Shalom Health Recruitment Ltd

Shalom Health Recruitment Ltd

Inspection report

Unit 23 Essex Enterprise Centre
33 Noble Square, Burnt Mills Industrial Estate
Basildon
Essex
SS13 1LT

Tel: 01268206191

Date of inspection visit:
09 November 2016

Date of publication:
10 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This follow up inspection was carried out six months following the comprehensive rating inspection in March 2016 of Shalom Health Recruitment Ltd. We found during this inspection that the service had made improvements in most areas of concern and had plans in place to continue to improve and monitor the service provided.

Shalom Health Recruitment Ltd provides a domiciliary care service and is registered to deliver personal care and treatment of disease, disorder or injury to people in their own homes. On the day of our inspection, there was one person using the service and three staff who provided care and support.

There had been improvements to the management, recruitment and quality monitoring systems. A small number of improvements were still required to be made to the service including the recording of risks and how to mitigate them to ensure people received safe care and care plans were not sufficiently detailed or personalised to provide an accurate description of the person's lifestyle, care and support needs.

A new registered manager was in place. 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.

The service had improved by having appropriate systems in place to protect people from harm. Staff recruitment processes and the necessary checks had been undertaken to ensure staff had been recruited safely. There were sufficient staff working at the service with the knowledge and skills to provide people with safe care and treatment.

The management of medicines was in place to ensure people received their medicine in a safe and timely way and people were supported to meet their nutritional needs at a time and in a way they wanted. The way staff spoke about people who used the service was respectful and kind. Caring relationships had been developed and people were involved in their care arrangements.

An induction and training programme was in place to provide staff with the skills and knowledge to support them to carry out their role and responsibilities.

Some quality assurance arrangements were in place and checks were carried out by a registered manager who oversaw the day to day management of the service. Processes were in place to deal with people's concerns and complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments were in place but needed some improvement.

Staff had been recruited safely and there were sufficient staff with the skills to provide people with safe care.

People received their medicines in a safe and timely way.

Is the service effective?

Good

The service was effective.

An induction, training and supervision process was in place for staff to carry out their role effectively.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support. Care was provided in a respectful way.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Information about meeting people's needs and their lifestyle was not always recorded in their care plan

Processes were in place to deal with people's concerns and complaints. Their choices were respected and their preferences were taken into account.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits of quality assurance systems needed to be improved to ensure the service delivered high quality care.

Arrangements were in place for the overall management of the service.

People's feedback and views were obtained and this helped to make improvements to the service.

Shalom Health Recruitment Ltd

Detailed findings

Background to this inspection

We carried out a previous announced comprehensive inspection on 17 March 2016 at which five breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 were found. These were related to safe care, complaints, governance, staffing and employment and recruitment processes. The service was rated as inadequate and it was consequently placed into special measures. We requested that the provider make improvements to the service. We proposed a course of action which they were required to follow and they provided us with monthly reports of progress about the improvements they had made.

We undertook an announced inspection on 9 November 2016 with two inspectors to see whether improvements had been made. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service including the provider's improvement plan and communication with us, any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we visited the office location and spoke with the registered manager and the care coordinator, both of whom owned the company and provided direct care to people. We were unable to speak to another staff member as they had gone away on holiday. We reviewed one person's care records, one staff recruitment and training file, and looked at quality audit records. After the inspection, we undertook phone calls and emails to one person who used the service and two relatives.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in March 2016 we identified breaches in relation to recruitment and staffing. During this inspection, we found that there had been improvements made in these areas but that other actions were needed to be taken.

Risks had been assessed which included aspects such as mobility, personal care, domestic activities, medicines and allergies, mental health and equipment. However, we found that risks to people's health and well-being were not always documented when they had been identified and staff would not know how to manage those risks. The assessment template which was used asked about all areas of risk to people's safety but the information recorded was not robust enough or sufficient for staff to understand someone's needs.

The registered manager explained to us about the risk assessment process and about the care received by people using the service. However, there were associated risks they told us about which had not been recorded. For example, information was not evident about particular care to be given in relation to developing pressure ulcers which would not be able to be monitored for changes or deterioration. Where creams were needed, it was not recorded where they should be applied, what the cream was or where it was stored. This meant that people were at risk if staff did not know the correct ways in which to provide this care.

Reviews of risks were also not recorded. For example, changes to a person's skin integrity. This meant that staff would not be aware of a person's current situation and appropriate care to be provided.

We saw in a care plan that whilst the person's next of kin was recorded, there were no contact details in order to get in touch with them in the event of an emergency. The registered manager was able to locate this information and provide it to the inspector after the inspection.

This is a breach of Regulation 17 (1)(b)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were sufficient staff with the right skills and experience to keep people safe. The registered manager told us that they were recruiting care staff but could not offer them employment until they were able to offer a service to more people.

Improvements had been made to the recruitment of staff. Only one person had been recruited and was working for the service since the last inspection and one new person was just in the process of providing all their details and checks were being made. The staff recruitment file which we looked at contained all the necessary information as was required by law. The registered manager told us that they had improved the system for recruiting staff and was aware of the legal requirements to have a photo of the person, a completed application form with a full employment history, satisfactory references and taking up Disclosure and Barring (DBS) checks to ensure that staff were not prohibited from working with people in the

community.

Guidance was in place to provide staff with the necessary safeguarding information to keep people safe. No safeguarding issues had been raised to date by the service or for the service. The registered manager and care coordinator staff were able to demonstrate knowledge and understanding of their role and responsibilities around safeguarding people and protecting them from harm. They told us they knew who and where to report any concerns should the need arise.

Risks within the environment were assessed and external and internal hazards recorded in order for staff and people who used the service to be kept safe, for example, smoke alarms and safe access around the home.

During the previous inspection we had found that improvements were needed in the administration of medicines. The registered manager went through the improvements which had been completed. We saw that guidance on the role and responsibilities of staff to administer medicines had been reviewed and rewritten and were included in the improved and comprehensive handbook which staff received during their induction. We saw that the new staff member had signed to say they had received this.

All staff had received training in medicine administration and plans were in place for any new staff to undertake this as part of their induction process. Medicines Administration Records (MAR) charts were already in place and had been improved. Monitoring of these was completed monthly to ensure they were completed correctly. However, we noted that where people required creams to be administered, there was no place for this to be recorded. The registered manager had developed a monitoring tool for the recording of creams and sent us this information after the inspection.

A competency checklist had been developed so that the registered manager could ascertain how skilled the staff were at prompting or giving medicines. This also included some questions which checked their knowledge of medicines.

It was recorded in people's care plans if they could deal with their medicines themselves or if they needed assistance and what assistance was needed. Overall systems were in place for the safe management of medicines to people who needed assistance and support. One person told us, "I do my medicines myself, but if I need help they would always help me."

Good

Is the service effective?

Our findings

At the last inspection in March 2016 we identified a breach in relation to staff training, supervision and support. During this inspection, we found that there had been improvements made and people were receiving care which was effective.

The registered manager and care coordinator told us about the people they had been supporting. It was evident that they had the skills and knowledge to meet people's needs in the way they required.

A system was in place for the induction and training of staff. We saw that an induction and training checklist had been developed to serve as a tool to monitor staff induction and training requirements. This was available for newly recruited staff to become acquainted with the service and their role and responsibilities. We saw in the file for a newly recruited member of staff that this had been completed.

The registered manager, care coordinator and staff member had updated their training in June 2016 by attending a one day face to face course in the health and social care mandatory subjects for working with people in the community. They told us they would use this company for training any new staff in the future as they could provide one to one or group training. The certificates for this training had yet to be obtained from the company and the registered manager agreed to follow this up and put them in the staff files. Staff were encouraged and supported to increase their skills and learning. The care coordinator told us they had been accepted on the level 5 diploma in management and leadership with the Qualification and Credit Framework starting in 2017.

The supervision process had been reviewed and developed to support staff in a more proactive way with three monthly supervision sessions planned with a new template for discussions and review of practice. The system had not been tried as a yet as the new staff member had only just completed their induction process and was working limited hours. The registered manager still needed to consider the supervision arrangements for the care coordinator in order for clear lines of accountability to be established and recorded.

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. We checked whether the service was working within the principles of the MCA.

Staff had all received training in the MCA. The registered manager and the care coordinator were knowledgeable about the Act and people's rights. The registered manager was aware of their responsibility

to assess people's capacity to make decisions for themselves and to work with the person and their family or advocate to ensure their rights and freedoms were not restricted. Information for staff about capacity and rights had been incorporated into the new staff handbook. The registered manager had obtained a copy template of an assessment checklist from Essex County Council to record where people lacked capacity so that staff were clear on how to provide care and support where people's capacity to make their own choices and decisions was diminished.

There was space within the care plan to prompt staff to record people's needs around their mental health or decision making. We saw that one person had signed their consent to their care and support alongside the registered manager. This showed that the person had been fully involved in how their care was provided. They told us, "They always ask me what I need and go out of their way to help me. I am able to tell them what I want and if I need anything extra."

Where people required assistance with food and drink, staff prepared a meal or snack of their choice. We saw that it was recorded that staff prepare a meal and leave a flask and a sandwich for the person. In our conversation with the registered manager it was evident that they went out of their way to provide more than was on the care plan to ensure the person had 'extra things they liked." A person told us, "I like the things I have to eat, not rushed just right."

People's day to day needs were met. Information about the person's health care needs was recorded in their care plan and any professional input needed. Access to and contact with people's general practitioners and any other professionals such as the district nursing service were recorded. The registered manager had a good knowledge of health services within the area and had had contact with a range of professionals in the past to ensure people were referred quickly when their health needs changed.

People and their relatives were very positive about the care they received and how it helped them and their relatives to live independently in their own homes.

Good

Is the service caring?

Our findings

We found that the service had remained Caring in its approach and ways of working with people during this inspection.

People who used the service and their relatives told us that the staff were kind, caring and went out of their way to be helpful. "Lovely, so lovely," one person said about one of the staff. A relative told us, "Overall the care of [person] by Shalom has been excellent. I was very satisfied by their response to my calls anytime I needed clarification and changes that were required within a short time as needed by my next of kin."

We were told by people and their relatives that the assessment of the person's needs was done in a professional and caring way. People's views were taken into account; they felt listened to and were fully involved in the arrangements for their care. One person said, "I have been asked about my wishes and how I like things done, all is working very well."

We understood, whilst talking with the registered manager and care coordinator, about their values and the way they approached their work with people. They spoke about people in a friendly, non-judgemental and respectful way. They knew people's individual needs, routines and how they liked their care provided. A relative told us, "As long as [name of person] is happy with the care, then that is fine by me." The registered manager also described additional activities they undertook, for example calling into a shop on the way to seeing the person and buying them something different to eat to what they usually had, as a surprise.

The registered manager told us about a situation where they had enabled a person to develop their skills and abilities to be able to live more independently in the community. They said they felt proud to have been able to assist them to achieve that goal. This was confirmed by a relative who told us that staff at Shalom had really helped them to communicate with all relevant agencies to settle their family member into their new home.

Requires Improvement

Is the service responsive?

Our findings

There were concerns about the way the service dealt with complaints at the last inspection. This had been improved and a system was now in place. However, at this inspection we found that some improvements were needed to the way in which information was recorded in care plans to enable staff to care for people in a more person centred way.

At the last inspection care plans covered all aspects of a person's needs and were personalised. However, in a care plan we looked at during this inspection there was contradictory information which made it unclear as to the person's individual need in relation to some aspects of their personal care. Staff would not know what correct course of action to take to meet their needs. Information recorded about people was not personalised to include the correct gender of the person to which the care plan related. Incorrect information recorded about people was not respectful and could lead to misunderstandings about the person's preferred gender.

Important information about people's lives such as their faith was not added into the section about religion /belief but entered under additional information towards the end of the care plan as if less important. Staff would not know that this was vital information about the person's life. This also related to activities the person liked, which we were told about, for example, that they liked a show on the TV at a particular time, but which was not recorded. Knowing people's likes and dislikes would ensure that staff knew what was important to them and their daily routine.

The daily care notes were brief and task orientated and we saw that the same information was noted on most days which did not show how any day was different from the last. There were however, additional prompts to encourage staff to record if there had been any changes in their health and wellbeing and what they had done about it. It would be an improvement to the quality of the recording of this information if staff were to follow these prompts in order for staff to respond appropriately when they visited people.

This is a breach of Regulation 9(1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People contributed to the assessment and the planning of their care. A relative said, "They didn't mess about they sorted out things very quickly. One relative said, "I was provided with daily accounts of how [person's name] feels and their state of mind and I believe this has really helped me to communicate their feelings and wishes to all relevant agencies."

Care plans covered most aspects of a person's needs, their circumstances and preferences including whether they wanted a male or female worker. The plan included details of any personal care and support which was required, duties and tasks to be undertaken, some risk assessments, how many calls and, at what times in the day or evening, care was required.

An assessment was undertaken in response to an initial enquiry from an individual or a referral from a health

or social care professional. Information about people and their requirements was discussed so that care could be organised in the most appropriate way. For example, the service was able to respond to a person's request by providing a staff member who spoke the same language as them. This meant that the person was able to communicate their needs and the staff member able to respond to them appropriately.

Improvements had been made to the complaints process. The service had a system in place to record accidents/incidents, complaints and compliments. We saw that the registered manager had recorded that someone had received a late call. They had also recorded that a phone call was made to let the person know the staff member would be late. People we spoke with were aware of who managed the service; how to make a complaint should they wish to but at the moment they said that they had had no cause to make a complaint. The registered manager told us that they had no outstanding complaints at the time of the inspection.

Requires Improvement

Is the service well-led?

Our findings

The service had worked hard to improve areas of concern following on from being placed into special measures in March 2016. Improvements had been made to the management of the service and their quality assurance processes. The service had redeveloped their systems to monitor and assess the quality of care and protect people. Some small improvements were still required in particular areas of their quality assurance processes such as reviewing information about people's needs and the way information was recorded about them.

The process in place for the auditing of care plans; risk assessments and medicine administration was not as robust as it should be to keep people safe and to provide a personalised service. Audits such as the medicines audit check were not identifying that information about a person's needs and medicines was missing from the care plan.

The language used to describe people and the way the service was provided, needed attention to ensure the service was personalised and individual. This would ensure that people received a quality service.

Spot checks of staff competency in their role and responsibilities or in providing moving and positioning or medicine assistance, had not been completed to ascertain if they were providing a safe quality service to people.

This is a breach of Regulation 17(1)(2)(f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had undertaken a review of the management of the service. These changes and improvements had included the appointment of an additional director to the company; the appointment of an existing director to the role of registered manager to oversee the management of the service; and a care coordinator role to provide an overview of the assessment process and care delivery on a day to day basis. The board of directors had met to discuss the last CQC report and had put an action plan in place as to how they were going to improve the service. We saw the minutes of this meeting which had been recorded. The registered manager reported to the board and would update them as to progress being made.

Processes were now in place for the safe recruitment and support of staff. New application forms now requested all information as required by law to be provided. All the necessary checks were in place to make sure that staff were skilled and trained to work with people in the community.

A new staff handbook together with a confidentiality agreement showed that staff had been provided with information about their role and responsibilities. Some policy and procedures has been reviewed such as medicine management (which we saw in the staff handbook) but the registered managers told us that the completion of these was on her list of improvements to be completed. We will be able to review these on our return inspection

.

The views of people and their relatives had been gathered to understand their experiences of the service. A system for on-going feedback had been developed. This was to provide people with a stamped address postcard which could be filled in and posted to an independent address. This then uploaded people's views online so that the public and the provider could see what people thought of the quality of the service. Verbal compliments had been recorded and emails we saw thanked the service and said, "I would like to express my heartfelt felicitations for such a wonderful service you gave to [person's name]." "I am very pleased with the service provided. I am touched by the management sensitivity to any queries raised or questions asked."

The records management system had been improved and was well organised. Information about people and staff was kept confidential but was accessible as and when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Information in the care plans was not always correct or appropriate to meet people's needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to people's health and well-being were not being assessed, monitored or recorded to keep people safe.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not sufficiently robust to ensure that information was processed and recorded appropriately about people needs.