

Shekhinah Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shekhina Care is a home care agency who was providing personal care to three people at the time of this inspection.

People's experience of using this service and what we found

We identified some shortfalls with staff recruitment checks. This had the potential to undermine people's safety. Certain checks had not been completed, this is important especially as people are often on their own, when in the care of staff.

The registered manager and nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) did not always have effective systems in place to identify and make improvements to the service. Their quality monitoring systems had not identified the shortfalls which we had found.

People told us they felt safe with staff and the registered manager. People had risk assessments in place. Staff reminded people to take their medicines and there was a system for staff to follow to check medicines were administered safely. Although, we identified some improvements were needed in these areas.

Staff knew how to identify and respond to concerns about potential abuse. Although, the management of the service did not have a full understanding of their role in this situation.

There were enough staff in place to meet people's needs. Staff felt supported throughout their time at the service. Staff received regular training in key areas, supervisions and checks on their competency to do their jobs well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were plans in place to ensure people were supported to have what they wanted to eat and drink. Relatives told us staff informed them when certain food supplies were getting low. People felt confident staff would respond appropriately if they were unwell.

People and their relatives spoke positively about how the staff were very caring and thoughtful. We saw people were involved in the planning of their care, so it fitted into their lives. Staff were respectful to people and their homes.

The management of Shekhina Care had ensured people were supported by regular staff who knew them and at times people had chosen. Staff were not under pressure to rush people or closely monitor their time.

Staff spent time with people and were directed by them. People had regular reviews of their care by the registered manager to check they were happy with the support from the service.

The management was not considering end of life planning or starting this conversation with people, to ensure they knew of their needs and wishes to prepare for this time in people's lives. We made a recommendation to improve end of life planning.

People, their relatives and staff spoke well of the registered manager and of how the service was managed. The registered manager and the nominated individual had created a positive culture at the service, which put people first.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection. We inspect new services within 12 months of their registration with the CQC.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Shekhinah Care Ltd

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 completed by one inspector.

Service and service type

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

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed permission to telephone people.

Inspection activity started on 16 October 2019 and ended on 17 October. We visited the office location on 17 October 2019.

What we did before the inspection

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. We contacted the local authority to seek their views of the service, but they did not commission with them. We reviewed our records in terms of notifications of events. This is

information the provider must send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two people's relatives. We also spoke with two members of staff and the registered manager. We looked at people's care records, a medication chart, daily notes, staff recruitment checks and other documents which related to the management of the service.

After the inspection

We sought confirmation about the actions the registered manager had taken after we had identified some concerns about staff recruitment.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- Not all staff employed had the full safety recruitment checks completed. These are the checks the registered manager makes to ensure people are safe around the staff they employ.
- One member of staff did not have an up to date DBS (disclosure and barring service) check. This is a criminal records check. When they had joined the service, they brought proof of their last DBS which was dated 2009. They had joined the service in 2018. The registered manager did not understand the importance of this. Other staff did have recent DBS checks in place.
- Staff did not have complete employment histories with any gaps explained, despite application forms asking for this. The management team was not checking these measures were robustly in place.
- The registered manager told us what action they had taken to respond to these issues. This included waiting for an up to date DBS check for a member of staff, before they were given more work.
- There were enough staff to meet the needs of the people the service supported. People told us that they rarely had late calls, when they did these were just past the agreed time. If staff were running late, staff informed them of this.
- People told us they consistently saw the same staff. The registered manager told us they were intending to purchase an electronic system to monitor care visit times, as they also intended the service to grow.

Systems and processes to safeguard people from the risk of abuse

- The registered manager did not have a complete knowledge of their role in relation to responding to potential abuse. They told us they would start an investigation without consulting with the safeguarding team in the local authority. This could undermine the local authority's investigation and potential police action in the future.
- The management team had not formulated a plan or process about how they should manage a potential allegation of abuse.
- Staff knew what the potential signs of abuse could look like. They told us they would report any concerns to the registered manager. However, staff were not fully clear on who they could report concerns to outside of Shekhina Care.
- People and their relatives said they felt safe. One person said, "I am indeed very safe."

Assessing risk, safety monitoring and management

- The registered manager had completed an initial risk assessment and further risk assessments in relation to people's health needs. Care plans supported staff to manage people's care needs. However, the

registered manager had not explored some risks in people's care plans, or directed staff about what to do in certain situations. There were also no environmental risk assessments in place. This is for the safety of staff and people.

- The management team did not have a workable emergency plan, if something happened which disrupted the service. The registered manager told us they would address these shortfalls.

Using medicines safely

- The registered manager had risk assessed people's abilities to manage their own medicines. Staff were supporting one person with their medicines.

- People told us staff prompted them to take their medicines. One person said, "If I have forgotten, [staff] will remind me."

- Staff were supporting one person with their administration of one of their medicines. There was a medicines chart in place. However, the plan did not fully inform staff about how to ensure they administered this medicine safely and in line with best practice. The registered manager said staff knew to do this, but this was not being checked, nor did the medicine chart or care plan promote this practice. The registered manager said they would rectify this.

- A relative and the registered manager told us how staff monitored a person's medicine stock. However, often staff would inform the registered manager when a person had run out of medicines rather than when they were getting low on their supply. The registered manager said they would correct this, for this to be an effective system.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff received training in infection control and good hygiene. Staff talked us through good practice in this area. A person told us staff followed this practice when they supported them.

- There had not been any serious events where learning lessons was needed to be learnt. However, systems were not in place to routinely consider this, or to make improvements in areas related to people's care management.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support was not always effective and in line with best practice.

Staff support, induction, training, skills and experience

- Training was up to date and in key areas. However, some training relevant to people's health needs was not being provided. Staff should have training on subjects relevant to people's needs. The registered manager agreed with us and said they would address this.
- Staff told us that they found the induction they received helpful to complete their work. Staff told us how they shadowed an experienced member of staff to get to know the people they were supporting.
- The registered manager checked staff were performing well in their work, before they began to work independently.
- Staff received competency checks in the form of spot checks. Staff also had supervisions, where the registered manager chose a topic for discussion relevant to the people they were supporting. This was to promote and check staff's understanding in these areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had not sought people's consent to potentially share their information in certain circumstances, with other professionals. The registered manager told us that they had no need to do this at present. Although, they recognised they may do in the future. One person had agreed for their relatives to be contacted, but this had not been formalised. The registered manager told us they would address these shortfalls.

- People had signed to say they had agreed to receive care from the service. However, the registered manager had not considered if people had capacity as part of their assessment, despite there being a potential need to do so, in some cases.
- Staff told us how they supported people to make their own decisions in relation to their care needs. One person told us how staff followed their instructions.

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

- The registered manager had completed initial assessments of people's needs before they had started to provide support. These had identified the key risks which people faced in terms of their health needs. However, some risk assessments were not complete, for example there were no environmental risk assessments. Some risks which people faced were not fully explored with a care plan to guide staff practice in these areas.

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

- Staff told us how they supported people to have what they wanted to eat and drink. Clear plans were in place to support staff to assist people with their food and drinks. A person told us they were happy with staff's input with their meals.
- A person's relative told us how staff made contact with them when their relative was running low on certain items of food.

Staff working with other agencies to provide consistent, effective, timely care

- Relatives told us how staff and the registered manager liaised with them to meet their relatives needs and promote their well-being.

Supporting people to live healthier lives, access healthcare services and support

- Staff were clear with us how they would do this, if there was a need to. People and their relatives were confident staff would do this if and when this was needed.
- A relative told us staff had contacted them when they were concerned about their family member, and suggested the relative contacted the person's GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and thoughtful. One person said, "They [staff] are all lovely." Another person said, "If I'm upset [staff] are very intuitive, it's a very positive thing. It shows me [staff] know me."
- One person's relative said, "The relationship is good (between relative and staff) [Name of relative] is comfortable."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful to them. One person said, "Respect, absolutely." People told us staff respected their homes. One person said, "First thing [staff] do is take their shoes off or offer to."
- Another person's relative told us, "Oh yes [staff] are respectful and polite."
- We saw in people's assessments examples of how people wanted staff to promote their independence. Staff told us how this was important to the people they supported. One person said, "I have some degree of independence, I speak, [staff] will step in."

Supporting people to express their views and be involved in making decisions about their care

- People had reviews of their care on a regular basis. These were meaningful conversations. One person's relative said, "We have face to face reviews."
- People had been fully involved in planning their care. We could see this from people's assessments and reviews. People and their relatives also told us how they had been involved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments and plans were made with the person and their relatives about how they wanted their care delivered.
- People were asked what times they wanted staff to visit them to provide support. We saw that these times correlated to the times recorded by staff in people's daily notes. People and their relatives confirmed that apart from the occasional time, staff arrived at times they had chosen. One person said, "They [staff] are always on time."
- People also told us they saw a regular member of staff. Staff also confirmed this, saying they worked alternate weeks. One person told us how this promoted their mental health by having continuity of staff. They said, "I used to have another agency visit me. I would have three or four different carers a day, it drove me up the wall."
- Staff said they were not under any pressure to rush, and they took their time with people. One member of staff said, "I don't look at the time, it's about the people. Other services I have worked at you were always running against time, not here."
- We reviewed people's reviews and daily notes. The registered manager had regular face to face reviews and conversations with people, about their views of the care they received. People and their relatives told us they thought this was an important part of the care they received from the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's communication needs before they provided support to them. These needs were captured in people's assessments.
- One person and some people's relatives told us staff communicated clearly with them. One member of staff said, "I always start the visit with a chat and asking what they wanted me to do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had asked questions about people's interests and their backgrounds. This was briefly explained in people's assessments. Staff were able to tell us slightly more about the people they supported. We spoke with the registered manager about developing this area of their support planning. They said this would now be reviewed.

- People told us that staff chatted to them and spent time with them. One person said, "We have nice chats, it's really important to me to have a good rapport with the carers." We saw documented in people's daily notes staff commenting on having conversations with people and references to their mood.

Improving care quality in response to complaints or concerns

- There was a complaints process in place, but there had not been any formal complaints. A relative had raised an issue with the registered manager. However, the response from the registered manager did not give the relative another route or option if they were not happy with the registered manager's response.
- People's relatives said they would approach the registered manager if they wanted to make a complaint. A person told us they also felt confident in doing this, if there was a need to.

End of life care and support

- The service was not supporting anyone at the end of their life. However, plans were not being made with people about this. Staff had not received training in this area.
- The registered manager knew who was important to the people the service supported and staff knew people's key interests. However, the process of making these plans had not started.

We recommended the provider considered current best practice guidance about end of life planning and to start implementing this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Systems were not in place to always promote quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Quality monitoring systems were not always effective at identifying shortfalls in the management of the service. We found that staff safety checks were not complete. This had the potential to put people at risk.
- Risk assessments were in place, but individual risks were not always explored with a care plan to guide staff about managing these risks. People's capacity and consent were not being appropriately identified and considered. Reviews were in place, but these also lacked details about how the review was conducted.
- Staff competency checks were taking place, but these were not well evidenced to show how the outcome had been reached.
- The registered manager's knowledge about their role in responding to safeguarding concerns was not complete. Staff were not always clear on how to report concerns outside of the service.
- The registered manager also had a limited knowledge of their regulatory requirements. They were not aware of the legal requirements which their service was being assessed against.

We found no evidence that people had been harmed however, effective auditing systems were not in place to promote robust quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture at the service. Staff enjoyed working at Shekhina Care and believed they were doing something different to other care agencies. They acknowledged they had the time to meet people's needs and to connect with people. The culture of the management team enabled this to happen.
- People and their relatives spoke positively of the staff and the registered manager. Relatives felt the registered manager had a detailed oversight of the support their relatives needed. People and relatives had confidence in the registered manager and the service, because of their experiences with the service.
- We were told by people and relatives they would recommend the service, they gave us clear examples as to why they would do this. One person said, "We have (staff manager and person) a really honest relationship." One relative said, "There is a real attention to detail."

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

characteristics; Working in partnership with others

- People, their relatives and staff felt listened to. People were involved in the planning and management of their care. Relatives said they were kept informed when this was relevant.
- The management team had not started to build connections with other organisations and bodies. The registered manager told us they were now looking to do this.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective systems to ensure quality care was always provided. Regulation 17 (1) and (2) (a) (b)