

Shalom Home Care Limited

# Shalom Home Care Limited

## Inspection report

51 Warren Avenue  
Leicester  
Leicestershire  
LE4 9WX

Tel: 01162765935  
Website: [www.shalomhomecare.co.uk](http://www.shalomhomecare.co.uk)

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24 September 2020  
25 September 2020  
01 October 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Shalom Home Care Limited is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 11 people using the service.

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

An electronic monitoring system was in place to record people's care and support. However, additional training for staff, consistency of use and improved monitoring was required to ensure the system was used effectively to monitor the quality of the service provided.

People were not always confident in the management of the service, they spoke of difficulties in contacting office-based staff, and gaining a quick response to their query. Some people spoke of the minimal contact they had with the registered manager, which had had a negative impact on their views as to the service they received. Surveys were used to gather people's views about the service, however not everyone could remember being involved.

We found improvements had been made to the recording and planning of staff supervision and training, and the recording and management of people's medication. The registered manager had undertaken training to enable them to deliver training to staff, and had attended forums to share information and ideas.

Staff had regular meetings and supervision, which provided opportunities for them to share their views and receive support and guidance. Staff spoke positively of the support they received, which included the sharing of information during the Covid-19 pandemic. A covid-19 contingency plan was in place, and staff had received training on Covid-19, infection control and prevention and the correct use of Personal Protective Equipment (PPE).

Staff had a good understanding of people's needs and were aware of their responsibilities in keeping people safe, which included reporting any concerns they had with regards to people's health and welfare.

### Rating at last inspection

The last rating for this service was requires improvement (published, 16 May 2019).

We carried out an announced comprehensive inspection of this service on 30 April and 01 May 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicine management and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contained the requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shalom Home Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Shalom Home Care Limited

## 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 two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 24 hours' notice of the inspection, and provided an explanation as to the inspection process.

Inspection activity started on 18 September 2020 and ended on 05 October 2020. We visited the office location on 02 October 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We requested the provider send information to us prior to our site visit. This included information as to the

governance of the service, and included evidence to support medicine management, the monitoring and quality of the service, minutes of meetings, key policies and procedures, and records to evidence the system of recruitment, induction and training for staff. We reviewed this information prior to our site visit.

We spoke with three people who used the service and two family members who spoke on people's behalf, by telephone on 24 and 25 September 2020.

We spoke with five staff members by telephone on 24 and 25 September 2020.

During our site visit we reviewed a range of records. This included three people's risk assessments and medicine records, two staff recruitment and training records. We looked at documents related to the management of the service, including systems and used to monitor the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider following our site visit forwarded to CQC their business continuity plan, the Covid-19 response plan and the minutes of staff meetings.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to maintain medicine administration records. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in Breach of regulation 12.

### Using medicines safely

- People's records detailed the medicine they were prescribed. Staff completed medicine administration records (MAR's) to indicate they had assisted with or administered the medication.
- People's care plans included information where creams and ointments had been prescribed, which included a body map to indicate where the cream or ointment was to be applied.
- Staff had received training on the management of medicine, and the registered manager observed staff administering medicine as part of their observed practice.
- Staff were knowledgeable about their role and responsibilities in supporting people with their medicine. People told us staff supported them with their medicine well. A family member told us how staff prompted their relative, by opening the dosset box and pointing out the tablets which needed to be taken. Staff then signed the medication record.

### Systems and processes to safeguard people from the risk of abuse

- People and family members told us they felt safe when staff provided their personal care and support. When asked why they spoke of the confidence they had in staff and of the relationships developed.
- Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures, and the following of local safeguarding protocols. A staff member told us, "All abuse must be reported, like sexual, physical, marks or bruises. I would report it to the office staff and if nothing happened, I would whistle-blow. I know I can raise safeguarding concerns, with the local authority, the Care Quality Commission (CQC) and the police."

### Assessing risk, safety monitoring and management

- Written assessments of potential risk had been undertaken, however we found the information was not always consistent with information recorded within the person's electronic care plan. For example, a person now cared for in bed had a risk assessment for a walking frame. The registered manager said they would make the required changes to the records.
- Staff spoke with confidence about their role in using equipment safely, and were able to speak with us about the specific needs of people and how and why equipment was used. They told us of the importance of good communication when using equipment, to create a supporting and caring approach.

- People and family members told us how staff used equipment to support them safely. One person told us how staff used a rotunda to help them stand up and move, and spoke of how they felt safe as staff provided guidance and instructions.

#### Learning lessons when things go wrong

- Accident and incident records had been completed and information showed what action had been taken following an incident. For example, where a person had been found on the floor by their bed when staff had arrived at the person's home. Staff had contacted the emergency services to seek medical help. The person's risk assessment and care plan had been reviewed to mitigate future risk.

#### Staffing and recruitment.

- People had confidence in staff and their ability to provide care safely and well. A family member told us, "They [staff] come on time, know exactly how to look after my [spouse], always respecting their dignity." A second family member said, "I feel carers are keeping [parent] clean and safe. I'm not aware of any late or missed calls."
- Staff told us they had sufficient time to provide people's care and support and recorded their arrival and departure time using the electronic monitoring system.
- Staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people. The training staff undertook meant they were aware of their role and responsibilities in promoting safety.

#### Preventing and controlling infection

- Staff had a clear and good understanding of infection prevention and the use of Personal Protective Equipment (PPE). A staff member told us, "I've completed infection prevention and control training, which included the use of PPE. I did face to face Covid-19 training."
- People and family members confirmed what staff had told us about the procedures staff followed when they provided care with regards to infection control. This included hand hygiene and the wearing and safe disposal of PPE. A family member told us, "Staff do wear masks, gloves, aprons, and wipe down everything they have touched."



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to operate effective systems to improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- An electronic monitoring record and call system was used to monitor the arrival and departure time of staff, and record the care provided. However, the system was not implemented in full. This meant both paper based and electronic records detailing people's care were used, and on occasions provided contradictory information.
- The registered manager did not have a good understanding as to how the information recorded within the system worked, this meant they were unable to provide an explanation to our questions as to how information was used by staff to record the care and support provided.
- We identified that the system was not being used consistently, for example some staff updated the system upon their arrival to indicate all care tasks had been undertaken.
- The system was monitored by the care co-ordinator, who contacted staff to seek assurance about the information they entered into the system. The care co-ordinator provided an explanation as to how the system worked, and acknowledged additional training of staff was needed to ensure it was used effectively.
- The registered manager had attended courses, where their competence to delivery training to staff in key topics, which included moving and handling of people safely, had been assessed.

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

- The registered manager understood their legal obligations. CQC had been informed about events they were required to by law, and we saw that the provider had displayed the last inspection rating on their website.
- The provider had taken action to address the breaches of regulation identified at the previous inspection. Medication systems were managed safely and records confirmed this. Systems to monitor and record staff supervision and training had been developed to enable the registered manager to have clear oversight of up to date information.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency. A Coronavirus contingency plan had been developed in response to the

pandemic, which outlined the providers actions to ensure essential care continued to be provided.

- Regular meetings were held involving all staff, and day to day communication ensured staff were kept informed of any changes. Staff spoke positively about the support they received. A staff member told us, "She's the best manager, she listens and deals with problems." A second staff member said, "I love working for this company, the registered manager is very supportive to me."

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

- People we spoke with could not recall being asked to complete a survey. However, we saw Information from the 2020 surveys had been collated and analysed. However, people along with other stakeholders had not been provided with the outcome.
- Many people and family members told us they had little to no contact with the registered manager. A person told us, "Management seem quite informal, never answer calls and very vague when they're asked to call back." Some spoke positively about the management of the service one person told us, "Yes, they're very good." We provided feedback to the registered manager, who acknowledged their contact with people had reduced since the beginning of the pandemic, and they were not aware of the impact this had had on people.
- The registered manager during our site visit answered phone calls from service users and family members, and dealt with their questions and queries and in some instance family members were heard thanking the registered manager for the care provided, and flexibility of the service.

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

- Staff spoke with conviction about their fundamental role of providing person centred and dignified care. A staff member told us, "We [staff] need to keep people safe, be on time and give them [people] the care and help they need." A second staff member said, "Giving people the care they need, promoting their independence and helping them to be happy."
- Staff told us, and records confirmed staff's competence to undertake their role was monitored by the registered manager through supervision, appraisal and spot checks. A member of staff told us, "In my supervision I talk about my job, my clients, training and if there's any help I need."

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 management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

Working in partnership with others

- The registered managers kept up to date with good practice, and shared information via their membership of organisations and participation at events. For example, the Managers Network Group, Leicestershire Domiciliary Care Forum and the reading of articles in journals and newsletters.