Care Quality Commission

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Shalom Care

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

We inspected Shalom Homecare on 26 and 30 August 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care to adults living in their own homes. One person was using the service at the time of our inspection.

There was a registered manager at the service at the time of our inspection. 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.

During our inspection we found that risk assessments were not robust despite care staff being aware of risk and how to mitigate them.

The service did not carry out criminal records checks for staff it recruited.

We found two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Staffing levels were adequate for the level of individual need and staff had experience working with people with autism.

Staff had knowledge of safeguarding adult's and they told us what action they would take to raise an alert if they suspected abuse. Staff were not aware that they could contact the Care Quality Commission (CQC) if they wanted to whistle-blow and we have made a recommendation about this which you can see in the full version of this report.

Staff supported people using the service with their medicines and records were kept and updated daily.

Staff received an induction when they started their employment at the service by way of shadowing other staff members and the relative of the person using the service. Staff received some training upon commencement of employment at the service and the registered manager showed us planned training courses that would be taking place in September 2016.

Staff received supervision and the registered manager held team meetings, but no records were kept of these and we have made a recommendation in relation to this which you can see in the full version of this report.

Staff demonstrated their knowledge of the Mental Capacity Act 2005 (MCA) and how they put the principles into practice.

The person using the service was supported to eat a culturally relevant and varied diet in accordance with their preferences as detailed in their care plan. The person using the service was also supported by staff to have access to health care professionals such as the dentist when needed.

The service was caring and we saw examples of this during our inspection. The relative of the person using the service spoke highly of the carers and the service as a whole.

Staff knew the person using the service well. They were responsive to the needs of the individual and the person's care plan was detailed in explaining their communication needs, which care staff adhered to.

Staff spoke highly of the registered manager, as did the relative of the person using the service.

The registered manager told us they carried out spot checks of the service but that they did not record or document these checks. We have made a recommendation in relation to this which you can see in the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was not always safe. Risk assessments were not robust or detailed.

Recruitment processes were not always safe as the provider did not carry out up to date criminal record checks.

Staff were aware of safeguarding adults procedures and how to raise an alert.

Medicines were managed safely and records were up to date.

Financial transactions were recorded and receipts were kept.

Is the service effective?

Inspected but not rated

The service was not always effective due to staff supervision and team meetings not being recorded.

Staff had an induction upon commencement of employment at the service and training was provided.

Staff demonstrated an understanding of the Mental Capacity Act and told us how they implemented this into their work.

People using the service were supported to have a varied diet of their choice as well as access to healthcare professionals when necessary.

Is the service caring?

Inspected but not rated

The service was caring.

Positive and caring relationships were formed between staff and people using the service.

Is the service responsive?

Inspected but not rated

The service was responsive. People received personalised care that was responsive to their needs.

Care plans contained details about people's preferences and communication needs.

The service had a complaints procedure that was clear and people knew how to make a complaint.	
Is the service well-led? The service was not always well led as records of spot checks and audits were not kept. Staff spoke highly of the registered manager and felt supported in their role.	**Inspected but not rated**

Care Quality Commission

Shalom Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager and two care workers. After the inspection we spoke with one family member of the person using the service. We were unable to speak to the person using the service because they were unable to communicate with us. We looked at one care file, daily records of care, three staff recruitment files, training records and policies and procedures for the service.

Inspected but not rated

Is the service safe?

Our findings

Care plans were not robust in identifying risks, for example the care plan stated, "[Person using the service] has no sense of risk or danger." However, the risk was not explored further or put into context. Care staff told us that when they were out in the community with the person using the service, there was a risk that he could run into the road. They told us how they managed the risk by, "Holding his hand and guiding him", and stated, "He likes to walk a lot and likes to run. If you say stop, he will listen and wait." However this was not detailed in his risk assessment. In addition, care staff told us that the person using the service had a tendency to, "Grab people's water bottles when out in the community." This was vaguely mentioned in the person's risk assessment: "He picks up plastic water bottles and pieces of paper to put in the trash bin", however the risk of him doing this when out in the community was not explored and there was no information about how to manage the risk. Care staff were able to tell us how they mitigated this when out with the person using the service. One member of care staff stated, "If we are on the bus and he spots someone with a water bottle, I will make sure he is sitting by the window to avoid him reaching out to try and grab it and I will explain to him clearly that he has his own water bottle in his bag. This will distract him and he will get his own water bottle which will solve the problem." Care staff told us they were aware of the risks as they knew the person using the service well, however this meant that if circumstances changed and new carers were working with the service user, they would not have clear instructions or risk assessments in place to mitigate against any danger. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have sufficiently robust recruitment practices in place. We looked at recruitments records for all three members of staff currently employed. We saw that criminal record checks for employees were from previous job roles and for all three employees, these checks were dated from 2011 and 2013. This meant that the provider was not carrying out their own criminal record checks, meaning that up to date criminal records were not obtained. This meant that it was possible the service employed staff who were not suitable for the role. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks were carried out during staff recruitment. One member of staff told us, "I was interviewed; the registered manager looked at my experience and got references." We saw records of references obtained and records of staff work experience and qualifications.

The registered manager told us the staff that worked with the person using the service were, "Always the same." The person using the service received 24 hour care and staff were placed on a "week on-week off" system. The registered manager told us there were, "Always cover arrangements if someone was off sick", and that there had never been any gaps or missed calls. One member of staff told us, "Last week I was off sick for a day, another carer covered for me, it was sorted out as soon as I told the manager I wasn't feeling well." The relative of the person using the service confirmed that there were no missed calls, telling us, "[Person using the service] can't be left alone, there is always someone here." This meant that there were sufficient staff to support the person using the service.

Staff supported the person using the service with their medicines. The service had a medicines policy and we saw a record of this. Care staff told us, "[Person using the service] never refuses their medicines, it's part of their routine." We saw medicine administration record (MAR) sheets which recorded the time, date and dosage of all medicines and they were signed by the respective carer.

Care staff told us they were given money by the service user's relative when taking them out into the community. The relative of the person using the service told us that this was documented in the daily log book and we saw records of this as well as receipts and a record of all transactions was kept. This meant steps had been taken to protect people from financial abuse.

The registered manager told us there had been no safeguarding incidents. They also told us there had been no accidents and stated, "If there is ever any incident, we would call the ambulance and document it."

We saw that policies and procedures were in place for safeguarding adults and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. One care worker told us, "We would follow the safeguarding procedure; there are different types of abuse, for example physical, emotional, verbal. We would contact the registered manager and she would make a referral. We'd monitor and record-keep. It's essential." Another care worker told us, "With whistleblowing, I'd tell the manager. If it was a concern about her, I would tell the authorities or the police."

Inspected but not rated

Is the service effective?

Our findings

The registered manager told us that they, "Teach" new employees as part of their induction. She stated, "I just teach it. They have previous knowledge because they are experienced and they shadow each other." Care staff confirmed that they shadowed each other when they first commenced employment as part of their induction and also told us that they shadowed the service user's relative. One care staff told us, "I shadowed his mum for a week, this was very useful to get to know him and his needs." Another member of staff told us, "I shadowed another staff member and learnt [person using the services'] routine."

We saw training certificates for staff that included training on dementia awareness. The registered manager told us they were planning autism awareness training in September 2016 and we saw records of this. One member of staff told us, "I have worked with autistic people before, I have experience." We also saw records of other planned training courses that would be taking place in September 2016. These included safeguarding and food hygiene.

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 found the service had policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The registered manager told us, "The service user's mother makes the decisions. We call her if we need to make a decision." Staff demonstrated their knowledge of the MCA. One member of staff told us, "We ask him, we never force him, he's the boss."

The person using the service was supported to have sufficient to eat and drink and to maintain a balanced diet. Their care plan contained details about food preferences for example, "Service user enjoys Nigerian foods, like the jollof rice, fried ripe plantain, beans, cassava fufu. He also loves vegetable salad and fruit salad and loves to eat fruit in between meals". The registered manager told us, "The carers can cook Nigerian food. If a non- Nigerian carer is staying with him the other carer will make food in advance and freeze it. His mum will also cook." One member of care staff told us, "He likes to have snacks, I'll carry with me a couple of bananas, nuts, cashews, a cereal bar." The service user's communication in relation to food was also described, for example, "When he is not satisfied with what he is given or when he does not want the food prepared for him he reacts by not eating the food and throwing it in the bin. When this happens another meal needs to be prepared for him." Care staff told us the person using the service had a, "Good appetite", and that they, "Enjoyed a variety of food. When out in the community he will sometimes choose a burger or chips." This meant that the person using the service was supported to eat foods that reflected their cultural heritage in accordance with their preferences.

Care plans contained details of the person's healthcare needs and any appointments with healthcare professionals. For example, one member of care staff told us they had supported the person using the service to visit the dentist and we saw a record of the appointment within the care plan.

Staff told us they received supervision and found it "Useful", however we did not see records of this. The registered manager told us, "Yes, we do supervision but it is not documented." The registered manager and staff told us they had staff meetings. The registered manager stated, "We sit down, we discuss what is happening on the job, but this is not written down."

We recommend the service seeks and follows best practice guidance on keeping a record of supervision sessions and team meetings.

Inspected but not rated

Is the service caring?

Our findings

The relative of the person using the service told us that staff were "Caring", and stated, "He sees the carers as my sisters, he's happy, it's like a family."

Staff promoted the service users independence and told us, "Involving him makes him happy, for example helping with shopping, or when we are cooking, we ask him to wash fruits. He loves washing up and he sees washing plates as his duty". During our inspection we observed the person using the service collecting a used cup from the table and taking it to the kitchen to wash it. The person's relative told us, "He likes washing up and tidying up and will wait over you until you finish so he can wash up." Another member of care staff told us, "He knows how to wash himself. We allow him to do what he can do. We cut his hair for him and shave him too."

One member of staff told us, "We treat [person using the service] with respect. He is a very proud man, he likes to be clean. "Another member of staff told us, "He lets you know if he wants to be alone. We respect that."

During our inspection we observed staff interacting with the person using the service in a caring and attentive manner. Staff demonstrated their knowledge on how to communicate with the person using the service and we observed positive interactions between them.

Inspected but not rated

Is the service responsive?

Our findings

Care staff told us they got to know the person they were working with by reading the care plan. One carer told us, "I read the care plan, I studied it, I understand [person using the service]".

Care plans contained detail about people's needs. People's daily routines were described and were set out in a timetable, for example in the mornings the person using the service was supported with personal care and breakfast and in the evenings they played games and watched television. The person using the service attended a day centre four days a week and was supported by a carer to attend and return. Other activities timetabled were shopping, going to the park, puzzles and bowling.
The registered manager told us about the activities the person using the service was supported with stating, "He goes out with a support worker on the days he isn't at the day centre. He likes going sight-seeing, playing in the park, bowling and bus rides. He watches television and arranges his puzzles as well as other games." This was reflected in the person's daily care logs which were updated daily and we saw records of this.

People's communication needs were identified within their care plans, for example, "[Person using the service] communicates by holding ones hand and taking one to where he wants you to do something and to what he wants done. If he knows you, when you come in and greet him extending your hand for a handshake, he will accept to shake." Care staff elaborated on their communication with the person using the service and told us, "We use sign language. We know him well and can communicate with him". During the inspection we observed the communication between the person using the service and their carer's was in line with his care plan and his identified communication needs.

The registered manager told us that care plans were reviewed once a year but that because the current service user had only been using the service since June 2016, a review had not been carried out yet.

The service had a complaints procedure and included timescales for dealing with complaints and details of who people could contact if they were not satisfied with the response from the service. The relative of the person using the service had a copy of the complaints procedure. The registered manager told us there had been no complaints.

Inspected but not rated

Is the service well-led?

Our findings

There were policies and procedures in place to ensure staff had the appropriate guidance and staff confirmed they could access the information if required.

The registered manager showed us a 'family satisfaction survey' that they had sent to the relative of the person using the service but that it had not been returned. They told us that they had regular communication with the relative via email and text and had open communication with them and their staff stating, "They know they can call me, I am available 24/7." The relative of the person corroborated this and said, "I can speak with the registered manager at any time by email, or text. If I am not happy about anything I will put it in writing."

Staff told us they found the registered manager to be supportive. One member of care staff told us, "The registered manager seems really lovely and knowledgeable. She's a good manager, she's open, she makes you feel like you can phone her at any time." Another member of care staff told us, "I am happy working here."

The registered manager told us they carried out regular checks of the service, which included audits of the care plan, daily logs and discussions with staff and the relative of the person using the service. They told us, "I talk to my staff a lot. I ask them questions. I watch the staff with [person using the service], but I don't document." While the service was only working with one person and informal mechanisms had been effective in ensuring the manager had oversight of the service and an understanding of the quality of the service delivered, these would not be sufficient for a larger service.

We recommend the service seeks and follows best practice guidance on quality assurance and audit processes for domiciliary care services.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care was not provided in a safe way for service users. This was because the registered person had not sufficiently assessed the risks to the health and safety of service users receiving care. Regulation 12 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not taken necessary steps to ensure persons employed were of good character. Regulation 19 (1) (a) (2) (a) (3) (a)