Shalom Health Recruitment 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?	Good

Summary of findings

Overall summary

We carried out a previous comprehensive inspection on 17 March 2016 at found five breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. These breaches were in relation to safe care, complaints, governance, staffing, employment and recruitment processes, following this inspection the service was placed into special measures.

We carried out a further inspection of this service on the 9 November 2016 and found that the provider still required improvement in some areas and were still in breaches of some of the legal requirements. After the inspection the provider told us what action they would take. We undertook a further inspection on the 6 June 2017 and found that the provider had made improvements and the legal requirements were now being met.

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 day of our inspection, there was one person using the service who was being supported with palliative care by four members of staff. We were able to speak with relatives whose loved ones had used the service over the last year. They were able to comment specifically on the care provided to people at the end of life in their own homes.

At the last inspection we found that improvements needed to be made around the recording of risks and how to mitigate them to ensure people received safe care. We found that care plans were not sufficiently detailed or personalised to provide an accurate description of the person's lifestyle, and support needs. At this inspection we found that improvements had been made to these areas.

A registered manager was in place. 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.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to support people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing support.

Staff knew how to minimise risks and provide people with safe care and there were procedures and processes which guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

People's relatives told us they were aware of how to make a complaint and that the registered manager listened to them and was interested in their views.

Systems were in place for people to be supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible. Policies supported this practice.

The person that was being supported at the time of the inspection did not require help to meet their nutritional needs, however systems were in place to support people to eat at a time and in a way that they choose.

A quality assurance system was in place and as a result the service continued to develop and improve. We recommended that the registered manager reviews the resources available on the skills for care website, to support them to develop their understanding of quality assurance. We also recommended that the registered manager looks at ways they can access shared learning opportunities and develop their knowledge around best practice.

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 supported people to minimise risk and stay safe.

Sufficient staff were deployed to meet people's needs.

Systems were in place so that staff could support people to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervision.

Systems were in place to ensure that staff could support people to eat and drink in line with their preferences.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff knew people well and relatives told us they treated people with compassion.

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

Is the service responsive?

Good

The service was responsive.

Staff met people's care needs in a flexible way.

Staff received detailed guidance about how to meet people's care needs.

People's concerns were dealt with effectively.

Is the service well-led?

Good

The service was well led.

Staff were encouraged and well supported by the manager and were clear on their roles and responsibilities.

Audits were completed to assess the quality of the service and these were used to drive improvement.

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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 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 the 6 June 2017 and was announced. 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. This inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Before the inspection we looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we visited the office location and spoke with the registered manager and the care coordinator, both of whom owned the company and provided direct care to people. We spoke with a staff member and one relative of a person who was currently using the service. We also spoke with three relatives of people who no longer used the service but had used the service since the last inspection. At the time of the inspection there was only one person using the service, so we reviewed information about the care they received. We also reviewed three staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

At our last inspection, we found the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because risks to people's health and well-being were not always documented when they had been identified. For example, information was not available about the care needed to be given in relation to developing pressure ulcers. There were no processes in place so that this area could be monitored for changes or deterioration. Where creams were needed, it was not recorded where they should be applied, what the cream was or where it was stored. This meant that people were at risk if staff did not know the correct ways to provide this care.

At this inspection we found improvements had been made. The registered manager had procedures in place to maintain the person's safety. Risks were identified and assessed with actions put in place to limit these. For example, risk assessments looked at aspects such as mobility, personal care, domestic activities, medicines and allergies, mental health and equipment.

Relatives told us staff turned up on time and stayed for the duration of the visit. One relative told us the staff were, "Punctual. They never failed to turn up." Another relative said, "They don't check their watch. They had it right they came at the same time every day. They were very reliable."
There were enough staff with the right skills and experience to care for the person who was receiving the service and the registered manager had developed a system to record when a missed or late visit had occurred. We noted that these had been minimal and had not resulted in any harm. At the time of the inspection, as there was only one person who received a service, the registered manager told us that if the business expanded, they would purchase an electronic monitoring system to help them produce staff rota's to have further systems in place to limit risks of missed or late calls.

Systems were in place for the safe recruitment of staff. Checks on the recruitment files for three members of staff showed they had completed an application form, provided a full employment history and that the registered manager had checked that they were eligible to work in the United Kingdom. The registered manager had also undertaken a Disclosure and Baring Service Check (DBS) before they had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal records and if they are barred from working with people who use health and social care services.

Relatives told us people felt safe and were supported by kind staff. One relative said, "They were excellent. They were there when we needed them."

People were kept safe from the risk of harm and potential abuse by staff that had been trained. Staff told us they knew how to recognise and report any suspicions of abuse. One staff member told us that if they had concerns they would raise this with their manager or contact the local authority or the CQC. Staff told us that they knew how to whistle blow if people were not being cared for in a safe way.

All staff had received training in medicine administration and plans were in place for any new staff to undertake this as part of their induction process. At the time of the inspection nobody required assistance to

help take their medicines. We found that the registered manager had put systems in place that looked at ensuring the safe receipt, storage, administration and recording of medicines. Monitoring tools and an audit framework had been developed, that would assist the registered manager to retain an oversight of this area. For example, a competency checklist had been developed so that the registered manager could ascertain how skilled the staff were at prompting or giving medicines. This also included some questions which checked their knowledge of medicines.

Good

Is the service effective?

Our findings

People's relatives were very positive about the care their loved one had received and told us their relative had received an effective service. One relative said, "Comparing to our other experiences, the care we received from Shalom was good." Another relative said the staff were, "Very attentive They knew exactly what they were doing."

A system was in place for the induction and training of staff. Staff said, and the records confirmed that they had received training appropriate for their role which had been regularly updated. One staff member said, "We do a lot of training. It's enough for me to know what I am doing."

People were cared for by staff who said they felt supported. Staff told us, and the records confirmed that they had regular supervision and appraisals. One staff member said, "I have had supervision, and I can always talk to the registered manager if I need to."

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.

All staff had received training in the MCA. The registered manager and the care coordinator were knowledgeable about the Act and people's rights. The registered manager was aware of their responsibility to assess people's capacity to make decisions for themselves and to work with the person and their family or advocate ensuring their rights and freedoms were not restricted. Information for staff about capacity and rights had been incorporated into the staff handbook. When a person wanted bed rails, this had assessed to make sure that these were safe to use and not depriving people of their liberty.

Where people required assistance with food and drink, staff prepared a meal or snack of their choice. We saw that it was recorded that staff prepare a meal and leave a drink and a sandwich for the person.

People's day to day needs were met and information about the person's health care needs was recorded in their care plan. Access to and contact with people's GP's and any other professionals such as the district nursing service were recorded. The registered manager had a good knowledge of health services within the area and had contact with a range of professionals in the past to ensure people were referred quickly when their health needs changed. The commissioner of the service told us, "We have not experienced any problems. They have kept us informed."

Good

Is the service caring?

Our findings

At this inspection we found that people were still supported by kind, caring and compassionate staff and this rating remains good.

The relatives of people who had used the service told us that staff were kind and caring. One relative said, "[Staff Member] was very conscientious and caring, and keen to do exactly what was right. The other carers had the same caring way about them as well. They really are very nice. They really care." Another relative said, "They were so very attentive to my husband, and that should be recognised."

We were told by people and their relatives that the assessment of the person's needs was done in a professional and caring way. The registered manager took people's views into account and they felt listened to and involved in the arrangements of their care. One person said, "They carried out an assessment and took on board what our needs were, they put care in place really quickly. This was good so that [Person] could get home quicker."

At the time of our inspection, we found that a positive relationship had been developed between the registered manager, staff member and the person using the service. One relative said, "They had a good rapport with [Person.] They were very courteous."

We understood, whilst talking with the registered manager and care coordinator, about their values and the way they approached their work with people. They spoke about people in a friendly and respectful way. They knew people's individual needs, routines and how they liked their care provided. A relative told us, "We had the same people all the time, they got it right and had time for them."

Staff were aware of people's personal preferences and told us that the care plans contained guidance about how to provide person centred care. Within the care plans we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored, along with people's preferences about whether they wanted a male or female carer.

At the time of the inspection nobody at the service required the help of an advocate, but the registered manager said they would be able to link people with their local service if anyone needed it. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on the issues that are important to them.

One relative commented, "The staff really paid attention to the little things. The staff knew to use a particular towel or a certain soap that [Person] liked. They were very exact to make sure they did things exactly how [Person] wanted it done."

Good

Is the service responsive?

Our findings

At our last inspection we found that the provider had breached Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Cantered Care. This was because some improvement was needed to the way in which information was recorded within the care plans to enable staff to care for people in a more person centred way. At this inspection we found improvement had been made.

A detailed assessment of people's needs had been completed before the service had started providing care to people. People told us they had been included in the care planning process. Information gathered during the assessment was then used to develop a care plan which outlined what support should be provided to people. People had support plans in their homes and a copy was held in the office.

Staff confirmed there was always a care plan in place before they started caring for people, which contained enough information to enable them to carry out their role correctly. For example, information about how to use equipment such as hoists and slings in a particular way. Relatives told us they were happy with the care plans and they felt that staff met their needs appropriately. One relative said, "I would recommend them. The staff adapted so quickly to our routines and quickly learned how we liked things to be done." People contributed to the assessment and the planning of their care. Another relative told us, "They came to see [Person] in hospital and got things in place really quickly. In fact later that day they went in to help [Person]."

Care plans had been regularly reviewed and updated to reflect people's changing needs. They described people's likes and dislikes and provided information about their background to help staff to care for people in a way that they preferred. Information recorded about people was personalised and included the person faith choices and gender of the person. Knowing people's likes and dislikes would ensure that staff knew what was important to them and their daily routine.

People told us that the care manager and the registered manager took their concerns seriously and resolved matters quickly. One relative said, "There was one thing when we first started, but I told the registered manager and they sorted it out." There was a complaints process in place and we noted, that compliments about the service people had received had been recorded. The registered manager told us that they planned to monitor any complaints and looked for any trends to enable them to make improvements to the service but that they had not received any.

Good

Is the service well-led?

Our findings

At our last inspection we found that the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because improvements were needed to review information that was recorded about people's needs. The previous inspection found that the language used in some people's care plans was not dignified and that they did not contain all of the information that it needed to. Staff competency had not always been checked. At this inspection we found improvements had been made.

Since our last inspection, systems to audit the service had been put in place and changes had been made to improve audit and governance system. For example, the registered manager had changed the care plans and the information that was recorded about people was written in a more person centred and detailed way. For example, information such as the person preferences around gender and culture was now recorded within people's care plans.

The registered manager had introduced a way of obtaining feedback about the quality of service people received and asked people for their views. The registered manager now collated informal feedback. For example, after the first month of receiving care people were asked to give feedback about the service they had received. Weekly spot checks were carried out to make sure that staff were competent and were carrying out their role correctly. The registered manager told us that once they were providing care to someone for over a year that surveys would be completed annually.

Positive feedback had been received from people and professionals. One relative said, "The service provided was excellent and staff were caring and polite at all times." The registered manager told us, "We now see feedback as the backbone of our service. We have improved our quality assurance and try and develop open lines of communication with people."

A framework, which included an audit process to review the effectiveness of key areas of the service was in place. This included record keeping, medicines and spot checks. As the service was only providing care to one person at the time of the inspection we found that the level of quality assurance in place was proportionate and sufficient to ensure that this person received a good service.

Staff competency assessments had been introduced and the registered manager had a framework to observe the way staff supported people to take their medicine. Since our last inspection no one had needed help with their medicines so the provider had been unable to carry out this aspect of their quality assurance programme. Spot checks to make sure that staff carried out infection control guidelines correctly and that were adhering to company policies were being carried out on a weekly basis.

The registered manager told us that their understanding around quality improvement approaches and methodology was an area of understanding that they wanted to develop.

We recommend that the registered manager reviews the resources available on the skills for care website, to

support them to develop their understanding of quality assurance and improvement approaches. We also recommend that the registered manager continues to look at ways they can access shared learning opportunities and develop their knowledge around best practice.

People said they were encouraged to give their views and opinions and had been asked for ideas about how they felt that the service could be improved. Staff told us, and the records confirmed that they had taken part in regular meetings where they had the opportunity to raise any issues such as training, care practices and health and safety.

The records management system had been improved and was well organised. Information about people and staff was kept confidential but was accessible as and when needed.