staff member told us, "It's through their communication and listening to them (people)."
- No one had any specific communication needs but the registered manager said, "We can follow the accessible information standards if need be. Part of the pre-assessment is to know the level of understanding and people's communication needs."

### Improving care quality in response to complaints or concerns

- The service had a complaints policy which clearly explained what people could expect should they need to make a complaint.

- No complaints had been received, although a relative told us they had all the information should they ever have a concern and wished to complain. They told us, "I've never had to complain. The manager is very good."

# 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

- People were happy with the care they received from Shammah Healthcare. During care plan reviews, 1 person had commented, 'I feel listened to' and a relative had said, 'Staff are always polite. I am happy and appreciative of the care'.
- The registered manager was aware of right support, right care, right culture, telling us, "I am fully trained in people with a learning disability. I have a deep understanding of how to support people practically and in a way that is expected. It's about fitting around their unique care needs."

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 registered manager, as well as care staff, understood the need to apologise should care not go to plan. The registered manager told us, "I know we need to be transparent and apologise if things go wrong." A staff member said, "If someone wished to make a complaint, we would guide them to the right person, but first of all we would apologise."

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

- The registered manager was clear about their roles and responsibilities. They told us they were aware of the need to report incidents, accidents and safeguarding concerns to CQC and we discussed when medicines errors should be reported.
- The registered manager explained that due to a potential conflict of interest, they had engaged an external auditor to complete audits of their service. We reviewed the last audit which identified some learning, but had shown up no major concerns.
- In addition to this, the registered manager monitored the quality of their service through spot checks on staff, calls to people and a review of the content of daily notes written by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to give their views on the care they received through regular review meetings and visits by the registered manager. A relative had commented, 'I think the carers are doing everything well'.
- Staff had the opportunity to meet together through staff meetings. These were recorded so staff unable to attend could view the meeting at a later date.

- Staff meetings were well attended and comprehensive, with the last meeting covering the CQC standards, person-centred care, the MCA and safeguarding. A staff member said, "Meetings are very interactive and fruitful."
- Staff were happy in the job. They told us, "[Registered manager] is a very good manager and I feel supported" and, "I am really comfortable with [registered manager]. He supports us a lot."

Continuous learning and improving care; Working in partnership with others

- The service used an electronic care planning system which enabled the registered manager to monitor care calls. They explained, "It enables me to know if staff are running late." They used this service to identify where staff needed additional support or training in their role.
- Through staff spot checks, the registered manager provided additional training and learning to staff to help to improve their conduct during a call and as such improve the service people received.
- The registered manager had a clear vision for the service. They told us, "I want to build a staff team of people who really care. I want to make people's day a special day and for them to look forward to receiving care. Now I am being inspected, having a rating will help me take on new clients and contracts, so I can build the service."
- The registered manager was a member of Skills for Care which enabled them to meet with other registered managers for learning and peer support.
- The registered manager had worked with the occupational therapy team in respect of 1 person. The occupational therapist had met with staff at the person's house to demonstrate how to use the equipment.