

Shalom Home Care Limited

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Inspection report

Leicester Business Centre, Unit D8
111 Ross Walk
Leicester
Leicestershire
LE4 5HH

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Ratings

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|---------------------------------|-------------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| 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

Shalom Home Care is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the agency supported 31 people.

The provider was also the registered manager. 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.

People and their relatives told us they felt safe using the service. Staff were trained to safeguard people from abuse and knew the safeguarding policy and procedures. Risks related to people's care were identified and plans put in place to minimise such risks. People received their medicines as planned but the provider's medicine policy and procedure did not reflect staff practice.

The registered manager and care workers understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

People were supported by care workers they were familiar with, who arrived on time and stayed the agreed length of time. There were enough suitably trained staff to deliver effective care to people. People told us staff were kind and caring and had the right skills and experience to provide the care and support they required.

Care and support plans contained relevant information for staff to help them provide the personalised care people required.

People were able to share their views and opinions about the quality of the service they received. People knew how to complain and information about making a complaint was available. Staff were confident they could raise any concerns or issues with the manager, knowing they would be listened to and acted on.

The registered manager was dedicated to providing quality care to people. Staff and people who used the service found them open, approachable, and responsive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet people's needs. People felt safe with the staff who supported them, and staff had received training to safeguard people. The provider's recruitment procedures reduced the risks of unsuitable staff being employed by the service. People were prompted or assisted to receive their medicines as prescribed but the provider's policies and procedures on medication management did not reflect staff practice.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the knowledge and skills to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 and people's consent was requested before care was provided. People who required support had enough to eat and drink during the day.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and dignity and promoted their independence. People received care and support from staff they were familiar with and who understood their individual needs.

Good ●

Is the service responsive?

The service was responsive.

People received a service based on their personal preferences and how they wanted to be supported. People's care needs were regularly reviewed to ensure staff continued to support them in the way they wanted. People were able to share their views about the service and had no complaints about the service they received.

Good ●

Is the service well-led?

Good 

The service was well-led.

Staff felt fully supported to do their work and people who used the service felt able to contact the office and speak to management at any time. There were systems to ensure people received quality care. The registered manager provided good leadership and regularly reviewed the quality of service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the provider was in the office at the time of our visit.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information in the PIR gave us good information about the service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the report from the last local authority contract compliance inspection.

During our visit we spoke with the registered manager (who is also the provider) and one member of office staff. On 6 and 7 October 2016, we spoke by phone with six people who used the service, one relative, and six members of staff.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe using the service.

We looked at how the service supported people to take their medicines. One person told us staff assisted them in taking their medicines by giving them the packet to open.

The service 'prompted' and 'assisted' people to take their medicines if this was agreed in their care plan. Prompting a person to take their medicines is to remind or encourage the person to do it themselves. Assisting a person might include opening the bottle or packet of medicines, bringing the medicines to the person so the person can then administer for themselves, or giving a person physical help to take their medicines as long as the person is in charge of the process.

We looked at a medicine plan for one person, they were 'assisted' by staff to take medicines. The registered manager told us staff only assisted the person when their relation was not available to do so, but the care plan indicated that it was care staff responsibility to do this all the time. The registered manager agreed to update the care plan.

The registered manager had received conflicting information from health care professionals about the difference between 'assisting' and 'administering' medicines and how to record what actions staff had taken. We discussed this with them and provided advice on the different methods.

We looked at the medicines policy. This did not reflect the current staff practice or the records used to show actions staff had taken with people's medicines. The registered manager agreed the policy was confusing and needed to be updated to ensure staff were clear about their roles and responsibilities.

We asked people whether the out of hours 'on-call' system supported their safety. Those who had previously used it told us there were times when they felt it did not operate effectively. One person told us, "Sometimes when I ring up the 'out of hours' phone, it goes on to the answer machine and I don't get through. They are not very prompt at getting back to me." Another person also had experience of the 'out of hours' phone not being answered. They said they had seen staff having problems in getting a response.

One person had concerns about how the 'out of hours' service would be managed when the registered manager was on holiday because this seemed to be the time when there were issues. The registered manager acknowledged this had been an issue in the past. They told us there had been a change in staff who were responsible for the out of office on-call system and they hoped this would ensure a better service.

The registered manager had assessed risks to people's individual health and wellbeing. We saw detailed risk assessments in people's files, although they were not centred on the person and very lengthy. This was because some of the information was about health and safety policy. For example, a risk assessment for moving a person with hoist equipment said that staff had to be trained in moving people safely. Whilst the information was correct, it was not necessary to have this as part of a risk assessment. Staff should be aware

of this as part of their understanding of the provider's policies and procedures and staff training. The registered manager acknowledged this and said they would make the risk assessments more person centred.

We checked the contingency plan. This is a plan which explains what the service should do if an unplanned event happens which could impact on the support given to people, for example, bad weather, or computer failure. At the time of our visit the contingency plan was not completed. After our visit, the registered manager sent us a copy of a completed contingency plan which gave comprehensive information about the different types of unplanned events, important contacts, and the response staff needed to take to ensure people's safety.

There were enough staff employed to meet people's needs and to attend calls at the time expected by people. People told us they knew the staff who supported them well and staff mostly attended their care calls at the expected time. They said the only times when staff did not attend on time was when they were 'held-up' because a previous care call had taken longer than anticipated or because of traffic issues. People said this was an occasional issue not a regular one.

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working for the service. We looked at the recruitment record of the most recently recruited member of staff. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. The member of staff confirmed they were not able to work alone until the recruitment checks had been completed.

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. For example, we asked one member of staff what they would do if a person using the service confided in them that another worker had lost their temper with them and made them scared. The member of staff told us they would give reassurance to the person and tell them this should not have happened. They said they would then report it to the registered manager. The registered manager was aware of their responsibilities to safeguard people, and to report any safeguarding concerns to the local safeguarding authority.

Staff understood the provider's policy on the acceptance of money or gifts. This reduced the risks of financial abuse. The policy informed staff they were not to accept money or gifts from people but they could accept a small present for special occasions. A member of staff told us, "If a client offered me twenty pounds I would not take it and would inform the office. If they gave me a gift worth under five pounds I would still inform the office."

We looked to see whether accidents and incidents had been recorded. We saw these had been recorded on the person's file, and actions taken if necessary to reduce risks of the event happening again.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their needs effectively. One person told us, "Staff are kind, they know what they are doing."

Staff told us they had received training considered essential to meet people's health and social care needs. This included training to move people safely, infection control, food hygiene and safeguarding. One person who required two staff to support them moving with a hoist, told us staff knew how to support them to do this safely. Another told us they had previously been concerned about staff's knowledge of infection control and informed the registered manager. The registered manager had in response, provided staff with more training and since then there had been no concerns.

Longer serving staff had undertaken further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers. The registered manager told us more recently recruited staff had not undertaken an NVQ but this was because of problems they had with a training provider. They hoped to offer this to newer staff soon.

Staff who were new to the service, were given an induction to their roles and responsibilities and to the policies and procedures of the service. They served a six month probationary period before being offered a permanent contract to ensure they met the service's standards.

A newer member of staff told us when they first started working for Shalom Home Care they worked alongside the registered manager for a week before taking responsibility for calls themselves. They told us when they took the first calls on their own, the registered manager supported them by sitting outside the person's house in the car, in-case they needed to call for support.

A person who used the service told us if a new member of staff supported them with their care, the new member of staff always had at least one experienced member of staff working alongside them to ensure they knew what to do.

New and existing staff were in the process of completing the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Staff received on-going help and support from the registered manager. Unannounced checks (spot checks) had been carried out to ensure staff were working to the standards expected by the registered manager. Where this was not the case, staff met with the registered manager to discuss the concerns. A member of staff told us they had to speak with the manager after a 'spot check' because they were not wearing an apron when they were undertaking personal care.

Where trends had emerged as a consequence of the spot checks, these were discussed at team meetings. For example, the registered manager had noticed the dress code was not being adhered to, as some staff

were wearing long sleeves which could be an infection control hazard. Staff were reminded about this at a team meeting.

Staff told us they felt well supported by the registered manager. One member of staff told us, "We get spot checks, we have a yearly appraisal, and if I have any concerns I can speak with the manager. She listens to you." The registered manager confirmed that every member of staff was appraised each year. This helped them identify any future training or development needs, and what the member of staff had done well in the past year.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. The registered manager told us they had started to assess people's capacity as part of their assessment and reviews of people's needs. For example, one person's care record explained, "I have no communication problems and my memory is intact."

Care staff understood the importance of obtaining people's consent before assisting them with care. One member of staff told us, "We ask them what they want us to do, and how they feel, if they don't want us to do anything we encourage them, but we can't force them."

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. For people who have their liberty restricted in their own homes, an application must be made to the Court of Protection. There was no-one using the service at the time of our visit whose liberty was deprived and who did not have capacity to agree to this.

People received food and drink which met their needs. Most of the responsibilities for care staff were warming meals for people, making breakfast, and ensuring people received their drinks. One person told us that staff sometimes helped them to prepare the food, so they could cook it themselves.

People received support to maintain their health and wellbeing. Most people had relatives who supported them in ensuring health care appointments were made and attended. When necessary, the care staff worked alongside other healthcare professionals such as district nursing, to provide people with effective care.

Is the service caring?

Our findings

All the people we spoke with thought the staff who supported them were kind and caring. One person said, "They are on the whole exceptionally warm, friendly and caring. And they are great fun, we have such a laugh." A relative told us staff were "Wonderful." People were supported by staff they were familiar with and who they had developed positive relationships with.

Staff told us they enjoyed their work. One staff member said about their job, "I love it. I was only going to do this work for one year but I loved it so much I carried on." They felt they were given enough time to meet people's needs, and had got to know people well. They told us if they felt they did not have enough time to provide the care people required, they could talk with the registered manager who would try their best to change the care 'package' to ensure enough time was provided.

Staff understood people's individual needs. This was because they had read and understood the care plans and listened to how people wanted to be supported. A person told us care staff who had not previously visited them would always read the care plan folder.

The service also ensured people who could not speak English were supported by staff who could understand their language, or used an interpreting service to help them.

People told us they were involved in developing and reviewing their care plans. We saw care plans were written from the perspective of the individual telling staff what their needs were and how they wanted to be supported. For example, one person's care plan said, "It is important to me that carers communicate clearly with me and are patient with my requests."

Staff supported people in the way they preferred. A relative told us that staff were keen to hear how their relation wanted their support to be given. They told us, "They picked up on what she liked and didn't like and adapted to it." They told us they had previously needed to be very 'hands-on' with their relation, but because staff had listened to the person's needs and wants they were happy to, 'Step back, because they were doing things right.'

People told us all staff treated them with respect and dignity. They told us staff always announced their arrival as they respected they were coming into a person's own home. One person explained they found it difficult to cope with change. They told us the service respected this, and would try their best to ensure they only had care workers they knew. They told us if this was impossible, they would be given advanced notice.

Staff knew the importance of supporting people's dignity when providing personal care. They told us they made sure doors and curtains were shut so the person had privacy. They checked to make sure people felt comfortable before personal care was provided, and tried to maintain people's dignity by keeping the parts of the body which were not being washed covered.

Is the service responsive?

Our findings

People who used the service or their relatives had contributed to the assessment and planning of care. One person told us they were visited by the registered manager and talked to them about their care needs before staff came to provide their care and support. This reassured them the care provided would meet their needs.

Care records contained an initial assessment of the person's needs, information about how staff should support the person in meeting their needs (support plans), and the person's personal preferences about how they would like their care to be provided. One person we spoke with told us, "I have looked at the written information, it is accurate." Another person told us their care plan reflected their needs and staff worked well with the care plan.

The registered manager regularly carried out reviews of people's support needs. People told us the service was responsive to their changing needs and they tried their best to adapt to changes suggested. One relative told us, "They do check if any changes are needed." Staff also told us they were adaptable in providing care and support the way the person wanted it. One member of staff said they asked people, "You tell me how you want me to help you" and once it was established how the person wanted support they would go ahead with it. Any changes or preferences which had not been written in the initial support plan were updated during care reviews.

Staff wrote a short report each time they undertook a care call. This was to demonstrate the actions they had taken to deliver the expected care and support to people. We saw the 'daily reports' provided a lot of detail. One person we spoke with felt the reports provided too much detail and took too much staff time away from supporting them with care. We discussed with the registered manager the importance of getting the balance right between making sure staff had enough time to undertake the support tasks agreed, and having a record which demonstrated they had carried out their agreed tasks.

People told us the registered manager was responsive to them if they requested a change in staff. Nobody we spoke with had experienced poor care from staff, but one person told us there had been times when they were less happy with a member of staff because of personality differences. They had spoken with the registered manager about this, and the member of staff had been changed. They told us the registered manager recognised the importance of having staff in their home who they felt comfortable with.

People and their relatives understood how to complain about the service. In the last year there had been no formal complaints, but the manager had logged five informal complaints to see if there were any trends or patterns to them. These were mostly about lateness, but staff had arrived within the contractual length of time allowed for staff being late.

People told us they felt able to contact the office team or the registered manager if they had any concerns about the service, or wanted to discuss aspects of the care provided. People felt the registered manager 'listened to them', and where possible tried to meet their changing needs. One person told us, "If anything is not right we contact them and they respond quickly."

Is the service well-led?

Our findings

The provider was also the registered manager for the service. The provider had been registered with us (CQC) for many years. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

People told us they thought the service was good. One person said, "I am very happy with the service, so far so good." Another said, "I don't have any issues, they are doing everything right."

People told us the registered manager was fair, and they felt able to contact them if they had any concerns. They said, "The manager is very easy to talk to and open." And, "The manager is good and helpful."

Staff also told us they felt able to talk with the registered manager. One member of staff said, "I love working for them. You talk to [registered manager] and she gives you advice and encourages you." Another member of staff said of the registered manager, "She's the best boss ever."

We found the registered manager open and transparent. They spoke of their own learning and mistakes they had made. They were open about a local authority contracts monitoring visit in January 2016 which had highlighted areas for improvement. They said this had been very useful in identifying what the service needed to do to improve its practice and had worked to ensure improvements had been made.

The provider information return (PIR) told us that to ensure the service provided was well led, the provider, "Adopted an open culture and open door policy to increase my awareness of my failings so I can improve in my leadership." We found during this inspection that the provider had an open door policy and was willing to hear advice from people and staff within the organisation as well as external to the organisation.

The registered manager regularly asked people's opinions of the service, either through questionnaires or through individual meetings with them. The most recent written responses showed people gave the service a high rating of satisfaction. Two people had shared minor concerns about the service, and these had been resolved.

The registered manager checked staff supported people to the standards they expected. This was through unannounced visits to people's homes to check staff arrived on time, wore appropriate clothing, and carried out their tasks in a caring and professional way. Where staff did not meet the standards, these were addressed. The registered manager also checked the care records were to the required standard. One person told us, "[Registered manager] checks the records. Records go to the office and they are checking all the time they are accurate."

Some of the office systems did not make it easy to locate or cross reference information to look at trends or patterns in service provision. The registered manager acknowledged this, and told us they had a new office

manager who would be able to support them in improving office systems and processes.