

Shalokayim Services Limited

Shalokayim Services Ltd

Inspection report

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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

About the service

Shalokayim Services Ltd is a domiciliary care agency and a supported living service providing personal care to people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was providing personal care and support to 1 person in their own home and the supported living service was not being used to support anyone.

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

Shalokayim Services Ltd currently provide care for one person who told us they felt safe being supported by staff in their own home. Following completion of relevant checks staff had been recruited safely.

People's needs, including their safety were assessed and monitored. Systems and processes were in place to support people's safety. There were sufficient staff to meet people's needs and people spoke of good reliability from the service. Staff followed government guidance related to COVID-19 and had access to appropriate personal protective equipment (PPE) to prevent the spread of infection.

People, family and representatives contributed to the assessment of people's needs which were kept under review. Reviews of assessments required more accuracy when completing documentation. An Induction and shadowing process was completed by staff however documentation to evidence completion of inductions needed improving. We have made a recommendation to consider current guidance when completing records related to staff induction.

The registered manager valued continuous learning and supported staff to complete additional qualifications to gain a knowledgeable workforce. Staff felt confident and able to support people safely.

Nutritional needs were supported where required. People were supported to live healthier lives and access healthcare services.

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.

Staff were reported to be kind and respectful in people's homes. Staff spoke fondly of the people they supported. People had face to face contact with management to seek their views about the quality of care. The registered manager had planned improvements, which included moving from paper-based records to an electronic monitoring and record system.

Independence was promoted by staff who were patient and supported people's self-confidence. This empowered people to remain as independent as possible. People knew how to complain or provide feedback about the service.

Although there were systems in place to monitor the safety and quality of the service provided, these systems and processes were still being developed by the management team. It needs to be demonstrated going forward that developments made are embedded and sustained.

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 11 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Shalokayim Services 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 Health and Social Care Act 2008.

Inspection team

The service was inspected 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. This service is also able to provide care and support to people living in a supported living setting, so that they can live as independently as possible, although no-one is currently using this service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

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.

Inspection activity started on 30 June 2022 and ended on 8 July 2022. We visited the location's office on 30

June 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 used all of this information to plan our inspection.

During the inspection-

We spoke with one person and one professional who use the service about their experiences of the care provided. We spoke with five members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service and quality monitoring. After the site visit, we continued to seek clarification from the provider, which included staff training and assessment of their competency, policies and procedures and minutes of staff meetings.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place which outlined everyone's responsibilities when reporting safeguarding concerns. Staff we spoke with understood the importance of raising concerns.
- One staff member told us, "I would contact the local authority myself if I thought someone was at risk of abuse."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Prior to the start of care provision an assessment of people's care needs and home environment was completed by the management team.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk.

Staffing and recruitment

- The registered manager told us how they understood the importance and difficulty of recruiting staff with the appropriate skills and competencies to meet people's needs.
- Recruitment processes ensured relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. One person told us staff were on time and they always knew who would be visiting to provide support.

Using medicines safely

- At the time of our inspection no one required staff to support them with their medicines.
- The registered manager told us, when required, regular audits of medicines documentation and observations of staff competency will be carried out to ensure safe administration and support of medicines.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.

- People told us staff wore PPE, which included masks, aprons and gloves. They told us staff frequently washed their hands and/or used hand sanitising gel.
- Staff were tested for COVID-19, consistent with government guidance.

Learning lessons when things go wrong

- Staff meetings were used to share information so lessons could be learnt to promote good practice.
- There was limited data available due to the amount of time the service had been providing care for people. However, the registered manager was aware of the need to analyse any data trends to improve care provided to people.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people began using the service, comprehensive assessments of people's needs and choices were carried out.
- We saw information from an initial assessment differed from information stated in a review, despite no change in support needs. The registered manager and nominated individual informed us information hadn't been recorded accurately and they would ensure increased accuracy and clarity of information within documentation moving forward.
- One person's representative spoke positively about the assessment process. They told us, "We had a discussion about all aspects of care and support, they [nominated individual] took time to listen and understand what was required."

Staff support: induction, training, skills and experience

- Staff told us they completed an induction and shadowing when they joined the workforce and had good knowledge of policies and people when asked. However, induction templates to document people were supported by competent, skilled staff had not been completed sufficiently.

We recommend the provider consider current best practice when completing records related to staff induction.

- One person told us staff effectively supported them with their needs.
- The registered manager confirmed staff were provided with specialist training relevant to people's needs if required. The nominated individual told us, "If we assess someone needs specific support, we will train staff so they can support people safely."
- Staff were supported to continuously develop. One staff member told us, "Management are so supportive of the studying I'm doing to help my professional development."

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

- Staff supported people to eat and drink to maintain their health and wellbeing, where required.
- One person told us, "I'm often in pain and weak one side so they [staff] help me cook."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and management communicated people's needs effectively in a timely manner. The registered manager and staff told us they discussed and recorded any new changes or concerns immediately to support people effectively.

- One person told us they were supported by staff to make and attend appointments to maintain their health.
- A health professional told us, "I found [Nominated individual] and their team to be very professional and communicated well, we worked together to support [person]."

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 MCA 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.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People, and where appropriate their representatives were involved in all decisions related to people's care.

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

- A small team of staff supported people who they had developed positive and supportive relationships with. Staff spoke fondly about the person they supported.
- One staff member told us, "We prepare [person's] food so they can cook with [family member] on a Sunday and eat a healthy dinner together."
- One person spoke positively about the support and care they received, "They're very kind, I have a child and they feel safe too."
- A professional told us how staff respected different ethnicities and cultural needs. They told us, "They [management] respect peoples different backgrounds and supported concerns around cultural sensitivity."

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

- The registered manager told us how staff worked effectively with management and other agencies supporting one person to maintain their dignity and ensured their preferences were listened to and respected.
- The nominated individual told us, "It is important to take time to listen and understand what people are asking of us so we can make sure we can support them fully."
- People and representatives told us they were fully involved in all decisions related to their care, both on a day to day basis and when their care package was reviewed.

Respecting and promoting people's privacy, dignity and independence

- Management knew the importance of recruiting staff who understood how to respect people. We saw discussions about how to respect people's privacy and dignity in interview notes and supervisions.
- Timely and flexible care was provided from consistent staff who understood individual needs to encourage independence.
- One person told us, "Yes, they [staff] respect my privacy, they are kind and patient."
- A staff member told us, "It is my job to help people feel empowered. I will support and encourage [person] to go out and live their life in full."

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

- The registered manager knew the importance of ensuring people and their representatives and/or family were involved in the planning of care provided. One social worker told us they met with the manager and person to build their care plan together.
- The nominated individual told us, "We carry out assessments to see if we can meet people's needs, we will not agree to support someone if our assessments identify we are not the right service for them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was unaware of the Accessible Information Standards. Nevertheless, initial assessments showed that people were asked if they had any communication and information needs relating to a disability or sensory loss and what support may be required.
- The nominated individual told us, "If people can't read or write we will find other ways to help support them to communicate with us."

We recommend the provider consider current guidance to ensure enough information is gained and documented in people's care plans to enable staff to support people's communication needs effectively.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care.
- The provider had a complaints policy and procedure in place. We were not able to assess the effectiveness of the policy because there hadn't been any formal complaints made to the service.
- The registered manager told us how staff were encouraged during their induction to listen and document complaints and all minor concerns as a way to monitor quality and drive improvements.

End of life care and support

- The registered manager was aware of the importance of documenting discussions about end of life care so staff can understand and comply with people's wishes.
- No one required end of life care at the time of this inspection.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a clear vision and philosophy for the service and told us, "We want to grow the service. A service that provides nice environments with caring staff who are genuinely interested in helping people to be part of the community."
- Staff reported a positive culture led by the registered manager and supported the service vision. Staff told us, "We are trying to give people a good quality of life. It's important to understand how people feel so we can do everything we can for people." And, "We are able to support people's wellbeing so they feel they can achieve their purpose."
- One person told us, "They [staff] have supported me, encouraged me, my confidence has grown to speak on the phone when I can."

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

- The nominated individual and registered manager understood duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to investigate and feedback on incidents, accidents and complaints. These systems had not yet been tested by formal complaints or incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager advised although there was limited documentation regarding how the quality of the service was monitored, this was due to the limited number of people being supported. However, the registered manager informed us it was managements intention for surveys to be sent periodically to staff, people and relatives and further analysed to understand the quality of the service and where improvements may be made.
- The nominated individual also supported people in their own home, which meant they had got to know them well and gained direct quality feedback. One person spoke positively of the staff and management.
- One person confirmed their views about the quality of the service were sought in person. The registered manager told us they provided opportunities for people and staff to engage in different ways i.e. online calls and face to face.
- All staff enjoyed working at the service and were confident in their roles and responsibilities. One member

of staff told us, "I really enjoy my work. [Nominated individual and registered manager] are always available whenever I need them and look after us like family. If I have any issue's I can call them straight away and they always call me to make sure I'm ok or need anything."

- The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

Continuous learning and improving care; Working in partnership with others

- The nominated individual and registered manager were both in the process of gaining leadership qualifications and spoke of their knowledge as the foundation of the service. The registered manager told us, "We are extremely confident at caring for people and knowing the right people to recruit, we are now gaining skills to be able to successfully lead."
- Systems and processes were still being embedded due to the service only providing care to a small number of people. Despite this one person, professionals and staff said the service is consistently well led.
- The registered manager had planned improvements, which included moving from paper-based records to an electronic monitoring and record system.
- When necessary, the registered manager worked closely with external health professionals to promote positive outcomes for people. We saw documentation that health professionals had been contacted to support one person's health. One health professional told us, "My dealings with them [management] have been very professional, and I have never had any reason to complain."