Shiloh Healthcare Services Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Shiloh Healthcare Services Ltd is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were five people who received personal care at the time of the inspection. 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.

People's experience of using this service and what we found
Some improvements were required to the provider's records relating to the management of the service and people's care records. Audit processes had sometimes, but not always led to improvements. The provider had policies in place for the duty of candour and for other governance and management functions of the service. Processes were in place to ensure any accidents and incidents were reported and investigated. Person-centred care was promoted by the service and people, relatives and staff were engaged and involved.

There were enough staff to meet people's needs and staff had enough time to care for people safely. Checks had been made on the suitability of staff to work in care. Checks were in place to ensure people's medicines were administered safely and risks from infection reduced. People's care needs were assessed, and their safety monitored. Systems were in place to help reduce the risk of abuse.

People's care needs were assessed. Staff were trained and supported to provide care that met people's identified care needs. Where care staff helped people with their meals and drinks, care plans identified their preferences and needs. Care staff worked effectively with other health care professionals involved in people's care.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care staff were described as calming, soothing and happy. People's privacy and dignity was respected, and their independence promoted. People were supported to express their views, and these were reflected in their care plans.

People had control over their care and their choices were respected. People's communication needs were met. Care staff had developed positive relationships with people and their relatives. Care staff supported people with any advance care plans where they had chosen to discuss this with staff. Complaints processes were in place to ensure any complaints were investigated and resolved.

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 27 September 2019 and this is the first inspection. The service has not operated continuously since it first registered. It re-started providing personal care in November 2020.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Shiloh Healthcare 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 Care Act 2014.

Inspection team
This inspection was completed by one inspector.

Service and service type
Shiloh Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing, who at the time of the inspection lived in Derby and Derbyshire. The service was supporting five service users. There was a registered manager at the time of this inspection. The registered manager was also the provider. Both roles are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one day's notice of the inspection. This was because we needed to be sure that arrangements could be made for us to review records in the office.

Inspection activity started on 7 June 2022 and ended on 10 June 2022. Phone calls were made to people and their relatives on 8 June 2022. We spoke with care staff on 8 and 9 June 2022. We visited the office location on 7 June 2022. We continued to review evidence the registered manager sent us until the 10 June 2022.

What we did before the inspection

We used information received about the service since it registered with the Commission. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We reviewed a range of records including the relevant sections of three people's care records and two people's medicine records. We looked at three staff files in relation to recruitment. We reviewed other records related to the management and governance of the service, including policies, quality audits and staff training records.

We spoke with three relatives of people who used the care service. We spoke with three care staff and the registered manager. We spoke with one healthcare commissioner.

What we did after the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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.

Staffing and recruitment

● The registered manager had completed checks on care staffs' suitability to work in care. Checks included reviews of previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Some recruitment records required improvement to clearly show the risk assessment process the registered manager had undertaken. They sent us evidence of how this would now be completed.

● Relatives spoke highly of the care staff. They told us they arrived when expected or would telephone if delayed by traffic. One relative told us, "I'm very impressed with the staff who care for [name of person], they have proved to be first class."

● People received care from regular care staff and told us they did not feel their care was rushed. One relative told us, "They don't rush [person], they are very encouraging, they will say, 'let's start again'." Care staff told us they had enough time to provide people's care at their own pace. There were enough staff to safely meet people's needs.

Using medicines safely

● Care staff had recorded when they had administered any medicines prescribed to people on medicines administration record (MAR) charts. The registered manager used paper as well as electronic MAR charts. Paper MAR charts were up to date, however we found one person's electronic MAR was not. We made the registered manager aware so they could update this.

● Not everyone received support with their medicines. Where this was provided relatives told us they were satisfied this was managed safely.

● Care staff had been trained in administering medicines and had their competence to safely administer medicines checked.

Assessing risk, safety monitoring and management

● Assessments were in place to help staff monitor people's safety and reduce risks. We found some updates were required to two people's care plans. The registered manager completed these and sent them to us as part of this inspection.

● Relatives told us how care staff monitored and managed people's safety and reduced risks. One relative told us, "[Care staff] help us four times a day and always move [name of person], they make regular checks on [name of person's] skin."

● Risk assessments were in place for people's health and care needs. For example, moving and handling assessments to help people transfer or reposition safely.

Systems and processes to safeguard people from the risk of abuse

● Relatives told us, they felt care staff promoted people's safety and they felt safe with them. One relative told us, "Oh yes, definitely safe. [Name of person] has definitely got a rapport with them and is very comfortable with them."

● Systems were in place to help protect people from the risk of abuse. People had been given information on how to report any safeguarding concerns in their service user guide. Care staff had been trained in safeguarding and understood how to identify and report any concerns. Policies on safeguarding and whistleblowing were in place. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Preventing and controlling infection

● We were assured that the provider's infection prevention and control policy reflected the latest guidance.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider was promoting safety through hygiene practices in people's homes.

Learning lessons when things go wrong.

● Care staff knew how to report an accident, incident or near miss. We reviewed one incident that had been reported. This had been reviewed by the management team to understand what had gone wrong and what had worked well. This showed the service looked to learn lessons from when things had gone wrong.

Good

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

- Assessments were in place for people's health and care needs. Relatives told us these were discussed with them. One relative said, "[Registered manager] came and did a full assessment for the care plan." Relatives told us copies of their care plan were left in their home.
- Assessments considered people's equality characteristics and how these could be met. For example, they identified one person needed their hearing aid and glasses. Assessments were completed in line with guidance.

Staff support: induction, training, skills and experience

- Relatives told us they felt care staff had the skills and training to provide effective care. One relative told us, "I'm very happy with the care, they are very proficient. The occupational therapist came to make sure they could use the hoist and they could, they were proficient already."
- Care staff told us they felt the training had equipped them for their role. One care staff told us, "The training was very effective, I have worked in care before, but this training was very good, and we covered all the main areas."
- When care staff were new to care they completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Not everyone received support with meals and drinks. Where they did, they told us they were happy with how this care was provided.
- Care staff told us when they did help people with meals and drinks their preferences were always followed. We saw this was reflected in people's care plans.

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

- Relatives told us other health care professionals were involved in providing effective care to people. For example, district nurses and occupational therapists. They told us communication between the care staff and these other professionals worked well. One relative told us, "They've done brilliantly, they've talked with other professionals regarding [person's care] when needed and we relay messages between us." Another relative said, The district nurses come every other day and they talk with each other at the visits."
- People's care plans reflected other involvement from health care professionals and how to contact them.

Care records showed care staff had noticed any changes in people's skin and had involved the district nurse team so people could receive effective skin care.

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 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. 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.

- A policy on the MCA was in place and this helped to ensure people's care was provided in line with the law and guidance.
- Care staff had been trained in the MCA. Care staff regularly recorded they had gained people's consent before they provided any personal care in their daily care records.

Good

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

- Relatives told us how caring they found the care staff to be. One relative told us, "They are very calming people, very soothing, they have given reassurance to my [relative], they are very, very good." Another relative told us, "The care staff are always very happy. If [person] is at all down they always manage to get them happy again."
- People were provided with information on their equality and diversity rights in the service user guide. People could also choose male or female care workers for their personal care. This helped to ensure people felt well-supported and respected.

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

- Relatives told us how care staff listened to their family members and respected their views. One relative said, "Yes, we are asked for our views." Another relative said, "We've been able to change the care plan and they have been willing to change the time of one call to suit us better."
- Assessment processes captured people's views and choices, and these informed their care plans. Relatives told us they were regularly asked whether the service met their needs and felt able to discuss any changing needs. One relative said, "The [registered manager] sends me emails asking if everything is okay, they are very professional."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us care staff promoted people's privacy and dignity. Care staff we spoke with told us how they did this. One care staff told us, "When we enter client's rooms, we make sure the blinds are closed. We work in pairs of male and female staff so female staff provide personal care to female clients, and we make sure people are covered well."
- Care staff told us they supported people to be as independent as possible. One care staff told us, "When helping with washing, we will encourage people to wash their own face if they can do this." Other care staff told us how they helped people keep practicing movements after they had been assessed by a physiotherapist. Care staff promoted people's independence skills.
- Policies and procedures were in place to help promote people's dignity and choices. The registered manager had completed an audit of people's care plans against best practice indicators to help ensure care was planned to support people's dignity.

Good

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 as 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

- Relatives told us their family members had choice and control. One relative told us, "We can get changes, we were not happy with the first mattress [name of person] had and Shiloh helped us organise getting it changed."
- Care plans were personalised and reflected people's choices and preferences. For example, what their preferred toiletries were or what name they preferred to be known by.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans stated people's communication preferences. Relatives told us people's communication needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us care staff had created positive relationships with them and their family members. One relative told us, "[Care staff] come and engage fully with [name of person], they laugh and joke together." Care staff told us they enjoyed working with people and spoke warmly about the people they supported. One care staff told us, "They are very lovely, always eager to see us, we like to put a smile on their face."
- Care staff took steps to help people follow their interests and hobbies and avoid social isolation. One care staff member told us, "They are always willing to chat about their past, always able to tell us about their life, what they like and they get their albums out and show us their photos, I love working with them." Another care staff spoke to us about the relationship they had built up with one person and how they made sure their care was planned so they could watch their favourite television programme. They told us, "We make sure we can watch that, they love it so much."

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint but had no need to. One relative said, "I have no complaints at all." Information had been given to people in their service user guide on how to make a complaint.
- A complaints policy was in place and one complaint had been received, investigated and resolved by the registered manager. Another issue had been addressed by meeting with the person and their relative to

work out improvements. Systems were followed to ensure the quality of care improved in response to feedback.

End of life care and support

● Assessment processes were in place to help record people's wishes for their end of life care. Not everyone had chosen to discuss this in depth at the assessment stage. The registered manager said people could choose when they wished to discuss this at a later stage if this felt appropriate for them to do so.

● Care plans recorded where other health and social care professionals were involved in supporting people towards the end of their life. For example, this included details of any anticipatory pain relief medicines that were available.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture the created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Some improvements were required to the way records were managed, including for recruitment and people's care plans.
- The registered manager had implemented a new electronic care records system. Some records made on the previous system were not available for us to review at this inspection. The registered manager told us they were working to retrieve the records made on the previous system.
- The registered manager had audited paper medicines administration record (MAR) charts. We found topical MAR charts had not always had directions for where skin creams should be applied. We found discrepancies between the electronic MAR and paper MAR. We were unable to see if these had been audited as the registered manager had not recorded the specific checks they completed as part of the audit. They told us they would record the specific audit checks and review the systems they used for MAR charts going forwards.
- Quality audits had been completed on staff competence, the delivery and quality of care. These showed checks were made on the quality and safety of care provided. However, not all audits had resulted in improvements. This meant quality assurance processes were not always effective.
- A business contingency plan was in place. This clearly outlined roles and responsibilities and what actions to take should an event impact on the running of the business.

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; Continuous learning and improving care

- A duty of candour policy was in place. This provided guidance on how to meet this legal duty should things go wrong.
- No accidents or incidents had occurred. However, care staff knew how to report any accidents and incidents for them to be reviewed and investigated.
- The registered manager had investigated complaints and incidents in a way that identified what had gone wrong, what had worked well and what lessons could be learnt to further improve services going forward.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Shiloh healthcare services promoted a positive and person-centred approach to care where people experienced positive care outcomes. Relatives spoke highly of the care and the positive impacts care staff

had on their loved ones. One relative told us what a difference it made for their loved one to be patiently helped to walk and spend time in other areas of their home.

● People and relatives were given opportunities to regularly engage with the service and give their feedback. We saw many feedback forms completed by people and their relatives with positive feedback about their care. Relatives we spoke to confirmed they were regularly asked if they were satisfied and told us they were. One relative told us, "They check up on us on a regular basis. Staff and managers are all very professional."

Working in partnership with others

● Details of others involved in people's care were recorded in their care plans and known by care staff. One care staff told us, "We have input from district nurses. We work very well together, like a collective team." Commissioners we spoke with as part of this inspection told us Shiloh Healthcare Services were good at communicating and making them aware of any issues.

● Care records showed other professionals had been involved in helping provide good care outcomes to people. For example, we saw input from district nurses and occupational therapists.