

RRC (GB) Ltd

Eagles & Shofar Homecare Support

Inspection report

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Date of inspection visit:
28 April 2016

Date of publication:
02 June 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

Eagles and Shofar Homecare Support was first registered with the Care Quality Commission (CQC) in April 2014 and this is the first inspection of the service since registration. This inspection took place on 28 April 2016 and was unannounced.

Eagles and Shofar Homecare Support is a small domiciliary care agency which provides personal care and support to people in their own homes. At the time of our inspection there was one person receiving personal care from this service, which they were funding directly.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe when receiving care and support from the service. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. There was a procedure in place for all staff to follow to ensure concerns were reported to the appropriate person and authorities.

There were appropriate plans in place to ensure identified risks to people were minimised. Staff had a good understanding of the specific risks to people and what they should do to minimise these to keep safe particularly when they received care and support.

There were enough suitable staff to care for and support people. The registered manager planned staffing levels to ensure there were enough staff to meet the needs of people using the service. They carried out appropriate checks on staff to ensure they were suitable and fit to work for the service. Staff received relevant training to help them in their roles. They were supported by the registered manager and provided with opportunities to share their suggestions about how people's experiences could be improved.

People and their relatives were involved in planning the care and support they needed. Staff had access to information about how people wished to communicate to help them understand what people wanted or needed in terms of their care and support. There was good information for staff on how people's care and support needs should be met. People's support plans reflected their specific needs and preferences for how they wished to be cared for and supported. Staff knew people well and what was important to them in terms of their needs, wishes and preferences. People's needs were reviewed regularly by the registered manager to check for any changes to these.

People were encouraged to eat and drink sufficient amounts and supported to keep healthy and well. Staff ensured people were able to promptly access healthcare services when this was needed. They made sure

people received their prescribed medicines promptly.

Staff ensured that people's right to privacy and to be treated with dignity was respected. They knew how to provide care and support in a dignified way and which maintained people's privacy at all times. Information about people was kept securely. Staff were prompted to encourage people to do as much for themselves as they could. They only stepped in when people could not manage tasks safely and without their support.

People were satisfied with the support they received from the service. They knew how to make a complaint about the service. The provider had arrangements in place to deal with any concerns or complaints people had in the first instance. However people were not given the right information about how they could take their complaint further. The registered manager was taking action to rectify this.

The provider promoted a culture within the service that was open and transparent. People, relatives and staff were provided with opportunities to share their views about the quality and standards of the service. The registered manager had a good understanding of their role and responsibilities. They carried out unannounced spot checks, quality visits and reviews of the service to assess the quality of care and support people received.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives to make these decisions in people's best interests.

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. Staff knew how to recognise the signs that could indicate people were at risk of abuse and how to report any concerns to ensure people were sufficiently protected.

There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work for the service.

Known risks to people's safety and welfare were minimised and managed by staff to keep people safe from injury and harm. People received their prescribed medicines promptly.

Is the service effective?

Good ●

The service was effective. Staff received relevant training and support to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the MCA 2005. Procedures were in place to ensure when complex decisions had to be made the registered manager involved relatives to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good ●

The service was caring. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

Staff had access to information about how people wished to communicate to help them understand what people wanted or needed in terms of their care and support.

Staff respected people's right to privacy and to be treated with dignity. Information about people was kept securely. People were encouraged to do as much for themselves as they could. Staff only stepped in when people could not manage tasks safely and without their support.

Is the service responsive?

Good ●

The service was responsive. People and their relatives were actively involved in planning their care and support. Their needs were assessed and support plans set out how these should be met by staff.

People were satisfied with the care and support and they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people had in the first instance. However people were not correctly informed about how they could take their concerns or complaints further.

Is the service well-led?

Good ●

The service was well led. There was an open and transparent culture in which people, relatives and staffs were encouraged to share their views about how the service could be improved.

The registered manager had a good understanding of their role and responsibilities. They carried out unannounced spot checks, quality visits and reviews of the service to assess the quality of care and support people received.

Eagles & Shofar Homecare Support

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 checked 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 inspection took place on 28 April 2016 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we reviewed information about the service such as notifications about events or incidents that have occurred, which they are required to submit to CQC.

During our inspection we spoke with the registered manager. We looked at records which included one person's care records, two staff files and other records relating to the management of the service.

After the inspection we spoke with a relative of one of the people using the service and asked them for their view and experiences of the service.

Is the service safe?

Our findings

Staff working at the service were supported and encouraged to take action to protect people from abuse or harm. They had received training in safeguarding adults at risk. This helped them to identify situations or circumstances in which people may be at risk of abuse and the action they must take to ensure people were sufficiently protected. There was a reporting procedure in place for all staff to follow which outlined how and when to report their concerns and to whom. The registered manager was clear about their responsibilities for reporting any concerns about people immediately to the appropriate investigating local authority to ensure people would be appropriately protected.

A relative told us their family member was safe when receiving care and support from the service. Records showed plans had been put in place to protect people from identified risks to their health, safety and wellbeing. The registered manager carried out assessments of risks posed to people due to their specific health care conditions and medical needs. They then used this information to develop guidance for staff on how identified risks would be minimised particularly when people were being supported. The registered manager, who was actively involved in providing people with care and support, had a good understanding of the specific risks posed to people using the service and what they should do to minimise these.

There were enough suitable staff to care for and support people. Records showed the registered manager planned the staffing rota for the service in advance to ensure people using the service received the right level of support at the times agreed. Rota's were shared with staff in advance so that they were aware when they were scheduled to provide the agreed care and support to people.

The registered manager carried out checks on staff to ensure they were suitable and fit to work for the service. Records showed checks were carried out and evidence was sought of; their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and evidence of previous work experience such as references from former employers. Staff also completed a health questionnaire so that the provider could assess their fitness to work.

Staff ensured the people were appropriately supported with their prescribed medicines. Records contained information for staff about people's medical history and how, when and why they needed the medicines prescribed to them. Staff recorded each time they supported people with their medicines so that there was a clear record of how much and when these were given. Staff received training in safe handling and administration of medicines. Their competency was assessed by the registered manager through spot checks which enabled them to identify any issues or concerns about their practice.

Is the service effective?

Our findings

A relative told us staff appeared trained to meet their family member's needs. They said, "The staff understand my [family member's] needs, such as dementia. [Family member] can be quite challenging, they deal with that well." Training records showed all staff employed had attended training in topics and areas appropriate to their work. This included specialist training for all staff in areas such as dementia awareness, fluid and nutrition and continence care, to help them support people effectively. The registered manager monitored training needs through one to one meetings (supervision) with staff. This enabled them to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date.

New staff could not work unsupervised with people until they successfully completed a programme of induction. At the time of this inspection a new member of staff, in addition to formal training, was shadowing more experienced colleagues to gain knowledge and experience of their role and the needs of the person being cared for. The registered manager reviewed their progress through supervision meetings, spot checks and feedback from colleagues and relatives. They told us once they were satisfied the member of staff had achieved the required level of competency they would be ready to work unsupervised.

People were cared for by staff who were supported in their roles by the registered manager. Records showed staff attended a supervision meeting every two months with the registered manager in which they were encouraged to reflect on their working practices, discuss work issues or concerns and any learning and development needs they had.

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. Any application to do so for people living in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Records showed the registered manager assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions, people involved in their care, such as family members and healthcare professionals would be involved by staff in making decisions that were in people's best interests. The registered manager and staff had received training in the MCA so they were aware of their roles and responsibilities in relation to the act.

Staff encouraged people to eat and drink sufficient amounts to meet their needs. A relative told us, "They ask what [family member] wants for breakfast. If [family member's] not in the best of moods and says doesn't want anything they still prepare [them] something to eat anyway, they don't just leave [family member] hungry." Records showed good information about people's nutritional needs which took account

of their healthcare conditions as well as their specific likes and dislikes for food and drink. Staff used this information to support them to eat meals which met their specific needs and preferences.

Staff supported people to stay as healthy and as well as they could. If they had any concerns about their health and wellbeing they took prompt action to ensure the person received the appropriate assistance and support they needed. A relative said, "If something out of the ordinary happens I receive a call at work. Or if they have a concern such as my [family member] being unwell. They will call the emergency services or GP if my [family member] is unwell then they let me know. They definitely act promptly if [family member] needs medical attention." Staff documented in daily records the care and support they provided. This gave important information about people's current health and wellbeing to everyone involved in providing them with care and support at home.

Is the service caring?

Our findings

A relative described staff as "very caring." The registered manager demonstrated a very good understanding of the specific needs of people that used the service. They explained to us in detail the support people required and why. They knew people's life histories, their likes and dislikes, their interests and hobbies and demonstrated flexibility in responding to people's specific wishes.

People's records provided information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support.

The registered manager had arrangements in place to ensure people could access information and communicate with the service in a way that suited their specific needs. For example, information could be made available in Braille or in large print where people requested this.

Staff ensured that people's right to privacy and to be treated with dignity was respected. The registered manager ensured records were kept securely so that personal information about people was protected. All staff working at the service signed a confidentiality agreement, agreeing to keep information about people, safe and secure. The registered manager was discreet and respectful when discussing personal information about people. They demonstrated understanding and sensitivity when discussing how people were supported with personal aspects of their care so that their privacy and dignity was maintained at all times.

People were encouraged to be as independent as they could or wanted to be. People's records prompted staff to support people to do as much as they could for themselves with staff only stepping in when people could not manage tasks safely and without their support.

Is the service responsive?

Our findings

A relative told us they and their family member had been involved in planning the care and support their family member needed. They said, "They definitely involve my [family member] even on everyday things." Records showed the provider discussed with people and their relatives, prior to them using the service, the care and support they required from staff to support them to meet their care and support needs.

Using the information from these discussions the registered manager had put plans in place for how people's needs would be met. There was information available to staff about people's specific likes, dislikes and preferences for support. This enabled staff to ensure people received support that was personalised and based on their choices. Staff were encouraged to ensure people received appropriate stimulation and engagement wherever possible. They had access to information about people's hobbies and interests to encourage people to pursue these if they wished.

People's care and support needs were reviewed with them. The registered manager had recently undertaken a review with one person and their relatives to check if current arrangements continued to meet their needs and if changes were required. The registered manager was in the process of updating the person's support plan and risk assessments to reflect what had been agreed at the review meeting by the person and their relatives with regard their on-going care and support.

A relative told us they were satisfied with the care and support their family member received. They said, "I'm so happy with the service. I'm able to have some form of normality because of the team looking after my mother. If the staff weren't good I wouldn't be able to say that and be as content as I am." They told us they knew how to make a complaint about the service as the registered manager had made them aware of the complaint procedure.

The complaint procedure, explained how any complaint people made would be dealt with by the service. The registered manager was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised. However we noted information for people about what they could do if they remained dissatisfied was misleading as it advised people to contact CQC in this instance. We discussed this with the registered manager who said they would update the procedure to reflect where and how people could take their complaint further if they wished.

Is the service well-led?

Our findings

The registered manager encouraged a culture within the service that was focussed on open and transparent lines of communication. A relative told us, "The management are very approachable. If I have any concerns I can go direct to staff at my home or to management." Staff were encouraged through their supervision meetings to challenge current work practices particularly where these fell short of required standards. The registered manager used these meetings to ensure staff were clear about their role and responsibilities for ensuring people experienced good quality care and support.

The registered manager sought the views of people and their relatives about their experiences of the care and support they received. They did this through review meetings, providing people with opportunities to make suggestions about how the service could be improved. Staff were also provided opportunities through supervision and team meetings to discuss their suggestions and ideas for how the service could be improved.

The registered manager carried out unannounced spot checks and quality visit to people's home to check the quality and standard of care and support provided by staff. People and their relatives could feedback their views about the service through this process to the registered manager. Recently completed spot checks showed no issues or concerns about the care and support provided by the service had been identified.

There were other arrangements in place for checking the quality and safety of the service that people experienced. The registered manager carried out a six monthly review of key aspects of the service such as checks of; people's care records to ensure these contained up to date information about people's care and support needs, other records related to the management of the service, and staff training needs. Records showed no issues had been identified at the last review in September 2015.

The registered manager had a good understanding of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to submit notifications of events or incidents involving people who use service.