

RRC (GB) Ltd

Eagles & Shofar Homecare Support

Inspection report

8 Oakmead Road
Croydon
Surrey
CR0 3AS

Tel: 02030110728
Website: www.eaglesandshofar.org.uk

Date of inspection visit:
10 October 2018

Date of publication:
07 November 2018

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

Eagles & Shofar Homecare Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided.

This inspection took place on 10 October 2018. At our last inspection of the service in April 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, one person was using the service. Although the numbers of people using the service had not significantly increased since our last inspection, the provider was able to provide an explanation for this and was confident that the service would grow in the future. They were building relationships with local authority commissioning teams to raise the profile of the service to support them to do this.

The provider had consistently maintained the service to the standard we found at our last inspection. The service continued to provide care and support that was personalised and tailored to people's needs. The person using the service received support that had been planned and agreed with them. Their choices for how support was provided were respected and staff delivered this in line with the person's wishes.

Staff supporting the person knew them well, understood their needs and how these should be met. They encouraged the person to be involved in aspects of their personal care to promote their independence. Staff treated the person with respect and maintained their dignity and privacy when providing support.

Staff supported the person to eat and drink enough to meet their needs. Records made by staff after each scheduled visit helped to keep other staff and the person's relative informed and up to date about the support provided to the person. Staff demonstrated a good understanding of the person's healthcare needs and how they should be supported with these in a timely and appropriate way.

Staff were trained to safeguard people from the risk of abuse and knew how to report any safeguarding concerns about people to the appropriate person and agencies. Staff understood the risks posed to the person and followed current guidance about how these should be minimised to keep them safe from injury or harm. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food.

There were enough staff to meet the person's needs. The provider maintained a robust recruitment and selection process and carried out appropriate checks to verify staff's suitability to support people. Staff received relevant training and had work objectives that were focussed on people experiencing good quality

care and support. These were monitored and reviewed through regular supervision.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported the person in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had systems in place to monitor and review the quality of service and to deal with any complaints made about the service. Records relating to the person, staff and to the management of the service were accurate and up to date.

The service continued to have a registered manager in post. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Eagles & Shofar Homecare Support

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 10 October 2018. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we visited the provider's office and spoke with the registered manager. We looked at the records of the person using the service and two staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke with the relative of the person using the service and asked them for feedback about the service.

Is the service safe?

Our findings

Since our last inspection, the provider continued to support staff to safeguard people from abuse. Staff had received training in how to safeguard adults at risk. They had also been provided the service's safeguarding policy and the procedure to follow for reporting a safeguarding concern about an individual to an appropriate person and/or agency, to investigate. Staff had also received training in equality and diversity to help them identify and reduce the risk of discriminatory behaviours and practices that could be harmful to people. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. They told us no safeguarding concerns about people had been reported to them since our last inspection.

Systems were in place to identify and reduce risks to people using the service. Records for the person using the service showed risk of injury or harm to them, posed by their healthcare conditions and needs, had been assessed and identified. Guidance was in place for staff on how to manage and minimise the identified risks. This information was current, so staff had up to date guidance about the support they should provide to keep the person safe. The registered manager, who was one of the staff members that regularly supported the person, demonstrated a good understanding of the support the person needed to promote their independence and freedom, yet minimise any identified risks.

There were sufficient numbers of staff to support the person. The provider maintained recruitment and selection processes to enable them to check that staff were suitable and fit for their role. Recruitment records for a recently employed staff member showed the provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and previous training and undertook appropriate criminal records checks.

At the time of this inspection, staff were not required to support the person using the service with their medicines. Staff had received training in medicines administration to help them provide this aspect of a person's care should this be required.

Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in food safety so that they were aware of the procedures that needed to be followed when preparing and storing food. These helped to reduce the risk of a person acquiring food related infections that could lead to illnesses.

Is the service effective?

Our findings

The provider had systems in place to assess and plan support for people in line with current legislation, standards and evidence-based guidance to help people achieve effective outcomes. For the person using the service the information from their assessment had been used to develop an individualised support plan so that staff had relevant and current information about the care and support they required.

Since our last inspection, staff continued to receive relevant training to help them meet people's needs. Staff were also supported to continuously improve in their role to help them provide effective support to people. Staff had supervision (one to one) meetings with the registered manager to discuss their working practices, issues or concerns they had about their work and any training or learning they needed to support them in their role. The registered manager received supervision from the provider's compliance officer, who was responsible for checking that the service met current legislation and standards in the provision of care and support to people.

The person using the service required help from staff with their meals. Their support plan set out their preferences for this so that staff provided them with food and drink of their choice. Staff recorded what they had prepared and provided at mealtimes. They also maintained records detailing the support provided to the person. This information helped everyone involved in the person's care and support check that the person was eating and drinking enough to meet their needs and receiving the support they required. The registered manager, who was one of the staff members that regularly supported the person, demonstrated a good understanding of the person's healthcare needs and how they should be supported with these in a timely and appropriate way.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. All staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act. Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

The person using the service at the time of this inspection received care from the same core group of staff during weekdays and at weekends. This helped to ensure continuity and consistency in the support they received from staff. This was important as this helped the person become familiar with staff so that they were comfortable receiving support from them.

People using the service could specify who they preferred to be supported by and the provider wherever possible tried to ensure this need was met. We saw a good recent example of this for the person using the service who expressed a preference to be supported by a staff member that was closer in age and shared a similar background and interests. The registered manager had actively recruited a new staff member to meet this need for them.

Recent feedback the provider had received from the person and their relative indicated they were satisfied with the support provided and commended staff for their conduct and care when providing support. They rated staff highly for their courteousness and for treating them with dignity and respect.

The registered manager, who was one of the staff members that regularly supported the person, told us the various ways they ensured people's privacy and dignity particularly when they were being supported with aspects of their personal care. For example, they said they asked people for their permission before being provided with support, offered choice and gave people the space and time they needed to do things at their own pace. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

People were supported to be as independent as they could be. People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive care and support that was tailored to their needs. The person using the service and their relatives had contributed to the planning of their care and support package. This helped to ensure that their decisions and choices would inform the care and support provided by staff. The person's care records contained current information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs. Their support plan set out how and when this support should be provided by staff. A copy of this plan was placed in a file in the person's home so that staff supporting them had easy access to this. The registered manager, who was one of the staff members that regularly supported the person, knew the person well and understood their needs, preferences and choices.

Records maintained by staff indicated the support they had provided reflected what had been agreed and planned for the person. This included respecting the person's choices and decisions about how support was provided to them. The person and their relative met with the registered manager to review the support provided to ensure this was continuing to meet the person's needs.

The registered manager used quality surveys, telephone monitoring calls and home visits to check that people received timely and responsive support from staff. Recent feedback the provider had received from the person and their relative indicated no concerns about the timeliness of staff when attending scheduled visits.

The provider continued to maintain arrangements to deal with complaints about the service. Information about how to make a complaint had been provided to the person using the service and their relative. This set out how any complaint they made would be dealt with and by whom. The registered manager confirmed there had been no formal complaints by people since our last inspection of the service.

Is the service well-led?

Our findings

At the time of this inspection only one person was using the service. We discussed this with the registered manager. They told us the provider continued to be committed to growing the service and increasing the numbers of people they provided support to. The registered manager told us progress in the last 12 months had been slow as the provider had focused during this time on opening new residential care services. They said now this work had been completed the provider had been building relationships in recent months with local authority commissioning teams to raise the profile of the service and was confident the service would grow.

The provider continued to check that staff were contributing to the achievement of the service's values and aims. Staff supervision meetings were used to encourage staff to demonstrate and evidence how the support they provided improved the quality of people's lives. This helped the provider check all staff were actively contributing to the achievement of the service's values and aims.

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had systems in place to monitor and review the quality of service that people experienced. This included reviews of people's care and support at specified time periods, quality surveys and spot checks on staff to review their working practices when undertaking their duties. The registered manager had met with the person using the service and their relative regularly since the service to them commenced to check that the support being provided was meeting the person's needs and acted in a timely way when any suggestions for improvements were made.

Records relating to the person and to staff had been reviewed by the registered manager to check these were accurate and up to date. The registered manager also reviewed the service's policies and procedures and ensured all staff were informed when these changed so they could update their knowledge and understanding of these.