

Shalom Health Recruitment Ltd

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Inspection report

Unit 23 Essex Enterprise Centre
33 Noble Square, Burnt Mills Industrial Estate
Basildon
Essex
SS13 1LT

Tel: 01268206191

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30 March 2016

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

We undertook an announced inspection on 17 March 2016 with one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. We returned to the service with two inspectors on 30 March 2016. A meeting with the provider was held on 20 April 2016 to discuss our concerns.

At this inspection we found the service to be in breach of Regulations 12, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Shalom Health Recruitment Ltd provides a domiciliary care service and is registered to deliver personal care and treatment of disease, disorder or injury to people in their own homes. On the second day of our inspection, there were three people using the service and between two and four staff supporting them.

A registered manager was in place but was not available on the dates of the 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.

The service did not have appropriate systems in place to protect people from harm.

Staff recruitment processes were not robust and the necessary checks had not been undertaken to ensure staff had been recruited safely.

There were insufficient staff working at the service with the knowledge and skills to provide people with safe care and treatment.

The safe management of medicines was not in place with the required checks about the competence of staff skills and abilities.

Staff did not receive the required induction, training, supervision and support to undertake their role.

Processes were not in place to deal with people's concerns. Complaints made about the service were not dealt with appropriately.

Quality assurance arrangements were not carried out as there was no management of the day to day running of the service.

Risks to people's health and wellbeing were appropriately assessed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs.

People were supported to meet their nutritional needs with the input from family.

People were treated with kindness and respect by staff and their dignity was maintained. Caring relationships had been developed and people were involved in their care arrangements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Staff had not been recruited safely.

There were insufficient staff with the skills to provide people with safe care.

The safe management of medicines was not in place.

Is the service effective?

Inadequate ●

The service was not effective.

Staff did not receive the support and training they needed to carry out their role effectively.

Supervision and checks on staff were not in place to monitor their capability and understanding of the tasks they were required to undertake.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Processes were not in place to deal with people's concerns.
Complaints made about the service were not dealt with appropriately.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

Is the service well-led?

The service was not well led.

There was no overall management of the service.

Staff were not valued and did not receive the support and guidance needed to provide good care and support.

There were no systems in place to obtain people's views and to use their feedback to make improvements to the service.

Quality assurance systems were not in place.

Inadequate ●

Shalom Health Recruitment Ltd

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.

We undertook an announced inspection on 17 March 2016 with one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. We returned to the service with two inspectors on 30 March 2016. A meeting with the provider was held on 20 April 2016 to discuss our concerns.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the first inspection visit we spoke with the Director and the Human Resources Officer at the office location. On the second day of the inspection visit, we spoke with the Director and a member of the care staff again at the office location. We reviewed two people's care records, eight staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to three people who used the service and spoke with them and/or their relatives. We spoke to two staff and a health professional.

Is the service safe?

Our findings

We were unable to establish if there were sufficient staff with the right qualifications, skills and experience to keep people safe. The Director told us that they were continually recruiting care staff and nurses but that sometimes staff were waiting to start a course and therefore came and went frequently.

The Director told us that they were providing a service to two people. However, we were made aware of another person who was using the service. The Director, despite being asked on two occasions about the number of people using the service, had omitted to tell us that a third person was using the service. They told us they thought the service had been terminated in January 2016 whilst they were on leave of absence. However, the service was not terminated until March 2016 after our inspection.

The Director could not tell us how many staff were employed to care for people who used the service. They gave us a number of different lists of staff explaining at what stage in the recruitment process staff were at but not able to tell us exactly who was working for them in a caring role with people who used the service. They also told us that some staff used other names and were very confused about which staff used a different name whilst working with people who used the service. The information we gathered was confusing and inaccurate. We could not be satisfied that there was enough staff to care for the people who used the service safely.

We were informed about staff members who were working for the service but which the Director had not disclosed to us. When we asked about staff member, the Director denied any knowledge of them. Another staff member we were told had left the service some months previously which was found to be untrue.

Staff and people who used the service told us the names of staff who were working with them. One staff member denied knowledge of two of the staff we knew were working for the service and told us that another had left two weeks previously.

This is a breach of Regulation 12 (2) (c) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

The staff recruitment files we looked at were in disarray. Some staff files we requested could not be located at the office. The Director did not know where they were.

In the staff files we looked at we found an application form which detailed the person's education and employment history and relevant identification including a photograph of the person.

However, in six out of eight of the files we found that there were gaps in people's employment which were unaccounted for and the provider had not requested information relating to these gaps.

Two of the files had no Disclosure and Barring Service (DBS) checks (these are police checks which identify if prospective staff have had a criminal record or were barred from working with children or adults) and three

were out of date with no update service check on the file to show they were cleared and safe to work with people in the community.

Four out of eight of the files did not contain any references which had been taken up. Two of the files only provided a character references for the staff member and no references relating to their work experience. However, the Director did find copies of two people's references after our first visit and provided copies of these.

This is a breach of Regulation 19 (3) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed and Schedule 3

A safeguarding guidance policy and procedure was in place. No safeguarding issues had been raised to date by the service. The staff we spoke with were able to demonstrate knowledge and understanding of their role and responsibilities around safeguarding people and protecting them from harm. They told us they knew who and where to report any concerns should the need arise.

Peoples care records included risk assessments and the level of risk to the person was documented. The risk assessments were comprehensive and included aspects such as mobility, personal care, domestic activities, medicines, mental health and equipment. Risks within the environment were assessed and external and internal hazards recorded in order for staff and people who used the service to be kept safe. We saw that there were details of contact arrangements in place in the event of an emergency.

Regular reviews of care plans were undertaken to ensure that risk assessments were up to date and reflected the person's current needs. It was recorded where two staff were needed to assist a person and what tasks required two people to do so in order for the person to be made comfortable. People and their relatives told us that they had regular staff who provided consistent support but, on occasions when new staff came, they were not informed.

The Director told us that they had a medicine policy which had been updated in May 2015 by a company who specialises in compliance with the Health and Social Care Act 2008 Regulations. Whilst the policy said that staff can administer medicines to people, the Director told us that only she and the registered manager could administer medicines as staff were not sufficiently trained. However, they said that staff can assist and prompt people to take their medicines as currently everyone using the service was able to take their medicines themselves.

The Director was unable to tell us which staff were trained in assisting and prompting people with their medicines. We found evidence in one staff member's file that they had received training in March 2016 and the Director later found another certificate for a member of staff dated March 2015. As the Director was not able to tell us how many staff were currently employed in a caring role, we were unsure of the amount of the workers with the appropriate skills to undertake this task.

One of the staff we spoke with told us that the Director undertook checks of the Medication Administration Records (MAR) at people's homes to check if people were supported appropriately. However, on the second day of our visit, the same staff member told us that they themselves checked the daily records to make sure that people had their medicines correctly. These checks were not recorded as to each staff members' competence in assisting people with their medicines.

Whilst people and their relatives told us they were supported to take their medicine in the right way and at the right time, we were not satisfied that staff were sufficiently trained and skilled with regular checks in

place to ensure medicines were given safely.

People we spoke with and their relatives told us that they did feel safe with most of the staff they received care from. One relative said, "They are very kind people, [name] looks forward to their visits." Another said, "The majority of the staff I have are lovely and I do feel safe with them."

Is the service effective?

Our findings

The service did not have in place a process for training its staff. As the Director could not provide records of training for all staff who were currently working with people we were not assured that all staff had the necessary knowledge and understanding to work with people safely.

We saw that the majority of staff that we were aware of, had certificates showing training which had been undertaken in the mandatory subjects for working with people in the community, usually covered by their attendance at a one day course between 2014 and 2016. We saw that the Director and two care staff had updated their knowledge in the mandatory subjects such as safeguarding, manual handling, fire safety, health and food safety and infection control by attending a one day course in March 2016.

The Director had arranged a one day training course in moving and positioning people for April 2016. No other training had been planned. Other staff had not yet started or completed any online training to update their skills and knowledge. Only two care staff and the registered manager had completed online training, during the time of our inspection, on their responsibilities of the Mental Capacity Act (MCA) 2005.

We saw that three staff had completed some training in medicine awareness and administration during the one day course and one other staff had completed a one day awareness course. The Director confirmed that not all staff had undertaken medicine awareness and as people who currently used the service did their own medicines, this was not necessary.

The staff we spoke with told us they had an induction to the service which covered their role and responsibilities and that they shadowed other staff in meeting people who used the service and learning about their care arrangements. The staff files contained the induction process but as staff had not signed to say they had received this induction, we were unsure if it had taken place. One file confirmed that the staff member had received the service's handbook.

The Director told us that they had supervised one member of staff on a regular basis. Copies of these supervision sessions with the staff member were unavailable at the first visit to the service. We received by email a copy of the four sessions recorded during 2015/2016. The template for the session was an agreement to the process of supervision taken from the service's supervision policy. Whilst these sessions contained wording which talked about the values and qualities of supervising staff and being supervised, they did not contain any details about the work being undertaken, issues or concerns discussed, learning and training required in order to develop their role.

No other staff member had received supervision or an annual appraisal from the service. The care staff member we met at the inspection visit told us that they supported staff and checked their work but this was not done formally and was not recorded.

This is a breach of Regulation 18 (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014 Staffing

We saw that people's needs were assessed and recorded and information about them was available for staff to follow at the person's home. Family members had been involved in helping to formulate and assess the person's needs.

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 checked whether the service was working within the principles of the MCA. One staff member we spoke with had a good awareness of issues around capacity and consent and how they respected the person's wishes to be in control of their lives. A family member we spoke with said, "They are looking after my [name] well and they are kind." One person told us, "I generally do feel safe with most of the carers and they listen to my wishes."

Care plans outlined any specific guidance for staff caring for people who did not have capacity to make their own choices. People's records included information regarding their capacity to make particular decisions. We did not see that anyone had signed their care plan in agreement to their care arrangements. We asked if the care plan at the person's home had been signed, and we were told by the care staff member and the Director that they do not require that the care plan be signed. People and their relatives had told us that their consent was sought before any care and support was provided and that most staff acted upon their wishes.

People were generally positive about the service they or their family member received. One relative said, "All is in place and working well." One person said, "Sometimes, things work well and other times they just forget things and then I am stuck."

Where people required assistance with food and drink, staff prepared a meal or snack of their choice. We were told that the staff gave choices about what the person wanted to eat and drink. Where staff needed clear instructions about cooking food appropriately, this was added to the person's day to day care plan by the family. One person said, "The staff have different abilities and knowledge about what to cook so what I have sometimes depends on who is cooking that day." One relative said, "They put in the book what [relative] has had so we know they have eaten that day."

People were supported to maintain good health and have access to healthcare services. The Director told us they had good links with health professionals. They had liaised with the hospice nurses about people's end of life care arrangements when they had been supporting people in this way and recently arranged with the stoma care nurses to do training for their staff in stoma care in order to meet a person's needs.

Is the service caring?

Our findings

People who used the service and their relatives told us that the staff were caring, kind and considerate. People were generally happy with the way in which their care was provided. A family member said, "The carers are always nice and friendly. My [relative] is very happy to see them."

The assessment of the person's needs, either at their home or whilst they were in hospital, was done in a caring and sensitive way and people were listened to about what they needed. Their views were taken into account in the development of the care plan.

Relatives told us that the staff had got to know their family member very quickly when the service first started. Staff greeted people warmly, enquired about their health and asked how they were feeling. This was especially true for those receiving end of life care. The feedback from relatives in relation to the care received at this time was very positive. Comments included, "I found Shalom carers went above and beyond their duty and nothing was too much trouble. They were very courteous and caring." And "Excellent service and very friendly. My [relative] was well cared for and made to feel safe."

The staff members we spoke with talked about people in a very warm, caring and respectful way. They knew people's individual needs and personalities, their day to day routine, and how they liked their care to be provided. One person told us, "Most of the carers I have are very nice, they are kind and friendly. They ask what I need and we have a chat before they get on with things."

We were told by relatives that the staff encouraged people's independence and enabled them to make choices and maintain some control over their lives where possible. For example, support with using a walking frame, a prompt to remind them to take their medicine and asking what they would like to eat for their meal. One family member said, "When they come, they don't rush and spend time with us."

The service was proactive in getting the help and support people needed from outside agencies to support people's independence. The staff member we spoke with told us, "We work closely with the district nurses, stoma care team and with the hospice nurses to make sure people get what they need."

Is the service responsive?

Our findings

People who we spoke with and their relatives were not aware of the people responsible for the management of the service in order to make a complaint. One person told us, that if they had any complaints or concerns they would contact a particular member of the care staff. Another person told us they would contact the manager but did not know their name.

The Director had told us that they did not have any complaints outstanding. After discussion, they told us that they had been dealing with a small number of issues which had been resolved but that they had not seen these as complaints so had not logged them as such. After the inspection, the Director collated four complaints and sent us a log of the comments/complaints which showed that these had been resolved satisfactorily.

At the second inspection visit to the service, information had come to light that a number of verbal complaints had been dealt with by a staff member who had not recorded the details of the complaints or the outcomes for the person and the family. The Director told us they had been aware of these complaints.

A written complaint was also being investigated by the staff member in the service without the knowledge of the Director. The staff member told us that due to the absence of the Director of the service as well as the registered manager that they had taken it on themselves to deal with this complaint directly. They said that the complaint was being dealt with and some improvements had been made to the person's care arrangements but they were still in discussions with the person and their family. The Director had not taken responsibility for dealing with this complaint but had left it to the staff member to resolve.

This is a breach of Regulation 16 (2) (b) of the HSCA 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

Information was provided to people about the service in a way that they understood. An assessment was undertaken in response to an initial enquiry from an individual or a referral from a health or social care professional. Information about people and their requirements was discussed so that a tailored package of care could be accommodated.

The Director of the service told us that they provided a fast response service for people who needed their support quickly. Referrals from the Clinical Commissioning Group (CCG) to support people at the end of their life had been fulfilled quickly so that people and their families were supported at such a difficult time. Information given by one healthcare professional said, "We do use the service fairly regularly and have not had any complaints around the care provided."

The care plans we saw were individual and personalised. They covered all aspects of a person's individual needs, circumstances and preferences. This included details of any personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. Plans were in place to review people's care on a three monthly basis and we saw that a review had

taken place where a change in a person's arrangements was needed. This meant that staff had the necessary information to provide up to date care and support.

Most people were happy with the care and support provided by Shalom Health Recruitment Ltd. The staff responded to their needs in an individual way and respected their preferences and likes and dislikes. People told us that they felt included and consulted and that any amendments to the care arrangements and support were actioned in accordance with their views and wishes. One relative said, "They were very good at sorting the care out quickly for us."

The service promoted people's independence and supported them to maintain their standard of living. People were able to choose the gender of the care workers who provided the care and to make choices and decisions about their day to day lives. One person told us about when they needed assistance and a care staff member responded quickly to their call which was out of usual hours. They said, "[Name of staff member] came out and made me more comfortable again. It was lovely of them to do that and I felt very supported by them."

Is the service well-led?

Our findings

The Director was not aware of the day to day management or the running of the service. They told us they had been absent from the service since January 2016 and had recently taken over again from the registered manager who had taken leave. Only one staff member had had any contact with the registered manager since starting work at the service. The staff member we spoke with said that the registered manager was 'at the end of the phone' should they need to discuss anything with them.

However, after discussions with the staff member and the Director it was established that the staff member had been managing the care arrangements, managing staff and dealing with complaints. It was not clear that a formalised arrangement for this to take place had been agreed.

The Director did not appear to understand their role and responsibilities of being a registered provider or the role and responsibilities of the registered manager in providing a quality service to people, their relatives and the staff. For example, a care staff had written a letter on behalf of the company cancelling the service for one person in March 2016. The Director was not concerned that a member of staff had written the letter in the name of and on behalf of their company but thought this service had been cancelled in January 2016. They had not checked nor had the registered manager checked in their absence during this period.

We were told that a business meeting had taken place with the Director, registered manager and staff member in January 2016 and March 2016 regarding the future of the service. The staff member told us that notes were taken but they were not in the office. The Director gave us a copy of these handwritten notes at the provider meeting we held with them. These notes provided very little information about the business discussed and the outcomes and actions from the meetings.

We saw that there was no quality assurance systems in place to monitor the quality of the service for people who used it or for staff. Spot checks of staff competency in their role and responsibilities or in providing moving and positioning or medicine assistance, had not been completed to ascertain if they were providing a safe quality service to people.

The views of people and their relatives had not been gathered to monitor how the service was for them and what improvements could be made. After our first inspection visit however, the Director had obtained satisfactory feedback from six people who used the service. We saw that the hand written responses to the surveys were generally positive.

We asked to see the care plan records of people who had received a service during the past year. We were given two care plan folders of the current people being provided with a service. The Director told us that the records of people who were not currently receiving a service were not available but they did not know where these records were being held at the time of our inspection. However, at a later date the Director advised us that they had had difficulty retrieving the daily notes and records from the families of people who had received end of life care.

Whilst there were filing cabinets available in the office, we could not be assured that information about people who used the service and staff was kept confidential and accessible should it be needed.

Staff recruitment and training records were incomplete and had not been checked to ensure they contained all the relevant information to ensure that staff were safely recruited and sufficiently trained.

This is a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the HSCA 2008 (Regulated Activities) Regulations 2014 Good governance