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Shalom

Inspection report

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Date of inspection visit:
20 November 2016

Date of publication:
21 December 2016

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

We carried a comprehensive inspection of Shalom on 20 November 2016. This was the first inspection the service had been inspected under the current regulations.

Shalom provides residential care for up to 18 people. On the day of the inspection there were 14 people using the service. Shalom is situated in a residential area of Eastbourne. The service has three floors which are split level and served by stair lifts. People could move around freely without restriction.

The service had 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.

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed staff had a good relationship with people and supported them in a caring and respectful way. People were being cared for by competent and experienced staff. A family member told us, "We visit regularly and find the staff are very caring. They always make us feel welcome."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us they supported people in a way that kept people safe.

People received their medicines when they needed them and staff knew how to administer and record medicines safely.

Staff received a thorough induction when they started working at the service. Training was regularly refreshed and staff told us it was effective. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure staff were suitable to work in the care sector.

Systems were in place to support staff. Staff were receiving regular supervision meetings with the deputy manager and annual appraisals to look at personal development and training. A staff member told us, "The manager is always there for us. It's good to know that we are encouraged to do training and that the manager checks that we are doing things right."

Systems were in place to monitor the quality of the service people received. This included meetings with staff. Informal meetings with people using the service and their families. A relative told us, "I never leave without having a chat with the girls or the manager. I think we are kept up to date with what's going on." Regular surveys took place to gain the views of people using the service and their relatives. A relative told us, "I fill in the forms they give us to say what I think about the home. I think they use the information to make things better. It's usually about what people like to eat, the choice of meals and if they get the care they

need."

Checks had been made and were in date for the maintenance and servicing of gas, electric and fire systems. All other equipment used by the service to support people were well maintained and regularly serviced as per equipment guidance.

Staff understood the needs of people they supported, so they could respond to them effectively. They told us they felt supported and had the resources they needed to carry out their role. Comments included, "The manager is very supportive to us (staff). They help us out if we need that extra support" and, "We get all the information we need especially when things change."

Staff supported people to be involved in and make decisions about their daily lives. There were systems in place to help ensure staff acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was to protect people and uphold people's rights where they faced restrictions due to lack of mental capacity.

Most people chose to stay in their rooms. However there were a range of activities available to people and they had a choice as to whether they wanted to be involved or not. Entertainers visited the service. There were a range of books available in bookcases around the service. Staff said there were visits from a local organisation who brought a variety of pets and small animals into the service. They said this was well received by people. One person told us they always made the time to go downstairs when these visits occurred.

People told us they knew how to complain and would be happy to speak with the provider if they had any concerns. No concerns had been reported since the previous inspection.

People using the service and visitors all described the management of the service as open and approachable and thought people received good care and support. Relatives told us, "We chose this home because it's local and when we visited we knew it was right for (Persons name)" and "I am always made to feel welcome. The manager and the staff tell me what's going on with (Persons name)."

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 was safe. The management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought abusive practice was occurring.

Is the service effective?

Good ●

The service was effective. Training identified as necessary for the service was updated regularly.

People had access to health professionals when they needed to so their health needs were met.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

Good ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Shalom

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.

This comprehensive inspection took place on 20 November 2016. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views about living at Shalom and two visiting relatives. We spoke with four staff members.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service including medicine records. We looked at two records relating to staff recruitment, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Shalom and with the staff who supported them. People told us, "They (staff) have been very helpful and in general I get on with them all." A relative said, "It gives us peace of mind knowing (Person's name) is safe living here." People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "Some residents are in their rooms either because they are not well or they choose to. We all call in regularly." A person using the service told us, "There are always staff close by when I need them."

Staffing levels were based upon the level of needs for people living at Shalom care home. Rotas showed there was a skills mix of staff on each shift being supported by the registered manager and deputy manager. In addition to care staff, there were kitchen and domestic staff. People said there were enough staff to meet their needs, and the staff we spoke with said staffing levels were good. Relatives said, "There are always staff around. We visit a lot and staff are always available" and "The staff are very good and always make us feel welcome."

There were risk assessments in place which identified risks and the measures in place to minimise risk. For example, the assessments were specific to the care needs of the person. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one person's health needs had recently been fluctuating. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training and this was periodically updated. Staff were knowledgeable in how to recognise signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

People told us they received their medicines when required. Medicine administration records (MAR) showed that people received their medicines as prescribed. When a designated staff member administered medicines they wore a tabard advising other staff they should not be disturbed when administering medicines. This was to minimise any distraction. We observed a staff member carry out medicine administration in a confident and safe way. For example staying with the person until they had taken their medicine and then signing the records immediately. The service was holding medicines that required stricter controls. We checked the records for these medicines against the stock held and they tallied. The

registered manager carried out regular audits of medicines to ensure they were safe and records and stock were accurate. Staff only administered medicines following training and observation to ensure they were competent.

Consent was sought from people who wanted to take homely remedies. There was evidence of a person whose range of homely remedies had been signed and agreed by their GP.

Recruitment systems were in place and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references. This ensured that the information was accurate and up to date and to help keep people safe from the risk of being supported by staff who were not suitable for the role.

The environment was clean and there was an on-going programme to decorate people's rooms and make other upgrades to the premises when necessary. Each floor was served by stair lifts. In some areas there were some steps to negotiate but people using rooms in these areas were able to manage the various levels. There was a system of health and safety risk assessments in place for the environment. Fire alarms and evacuation procedures were regularly checked by the managers and external contractors to ensure they worked.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support they received. Visiting relatives told us that staff kept them informed about concerns or changes in their member of family's condition. They said, "The manager or staff let us know what's changed or if (Person's name) needs to see the doctor" and "When (person's name) came to live here they (Registered manager) kept us up to date and it made me feel more comfortable as it was a difficult time."

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. People made their own choices about whether to stay in their rooms, use the lounge areas or both. There were no restrictions on how people chose to spend their time. People told us, "I like to stay in my room. I have everything I need but I go down for some meals and other things that go on" and "I chose to come and live here because I can do what I want when I want. That's important to me and it's respected by the staff".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where necessary, applications were submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves.

People had access to refreshments at all times. There were no restrictions for staff accessing the kitchen so they could meet people's requests for snacks or drinks. Throughout the day people were regularly offered drinks. Most people ate their meals in their own rooms and this was their choice, but others chose to eat their meals in the dining room. We observed the lunch being served and noted the food looked appetising. People told us they enjoyed the food and had a choice of what they wanted to eat. People told us; "The food is lovely. You can ask for something different if you want to" and "They (staff) know what I like and don't like. I am never disappointed in the meals here." Where people needed to have their food and fluid monitored for health reasons, charts recorded all food and drink taken. This only occurred where there had been fluctuations in weight or a recognised loss of appetite. It was done in conjunction with health advice from the persons GP. Where appetite or weight improved people were no longer monitored. The Food Standard Agency had completed an inspection and awarded the service a 5 star rating.

People had access to healthcare professionals including doctors', dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a really good relationship with the doctors and district nurses."

The service was using the Care Certificate induction standards for new staff as well as supporting current staff to develop in their roles. The induction standards support staff to develop a wider theoretical knowledge of good working practice within the care sector. Records showed a recent staff member was completing the care certificate. It showed when they had started the induction standards and a proposed completion date. All new staff received a prompt sheet showing a brief overview of each person's needs, the room they occupied and their name. Staff said this had helped them familiarise themselves with people using the service. The induction process included observing health and safety procedures, familiarising themselves with policies and procedures as well as shadowing more senior staff. A staff member told us they had found the induction training very useful. They said, "It was very good and introduced me to my role really well. Staff told us they had attended a range of courses including moving and handling, dementia and medication.

People had their own walking aids. The service's environment was homely and many people had brought items of furniture from home. One person said, "It's nice having my own things near me. It makes it more homely." There were a variety of seating areas which were clean and comfortable. People told us they liked their bedrooms and these were always warm and comfortable. Rooms were personalised with personal items of furniture ornament and pictures.

Is the service caring?

Our findings

People told us they were happy living at Shalom. They found it to be a good place to live where staff knew what their needs were and how to respond to them in a kind and caring way. People told us, "I like living here and the staff are all very caring" and "I have everything I need and my family visit quite often. The staff always make them feel welcome." A relative told us, "Can't praise them (staff) enough. They all do a really good job".

Communication between staff and people living at Shalom was caring, with conversations being held in a gentle and understanding way. Staff were engaging with people at eye level, for example kneeling, or sitting next to the person so they had eye contact. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations. Staff were heard to ask about people's welfare. For example were they warm enough, did they need a blanket when they chose to sit in a chair in their room.

People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. For example, a person wanted to sit in a lounge chair but had struggled with a walking aid. The member of staff asked the person if they needed support before they began to help them. They provided constant reassurance.

Staff protected people's privacy and dignity. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

People moved around the service without restriction. For example one person liked to spend short amounts of time in lounge areas before moving to their room. Staff were observed making sure the person was safe wherever they were in the service in a discreet but respectful way. Some people had limited mobility but staff encouraged them to move around with the use of personalised walking aids. This showed people's independence was supported. For example throughout the inspection visit staff were moving around the service so they were visible to people and could respond to their care needs as necessary. A staff member said, "It's just like an extended family. We (staff) work here because we really do care about residents". A relative told us, "Can't thank the staff enough for all the support and care they provide."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "We call at various times and always made to feel welcome whatever time of the day we call" and "Nothing is too much trouble for the staff. Doesn't matter when we call in."

Is the service responsive?

Our findings

People told us they felt their needs were well met at Shalom. One person told us, "The staff know my routine and they help me get on with what I need to do" and "It didn't take long to settle in and the staff help me get me all the things I need". A relative told us, "They (staff) have been very good at getting the doctor when (person's name) needs it and they always let us know what the outcome is."

People who wished to live at Shalom had their needs assessed prior to moving in. This helped ensure staff were able to meet people's needs and expectations. The registered manager, deputy manager and staff were knowledgeable about the level of support people required.

Care plans were regularly reviewed, including risk assessments in order to respond to the changing needs of people using the service. Risk management covered areas including fall prevention, skin care, communication and responding to hydration and nutritional risk. For example a person's health had changed. This was clearly recorded and staff were made aware of the changing needs in order to respond to them. A person told the deputy manager they did not feel well on the day of the inspection. The deputy manager responded to this by contacting the out of hour's service to request a home visit from a GP. The person was kept updated about what action had been taken. Staff responded to individual needs based upon information in the care planning and risk records. This demonstrated the service was responding to people's needs.

Some people were not aware of whether they had been involved in their care planning and review but most did. One relative told us the manager and staff members frequently kept them informed of any changes of care and support for their relative. People using the service or their relatives had consented to the care and support they received.

Staff were responsible for completing daily records about how people were being supported and communicated any issues which might affect their care and wellbeing through shift handovers. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Where people required additional support from specialists, referrals had been made and responded to. Daily notes covered the care provided, the person's mood, any activity they had enjoyed and any visitors they may have had. This information helped staff coming on duty to get an overview of any changes in people's needs and their general well-being.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we observed most people either chose to remain in their rooms or were confined to bed because of their health needs. Staff regularly checked on people and responded promptly to any call bells. One person told us they chose not to take part in any activities as they were happy with their own company and preferred to read or watch their television. However there were a range of activities available to people and they had a choice as to whether they wanted to be involved or not. Entertainers visited the service. There were a range of books available in book case around the service. Staff said there were visits from a local organisation who brought a variety of pets and small animals into the service. They said this

was well received by people. One person told us they always made the time to go downstairs when these visits occurred. Where people chose not to be part of any activities this was respected by staff.

There were no on-going or recent complaints in progress at the time of the inspection. Information on how to make a compliment or complaint was available in the service's written literature. People told us they had not had to make a complaint but would approach the registered manager or staff with any worries or concerns.

Is the service well-led?

Our findings

People who lived at Shalom and their relatives spoke positively about the registered manager, deputy manager and staff. They told us, "All are very approachable" and "The manager and staff are always asking if we need anything. I have no complaints." Staff told us they felt they could approach the registered manager and deputy manager with any issues and that they felt confident they would be listened to and they would be acted upon. They told us, "The manager listens to us (staff) and I think we have all the support we need" and "Feel it is well led because it's run as a caring home. It has all the home from home comforts and people like that."

The registered manager had overall responsibility and accountability for the service. People who lived at Shalom and their relatives told us the registered manager, deputy manager and staff were there to support them with advice and answer any queries. A relative said, "It's been a hard year but so much easier knowing (Person's name) is being cared for."

The registered manager and deputy manager worked regularly in the service. Managers were visible and by supporting staff on a regular basis meant they were aware of the culture of the service at all times. There was a clear culture and ethos in place to ensure that the dignity, respect, rights and choice of people living at the service must be observed. Daily shift handovers provided staff coming on duty with a clear picture of every person at the service and encouraged two way communication between care staff, the registered manager and deputy manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were regular discussions with people living at the service. A survey which took place in May 2016 showed people were very satisfied with the service they were receiving. The topics included all aspects of living at Shalom including, food, care, premises, daily living and management. Comments included, "The owners have gone over and above", "Warm and friendly staff" and "Very satisfied with living here."

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "Shalom is run just like a home from home for people. That's why they are happy living here." This was supported by people we spoke with throughout the inspection visit. Another staff member told us, "Because it's not a big home we have the time to make sure people are getting all the care they need".

There were systems in place to support staff. This included staff meetings to look at operational tasks. For example, discussing individual resident issues, operational issues and training updates. Staff told us day to day communication was good and any issues were addressed as necessary. Staff told us they felt confident the management respected and acted on their views. Comments included, "We (staff) feel confident to raise issues and we feel we are listened to and things are acted on if needed" and "If there are changes or things we need to know it's shared with us and written in the daily communication record. Nothing gets missed".

The registered manager and deputy manager worked alongside staff to monitor the quality of the care provided by staff members. The deputy manager told us if they had any concerns about individual staff

practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they engaged with people.

The registered manager and deputy manager attended a range of events and forums in order to keep up to date with any developments in the care sector. For example, they regularly attended a local care forum. They told us this was an effective way of sharing experiences and ideas with other providers in the local area.

The registered manager took operational responsibility for the service. This included reviewing and updating policies and procedures. Most of these had recently been reviewed and updated where necessary. Further audits were carried out in line with policies and procedures.